

Report to the National Council of Women of New Zealand
on the results of the
Maternity Services Questionnaire

Prepared by the Center for Child and Family Policy Research (CCFPR)

at the University of Auckland

Vivienne Adair (PhD)
Robyn Dixon (PhD)
Jennifer Kruiswijk BE (E&E), Dip Bus (Fin)

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Executive Summary

Background

In 1996 the Government of New Zealand amended Section 51 of the Health and Disability Services Act 1993 concerning the provision of maternity services by Midwives, General Practitioners and Specialists. The Maternity Services questionnaire was developed by the National Council of Women of New Zealand (NCWNZ) in consultation with the Centre for Child and Family Policy Research (CCFPR) at the University of Auckland, in order to evaluate women's level of satisfaction and/or dissatisfaction with current maternity services. The anonymous questionnaire was designed to elicit both quantitative and qualitative responses from mothers with babies under six months of age.

The final questionnaire was distributed in October 1998, via the NCWNZ membership, which includes 35 branches to which 150 societies are affiliated, and 48 nationally organised societies. Members were asked to invite women with babies under six months of age to complete the questionnaire.

- 1337 questionnaires were received and of these, 1245 containing complete demographic information were analysed.

As this is a pilot study only, the sample has not been randomly selected, and as a result is extremely homogeneous.

- Maori, Pacific Peoples, and women under 20 years of age are under-represented while women with high levels of education are over-represented.
- 70% of the women who responded to the questionnaire were within the ages of 26 and 35.
- There was a reasonably balanced representation from each of the four designated areas: major city, provincial city, provincial town, and rural area. There was slightly more representation in the major cities and slightly less in the provincial cities.
- All major New Zealand regions were represented.

It was intended that all women responding to this questionnaire would be recent mothers with babies of six months or younger. In practice, the distribution was:

- 94% of babies were 0 – 6 months
- 5% of babies were aged between 6 and 12 months
- 1% of babies were older than 12 months

Forty two percent of the women responding had only one child (live birth), 33% had two children, and the remaining 25% had three or more children.

Choices of Lead Maternity Carer (LMC)

Lead maternity carer is defined as the General Practitioner, Midwife or Obstetric Specialist who has been selected by the women to provide her comprehensive maternity care including the management of her labour and birth.

Deciding on the appropriate LMC type, and locating the individual LMC was one of the major concerns identified as a result of this pilot study:

- Many women were confused about the maternity services available to them, and found information such as how to choose between types of LMC, contact details for LMC's, and likely cost of LMC and other services, difficult to obtain.
- The single most important advice mothers said that they would give to other women having a baby under the New Zealand system was to choose the LMC with great care, use recommendations from others who have used their services, and not to be afraid to change.
- The choice of LMC was limited by the care available in the women's location, and the woman's financial constraints.

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- The choice of LMC appeared to be diminished by the apparent unavailability of shared care, and the greatly reduced numbers of GP's who are delivering. Many women were dissatisfied with the reduced choice. Rural women in particular said their choices were few, as the numbers of available LMC's were limited. For many women their choice was effectively limited to a choice between midwives.
- Many women said that it had been quite hard to obtain detailed information, however a high percentage of those sampled (87%) were able to obtain sufficient information to make a decision about their LMC. More than half the respondents (61%) found out about the available maternity services from their GP. The biggest concerns for women choosing an independent midwife were how to find them and how to determine their levels of skill, competence and professionalism.
- An independent midwife was the first choice LMC of almost half (45%) the women either because this is what they preferred or because this was the only LMC's available to them. Midwives appear in general to give a high level of satisfaction with 'personal' care, availability of home visits and practical 'mothercraft' advice such as breastfeeding and care of the baby.
- Many women would have liked to have had shared care between a GP and a midwife, and were dissatisfied that it was not available to them. There appeared to be some inconsistency in the availability of 'shared care'. Women who wanted this option and could not get it, either paid for private specialist care (often with an independent midwife) or opted for midwife only care.
- Women who opted for hospital care as their 'LMC' were in general dissatisfied with the lack of continuity of care, and longer travelling and waiting times
- Fourteen percent of women's found their first choice of LMC was not available
- There are perceived inconsistencies of antenatal services throughout New Zealand. e.g.: LMC options, payment required for services such as ultrasound in some areas but not in others.

Antenatal services:

Once an LMC was chosen, women reported high levels of satisfaction with the care provided.

- Ninety four percent of women said that they were either 'very satisfied' or 'satisfied' with the services they received before the baby was born. The level of satisfaction was not with the maternity services system but because of the good care provided by the LMC.
- Most women (71%) first saw the LMC at an early stage in the pregnancy (between 6 and 14 weeks pregnant) and there appeared to be adequate access to other health professionals.
- Just over half the women saw health professionals other than their LMC during the course of the pregnancy. The main reasons given for this were concerns over the mother's or baby's health, or as an extra precaution or to provide additional help.

Antenatal classes:

Approximately half the women attended antenatal classes, and this accounts for 90% of women having their first baby.

- The most popular antenatal class providers amongst the women were Parents Centre and Hospitals
- Most women (90%) considered themselves either 'very satisfied' or 'satisfied' with the course, however amongst those there were comments regarding the need to have more practical post-natal 'baby-care' advice, more information on alternatives to midwife only care, and information on the practicalities of both breast and bottle feeding.
- 37% of women had to pay to attend antenatal classes

Delivery

- The LMC was present and assisted in 82% of deliveries
- Two thirds of women had 'normal' deliveries, while 16% had caesareans and 17% had complications of some type.

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- Over 90% of women delivered in a public maternity facility, 7% at home, and 3% at a private maternity facility or elsewhere.
- For 89%, their place of delivery was their first choice.

Most women (75%) indicated that they would do things the same way if they were having another baby, while the rest would do things differently.

- Of the 300 women who would do things differently the most common reasons given were preference towards a home birth, private or satellite hospital postnatal care, and longer (or shorter) stays postnatally in hospital.
- Most of the women who said that they would stay a shorter time in hospital said this because they considered the level of care to be unsatisfactory, and/or the ward to be too noisy/overcrowded.
- Sixty percent of women were (also) attended by a health professional other than their LMC at the time of the birth for extra help or precaution, intervention, foetal distress and when caesarean section was performed.
- Ninety five percent of women felt that they were included in the decision making regarding themselves or their baby's care during labour and delivery.

Ninety percent of women were either very satisfied (62%) or satisfied (28%) with the treatment their baby received after delivery. However, of the women who said that they were 'satisfied', thirty eight percent qualified this by saying that they felt that their postnatal ward care was substandard in some respects.

- 22% of all the women said that their ward care was neglected, wards were overcrowded and short staffed and/or they were left to their own devices
- 5% of all the women expressed dissatisfaction with the type of postnatal care (impersonal, rough, lack of communication, conflicting care)
- 12% percent of women who were satisfied with their care, attributed it to satisfaction with their independent midwife.

Breastfeeding

When questioned about their intentions prior to their baby's birth, almost all (97%) of women intended to breastfeed. Those who did not intend to breastfeed made that decision primarily due to previous lack of success, preference for bottle feeding, or physical disability.

- Eighty percent of women were currently feeding when answering this questionnaire.
- Of the 20% of women who **had** been breastfeeding, but were no longer breastfeeding, fifty four percent had stopped by six weeks.
- The reasons for stopping are varied, but a large proportion (25%) said that it was too difficult for reasons of pain or the baby not feeding properly.

Postnatal Services

A major area of concern raised by the women responding to the questionnaire was the level of postnatal ward care provided in public hospital wards. The main points identified were:

- There is pressure for many women to leave hospital quickly.
- The quality of postnatal care provided was inconsistent between different women, and between different hospitals.
- Many women felt their postnatal care was neglected or deficient due to perceived problems of understaffing and/or overcrowding. In particular, women who were not having their first baby felt neglected.
- Women who have caesareans, multiple births and complications were very satisfied with postnatal care

The length of stay in hospital differed (as could be expected) between all women and women having 'normal' births.

- All births: Within 48 hours (2 days) of giving birth, over a third (35%) of all women had left hospital with their babies. By 96 hours (4 days) two thirds (69%) had left.
- Women having 'normal' births: Within 48 hours of giving birth, forty five percent of women have left hospital. Within 4 days, 80% of women had left.

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Most (82%) women said that they did have a choice about how long they would stay in hospital, however for many women there was either:

- pressure to leave quickly, or
- noisy, understaffed postnatal wards provided an incentive to leave

The average number of postnatal visits received at home in the first two weeks was approximately four. The number of visits varied considerably between women (ie: between 0 and 11). The number of visits appeared to be at the discretion of the postnatal service provider rather than at a standard rate or at the discretion of the mother.

- 36% of women received 3 or fewer home visits
- 35% received 4 or 5 visits
- 29% received more than 5 visits
- Independent midwives accounted for the bulk (64%) of home visits in the first two weeks.
- Seventy seven percent of women did not have to travel to see a health professional during the first two weeks. Of those who did travel, almost half (45%) went to their own GP. Smaller numbers of women visited a Paediatrician (13%) or Hospital / A&E clinic (13%). The rest went to a range of other health professionals.

The average number of postnatal visits received at home in the first six weeks was approximately seven.

- 36% of women received between 0 and 5 visits during this time.
- 48% received between 6 and 10 visits.
- 16% received more than 10 home visits.
- Two thirds (66%) of mothers received home visits by independent midwives during the first six weeks.
- Nearly half (49%) the mothers said that they had been visited by Plunket during the first six weeks.
- Women living in rural areas received fewer postnatal home visits than mothers in other areas

Eight percent of women had to call a health professional to their home urgently because they were worried about their baby. Approximately half of these called an independent midwife, but women also called their own GP or an unspecified midwife. The reasons for the urgent callouts were mainly given as breastfeeding problems, illness such as rash or vomiting, and baby being very unsettled for an unknown reason.

- Nine percent of babies had to go back to hospital within the first six weeks. In some cases this was to accompany the mother or to have routine checks. Almost a third of the babies returning to hospital did so because of possible 'internal' problems such as jaundice, or kidney, heart or stomach problems.

Almost all women (92%) reported that they had received all the information they needed after the baby was born.

- This information was received mostly from their midwives or Plunket nurse.
- The descriptive comments contradicted this seemingly high level of satisfaction. Many women described obtaining the information as a difficult process, and one likely to be dependent on the quality of the midwife and the amount of time that she had available for postnatal care.
- Some women considered themselves poorly prepared to cope with the practicalities of caring for a baby.

Ninety three percent of women said that overall, they were either very satisfied (65%) or satisfied (28%) with the postnatal services they and their baby had received.

- The individual comments in many cases reflected a high level of satisfaction with the care received from the LMC and to a lesser extent, other providers such as Plunket.
- Some concerns continued to be noted throughout the questionnaire regarding the level of personal attention and 'mothercraft' care available in hospital wards postnatally.
- Many women praised the postnatal care of smaller hospitals such as Dargaville, Waitakere, Hastings, Ashburton.

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- Almost a quarter (23%) of the women had to pay for the services they or their baby received from the time they discovered they were pregnant until the birth.
- Six percent of women had to pay for services received during delivery.
- Fourteen percent of women had to pay for services received after birth until the baby was six weeks old.
- Of those women who had to, or chose to pay, the mean amounts paid were : \$386 before birth, \$464 during delivery and \$230 after delivery, but most people paid considerably less than this.

General

- Evaluation of women's answers and comments throughout the questionnaire indicate inconsistencies in the type and quality of maternity services available to women.

Women were asked what helpful advice they would give other women about having a baby in New Zealand. They could make as many comments as they wanted, but only three pieces of advice were recorded. The majority of responses centered around four issues:

- The difficulty in choosing an appropriate type of LMC, and individual LMC within that type.
- The need to become well informed.
- Recommendation to use an independent midwife.
- The need to be assertive.
- Recommendation to use private or satellite hospital facilities for postnatal care

Almost half of the 904 women who responded to this question made reference to the great importance of choosing the best LMC to suit the requirements of the woman and her pregnancy. Women recommended that LMC options (e.g.: obstetrician, GP, independent or hospital midwife, shared care etc) should be investigated, and that once the type of LMC carer had been selected, then the choice should be based on a recommendation from someone who has used their services.

The second most frequently offered advice (38% of respondents) was to become well informed about what the options are within the maternity services system. To some extent this also included exploring LMC options available in their area, and also finding out about antenatal classes, where delivery would take place, what postnatal care was available etc.

Seventeen percent of women advised others to be assertive and to stand up for themselves : Comments such as "don't be pushed around by the system" and "you have the right to choose" are common. This reflected comments that many women made throughout the questionnaire which indicated that they did not feel that the system would take care of them, but that they must try and find out as much as they could about a confusing system and then take responsibility to try and get satisfaction from the system.

Twenty percent of women advised others to use an independent midwife.

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Appendix A: Maternity Services Questionnaire

1 Introduction

In 1996 the Government of New Zealand amended Section 51 of the Health and Disability Services Act 1993 concerning the provision of maternity services. Comments received from members of the National Council of Women of New Zealand (NCWNZ), which showed a lack of understanding and an apparent level of confusion about the impact of the changes on the provision of maternity services, encouraged the Board of Management of NCWNZ to initiate a pilot Maternity Services Questionnaire in an attempt to obtain information directly from new mothers regarding their experiences of antenatal, birth and postnatal services. NCWNZ as a disinterested party was ideally placed to undertake this survey.

The original intent was to commission a major piece of research, involving a fully representative sample of women giving birth within a certain time frame. These women would have been interviewed shortly after giving birth, and again some weeks later. It became apparent that this would be a major undertaking requiring significant financial and human resources, beyond the capabilities of a not-for-profit organisation. NCWNZ however believed that a pilot study could provide valuable information in a short period of time, leaving a more comprehensive study as a future option.

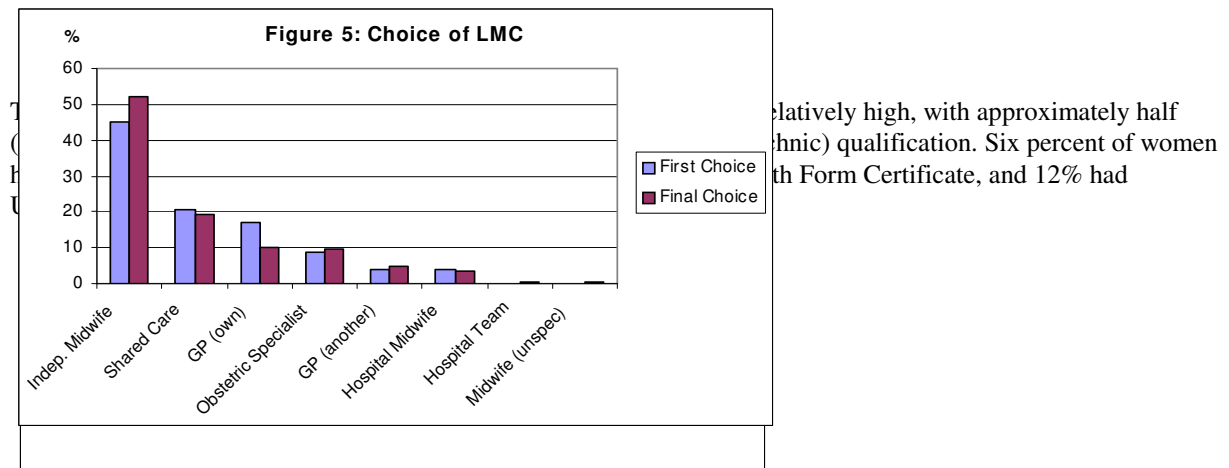
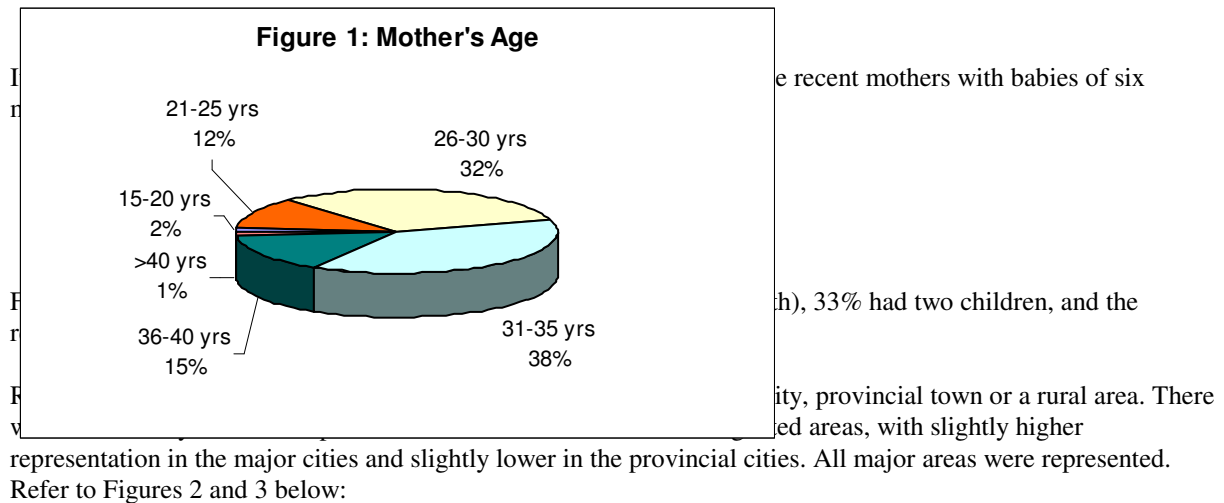
The Maternity Services questionnaire was developed by NCWNZ in consultation with the Centre for Child and Family Policy Research (CCFPR) at the University of Auckland, in order to evaluate women's level of satisfaction and/or dissatisfaction with current maternity services. The anonymous questionnaire was designed to elicit both quantitative and qualitative responses from mothers with babies under six months of age. Extensive consultation with interested health professionals and consumers was undertaken during the design phase of the questionnaire.

The final questionnaire was published in the NCWNZ's monthly circular and distributed via the NCWNZ membership, which includes 35 branches, to which 150 societies are affiliated, and 48 nationally organised societies. Members were asked to invite women with babies under six months of age to complete the questionnaire. 1337 questionnaires were received and of these, 1245 containing complete demographic information were analysed.

2 Description of the Sample

As this was a pilot study only, the sample had not been randomly selected, and as a result was extremely homogenous. Maori, Pacific Peoples, and women under 20 years of age were under-represented, while women with high levels of education were over-represented. Eighty six percent of the sample were New Zealand European and as such, the findings strongly reflected this section of New Zealand society. Eight percent were Maori or Maori/New Zealand European, and the remaining women were predominantly British and Australian. Less than one percent were Pacific Peoples.

A number (70%) of the women who responded to the questionnaire were within the ages of 26 and 35. Refer to Figure 1 below for a breakdown of women's ages:



3 Results

3.1 Introduction to Results

Analysis of the quantitative aspects of the questionnaire answers resulted in no statistically significant differences in the perceived quality and satisfaction with the maternity services, with respect to the following factors:

- Age
- Ethnicity
- Level of education
- Region
- Type of location (ie: major city, provincial city etc)
- Level of education

This may in part be a result of the structure of the questionnaire, and the type of sample obtained.

Qualitative data is used extensively throughout the report to support and/or clarify quantitative data. For example, women rated high levels of satisfaction in some areas of the questionnaire, but their qualifying comments illustrate specific areas of satisfaction or dissatisfaction. These qualifying comments have not always been as a direct response to a particular question in the questionnaire, and as such, are difficult to quantify. Every care has been taken not to over or under emphasise these points.

Direct quotes from women are shown in inverted commas, and identified by the code number assigned to each questionnaire.

Question numbers and text are shown in bold in this section where considered relevant.

3.2 Antenatal Services

Q1 Who told you about the maternity services that were available when you first became pregnant?

The first section of the questionnaire asked about the antenatal experiences of the respondent women. Nearly two thirds (61%) of mothers were told about maternity services by their General Practitioner, frequently at the time of a positive pregnancy test. Many of these women also asked their family and friends for advice. Nearly a quarter of mothers obtained their information on services only from family, friends, their past experiences, and other non-medical contacts. Few found their information from other medical sources such as Practice Nurse, Midwife or Specialist.

As can be seen, there was heavy reliance on family and friends for this information. Although 87% of the women reported that they had received enough information, the qualifying explanations showed that many women found it difficult to gain the detail necessary to make the correct choice. Comments later in the questionnaire about 'advice to other women having a baby under the New Zealand system' indicate a level of confusion over some of the major decisions to be made. These are some of the questions women asked:

- what LMC options (including 'shared care') are available?
- what are the advantages and disadvantages of different LMC options?
- who can deliver in which hospital?
- which services have to be paid for?

The choice of Lead Maternity Carer (LMC) is considered by the women who completed the questionnaire to be one of the most important issues; particularly the ability to choose a midwife who is known to be experienced and medically well educated, who will provide good care and support during and after the pregnancy and at the birth, and who will provide good 'mothercraft' advice. Some women felt that they had sufficient information initially, but later found that they had not been presented with all the options. Examples of the comments women made regarding selecting their LMC are as follows:

"The choices were confusing. [It was] extremely difficult to find a GP who delivered, specialists were too expensive, and as a first time mother [I] wasn't sure a midwife would have the necessary qualifications. Where do I find one" (1244)

"[I] wasn't aware I could choose an independent midwife" (523)

"I had to guess in the end, because no-one would commit themselves to providing shared care, or explain how it could work with me wanting to have the baby in hospital, yet see a midwife locally" (327)

"The LMC system is very confusing and limits the choice for women. If you cannot afford to see an obstetrician privately, and with so few GP's doing deliveries, it limits you to the care of a midwife which may not be what the mother wants... At the moment it appears midwives are "running the show" (1234)

"The options were not explained to me. On my first visit to my doctor he asked me to sign the forms with no explanation as to the choices I had" (810)

A detailed examination of the answers given by the 160 women (13%) who initially reported that they did **not** have sufficient information to make a decision, showed that many (68%) wanted more information on alternative options for the LMC. Many requested a written list of names of midwives, GP's etc available in the area. In particular, women found it difficult to get the contact information for independent midwives. Eleven percent said that they did not understand the system (i.e.: the (dis)advantages of the various LMC's), nine percent wanted more information on what services each LMC would provide, and the same number of mothers wanted a written information pack detailing what options were available and their relative (dis)advantages. Some of the small sample of Maori women wanted information on Maori midwives.

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Concern was expressed by several respondents at the perceived inconsistency of antenatal services, not just LMC options throughout New Zealand. Some women report having to pay for services (e.g.: ultrasound) in some areas but not others. In some areas (for example Dunedin and North Shore) it does appear possible to get shared care at no cost. North Shore's Maternity Associates is reported to provide a 'package deal' where shared care between an obstetrician and a midwife is available.

- Q3 Who was your first choice as Lead Maternity Carer?**
- Q4 Was your first choice of Lead Maternity Carer available?**
- Q5 If your answered 'no', how many people did you have to approach before you were able to obtain a Lead Maternity Carer?**
- Q6 Who did you finally get as your Lead Maternity Carer?**

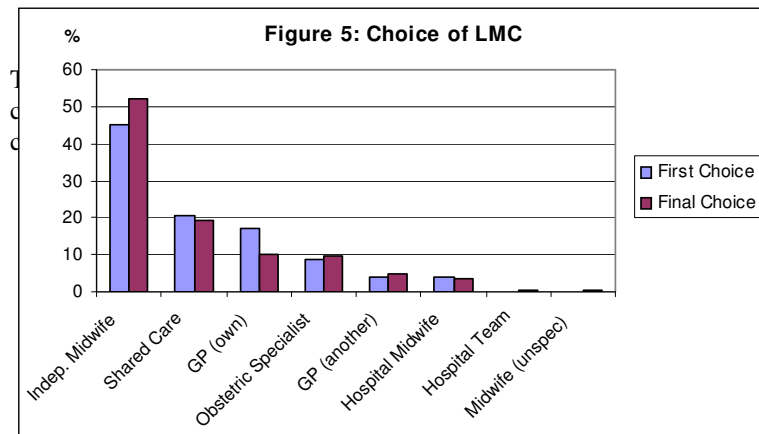
The intention of this set of questions was to ascertain whether the women felt that they had satisfactory options for their LMC. From the answers given, it was apparent that the 'choices' were limited to the care available in any particular geographic area, and the financial constraints of the women. Thus 'choice' did not necessarily include their preference. For example refer to the quotes listed below:

"I was told I could have shared care which is just what I wanted but in fact I can't, it was one or the other (doctor or midwife) which is just not satisfactory" (857)

"[There is] no shared care with midwife and GP now. No GP's in Tauranga area delivering unless you are under a specialist" (722)

"If continuity of care from one person throughout pregnancy, birth, and postnatal period is important you are basically limited to choosing a midwife. I think it is a shame so few GP's are now choosing to cover at least both the antenatal period and the birth" (1243)

The first choice of LMC, out of the available options, are shown in Figure 4 below. Almost half (45%) of the women chose an independent midwife, while 21% chose a GP (their own or another).



available, needs to be considered in notes illustrate, many women were

choice of caregivers. Now it is almost as if we really have little choice" (477)

t...[Next time] I'd have a specialist from ensured unless you pay for it yourself"

r GP" (462)

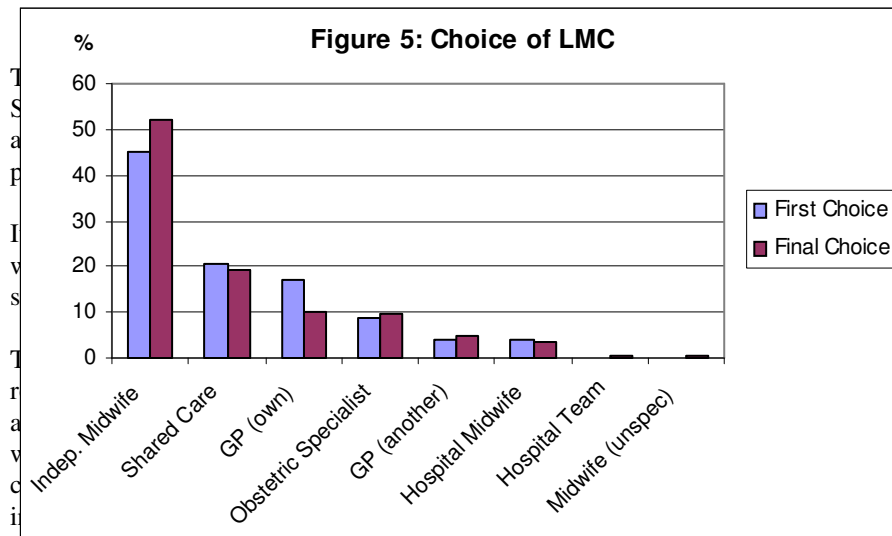
Women living in provincial towns and rural areas appeared to be more concerned than others about choosing an LMC early, before they are booked up.

The 14% of women whose first choice of LMC was not available, had varying degrees of success in finding an LMC quickly:

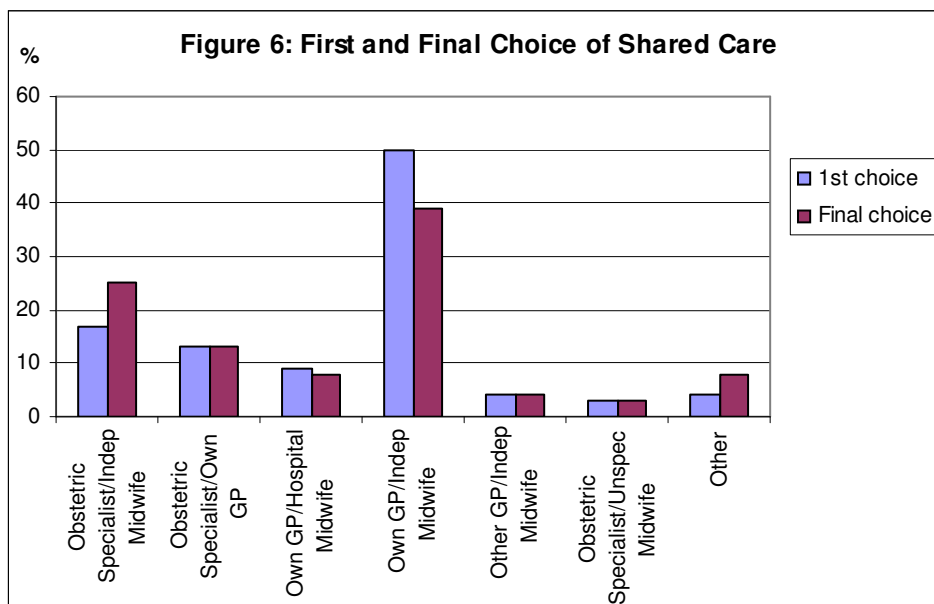
- 28% approached one other person
- 42% approached two others
- 30% approached between 3 and 30 people

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Figure 5 below illustrates the difference between women's first choice of LMC and the LMC finally obtained. It appears that even having allowed for the choices available to them in their area, some women found that GP's and to a smaller extent shared care was not available, and as a result, changed to an independent midwife or another GP for care.



The revised version of LMC may contract with... appeared to interpret this as the... provide a shared care service... get it either paid privately for... remained almost constant at... marked change between first... women (50% to 39%) for... e. This was partially... tetric specialist and an



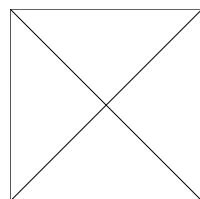
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- Q7** How many weeks pregnant were you when you first saw your Lead Maternity Carer?
Q8 Before your baby was born were you attended by any other health professional?
Q9 If 'yes' who was this health professional?
Q10 Why were you attended by this other health professional?

Many women (71%) were between 6 and 14 weeks pregnant when they first saw their LMC. A quarter had their first contact between 15 and 25 weeks, but almost five percent first saw their LMC at 26 weeks or later. One respondent did not see her LMC at all!

Just over half (54%) of the women saw at least one health professional (other than their LMC) prior to their baby being born. (Refer to Figure 7 below). For these women:

- over half saw an obstetric specialist
- 18% saw their own GP
- 13% saw an independent midwife



given for these extra consultations were:

the mother's health (21%)

the baby's health (20%)

precaution or to provide additional support (20%)

- because of a previous history of problems or current condition (15%)
- Five percent of the consultations were unrelated to the pregnancy, for example asthma and 'flu'

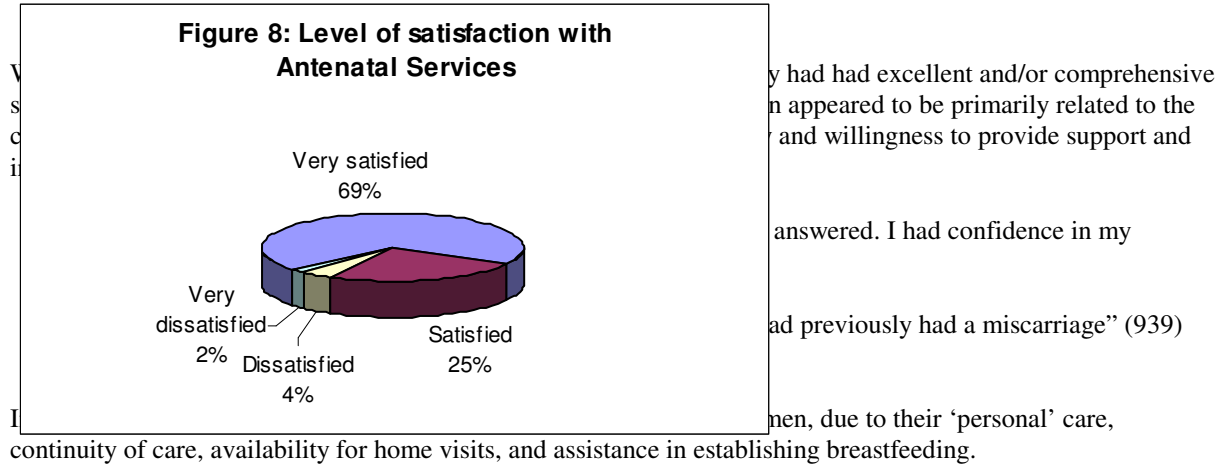
Some mothers were concerned that consultations with other health professionals for pregnancy related issues was not covered by the LMC, but had to be paid for separately.

"If you choose a midwife [as LMC] then you have to pay your GP when you visit. My midwife packed me off to the GP twice with so called non related pregnancy matter – they both were [pregnancy related] I had to pay for those appointments" (857)

"I was never informed that if I took myself or my baby to a health professional other than LMC, I would be liable for the cost." (818)

Q11 How satisfied were you with the services you received before your baby was born? Why?

A high level of respondents reported being either very satisfied (69%) or satisfied (25%) with the services they received before their baby was born. Only six percent report being either dissatisfied or very dissatisfied. See Figure 8 below:



The small percent (6%) of women who were dissatisfied with antenatal services gave the following reasons:

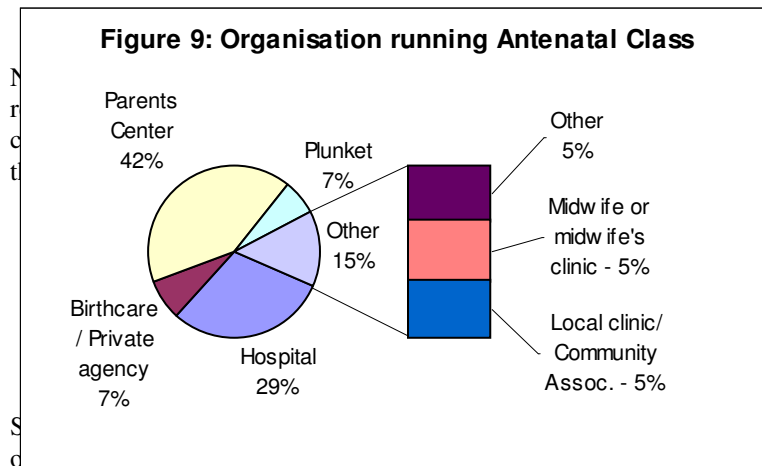
- Physical care good, but psychological care unsatisfactory (3.3%)
- Unsatisfactory delays or rushes (2.9%)
- Lack of commitment or availability from the LMC (2.4%)
- Lack of co-operation between medical groups (2.1%)
- Inadequate or expensive care (1.9%)

Women who opted for hospital care as their ‘LMC’ reported that lack of continuity of care was a disadvantage, and sometimes lack of communication about appointment times resulted in wasted time and travel. For example one woman stated: “No continuity of care with specialists or hospital staff. I saw dozens of people for the same problem and had to start all over again with the next new person explaining the problem – differing opinions each time”

Antenatal Classes:

Roughly half (51%) of all respondents, and 90% of those having their first baby attended antenatal classes. In a great majority of cases (82%) partners also attended these classes.

Of those who attended antenatal classes, forty two percent went to Parents Centre classes, and 29% to classes run by a hospital. The remainder attended classes run by Plunket, Local and/or Community Associations, Midwife (either independent or at own clinic) as shown in Figure 9.



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...ow to cope with the baby once it came colic, allergies etc. This was particularly courses.

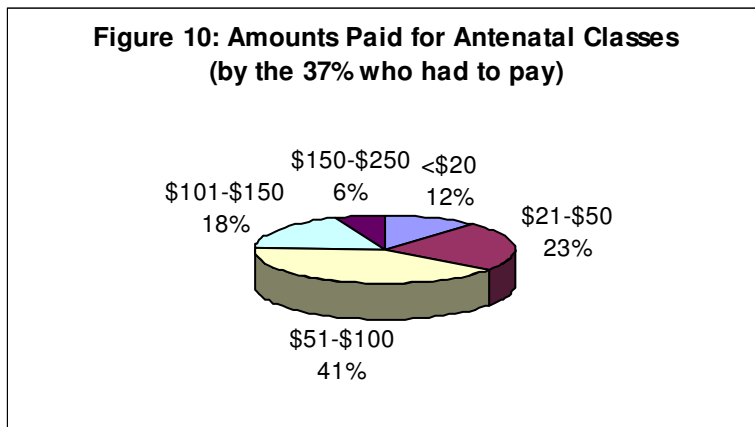
...ective information (8%)

...y they intended to bottle feed, but could n the antenatal classes, but also on the

information available from hospital, Plunket etc.

Women who attended Parents Centre antenatal classes particularly valued the ability to form a support (“coffee”) group of other mothers.

Only 37% of women who attended an antenatal course had to pay to attend. Several noted that the hospital asked for a donation, but this wasn’t compulsory. Figure 10 shows the amounts paid by women paying for antenatal classes.



3.3 Delivery

Q17 Did your Lead Maternity Carer assist at the birth of your baby? Why/why not?

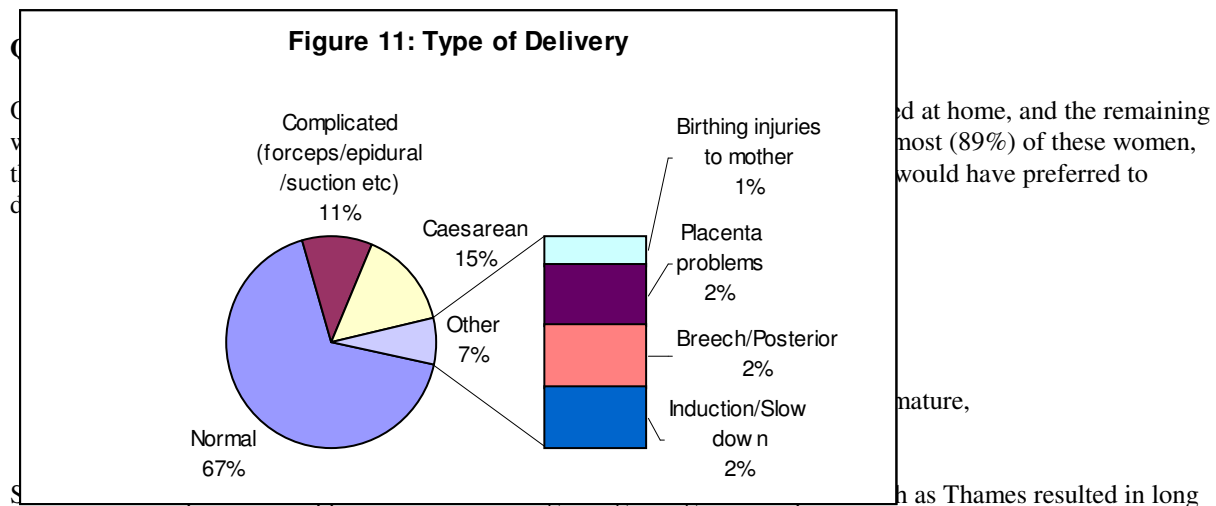
Q18 Did you have a normal/ complicated/ caesarean delivery?

The LMC was present and assisted at the birth in 82% of the deliveries. This leaves almost a fifth of deliveries where the LMC was **not** involved. The most common reasons given for this were:

- LMC on holiday, with other mother, or not available for other reasons (30%)
- Emergency or scheduled caesarean (22%)
- Delivery out of town or in a different hospital (16%)
- Delivery complications (10%)
- Labour too quick or labour too long and LMC went home (9%)

Interestingly, in three percent of deliveries, the reason given for non-attendance of LMC is that LMC does not deliver!.

Two thirds (67%) of women reported having normal deliveries, 16% had caesarean sections and the remaining 17% had complications of some type. Refer to Figure 11 below:



most (89%) of these women, would have preferred to

travelling distances for them to give birth. Three quarters of women (75%) indicated that they would do things the same way if they were having another baby, while a quarter would do things differently. Of the 300 women who would do things differently the most common reasons given were:

- Prefer to have a home (or water birth) (16%)
- Would move to a private or satellite hospital for better postnatal care (13%)
- Prefer to stay in hospital longer (12%)
- Prefer to stay less time in hospital (10%)

Most of the women who said that they would stay a shorter time in hospital said this because they considered the level of care to be unsatisfactory, and/or the ward to be too noisy/overcrowded.

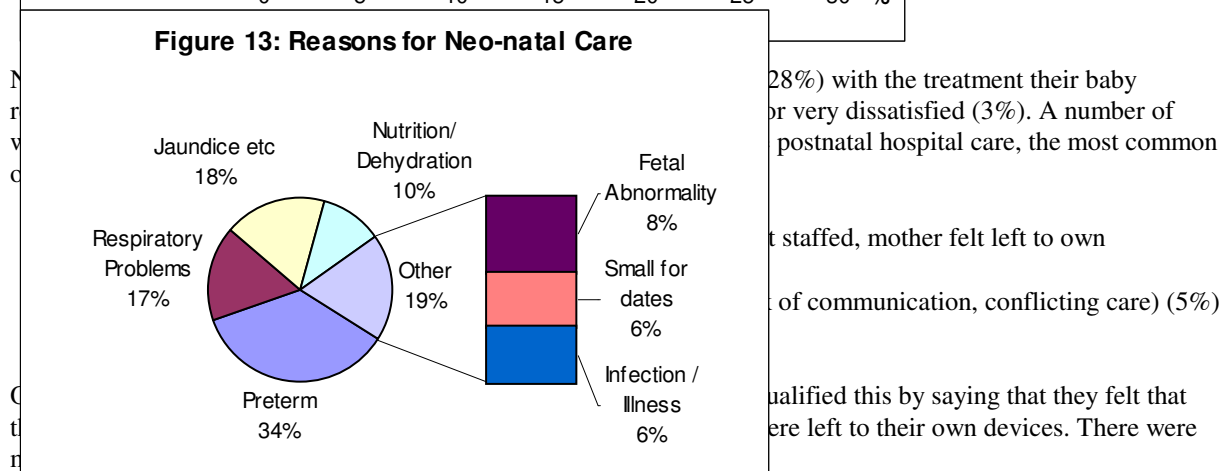
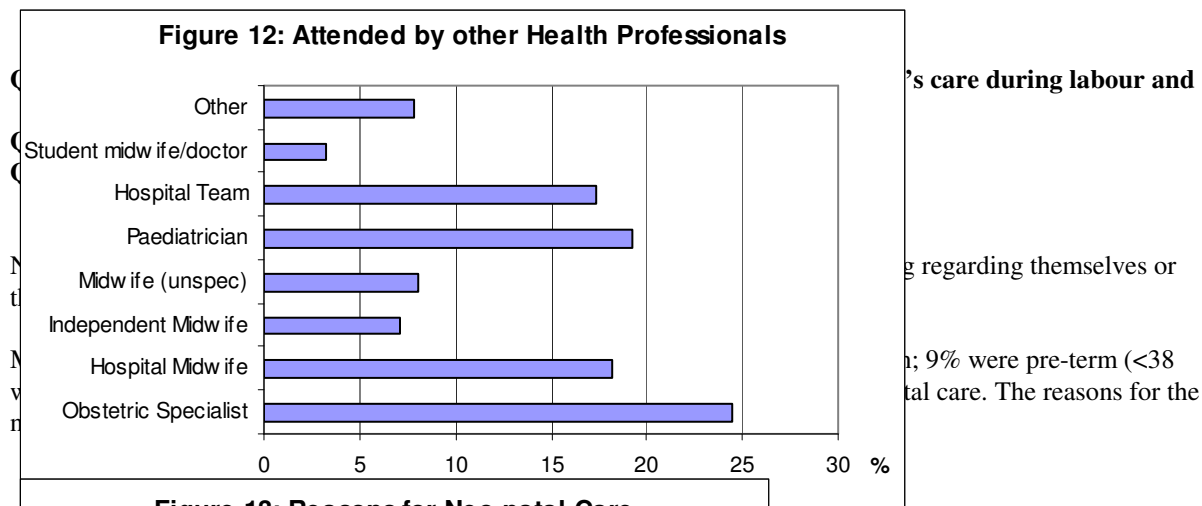
Q25 At the time of birth was your baby attended by any other health professional other than your LMC? Who? Why?

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Sixty percent of women were (also) attended by a health professional other than their LMC at the time of the birth. The reasons given were:

- extra help (including being rostered on or in training) (23%)
- caesarean section (21%)
- intervention such as forceps, breaking waters, induction etc (16%)
- foetal distress (13%)
- an extra precaution or to perform usual checks (e.g.: paediatrician for checking baby after birth) (10%)

The frequency of various types of health professionals being in attendance at a delivery, as an additional LMC is shown below in Figure 12:



“On the ward baby’s care was left entirely up to me – wasn’t shown how to change nappy, to bath, nor was my feeding checked” (550)

“I wanted a cup of tea in hospital after giving birth and couldn’t get one. An old piece of hospital pyjamas and half a piece of soap to wash my new-born baby in hospital. Rough paper towels to wipe his bottom, no soap in the showers. Does the hospital provide anything?” (798)

“I didn’t know what to do with my baby and nobody helped me. The hospital staff came in twice a day” (311)

In particular, mothers with other children stated that they felt neglected:

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“I feel sure that if this was my first child I would be very dissatisfied as [I] was left to things on my own a lot of the time”

Twelve percent of women who were satisfied with their care , attributed it to satisfaction with their (independent) midwife.

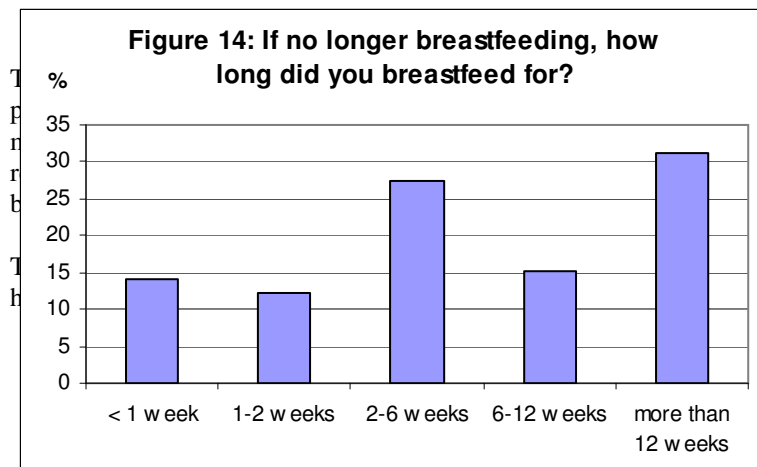
3.4 Breast Feeding

When questioned about their intentions prior to their baby's birth, almost all (97%) of women intended to breastfeed. The thirty eight women who didn't intend to breastfeed made that decision primarily due to:

- being previously unsuccessful in breastfeeding (26 women) often attributed to lack of (appropriate) assistance
- preference for bottle feeding (6 women)
- physical inability to breastfeed (3 women)

Eighty percent of women were currently feeding when answering this questionnaire.

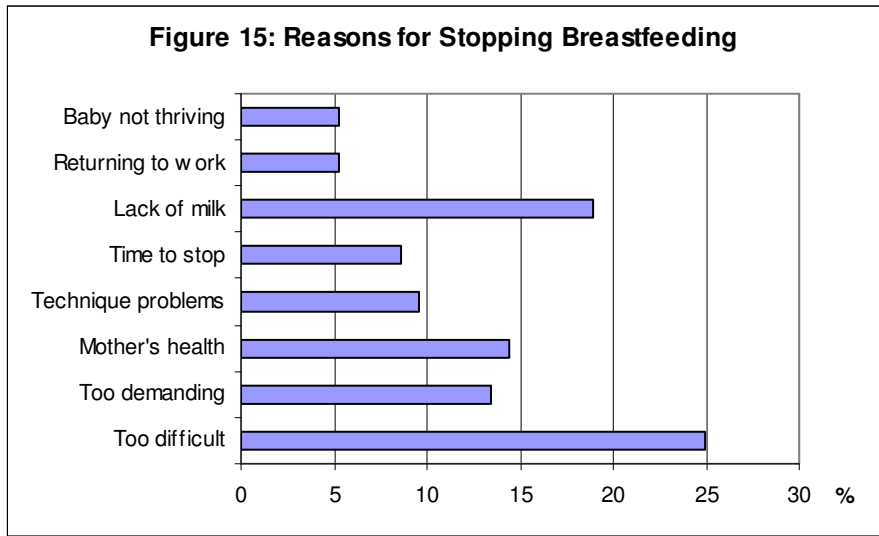
Of the 20% of women who **had** been breastfeeding, but were no longer breastfeeding, fifty four percent had stopped by six weeks. Figure 14 shows the length of time women breastfed for:



... that it was too difficult for reasons of
 ... their comments, that given more assistance
 ... nments from women whose babies
 ... cted to be able to breastfeed their babies,
 ... ding.
 ... problems with feeding to lack of advice on
 ... ded help for the babies health, midwives

MATERNITY SERVICES QUESTIONNAIRE 1998

Refer to Figure 15 below for reasons why women who were no longer breastfeeding had stopped:



3.5 Postnatal Services

In hospital

The main general points raised by women with respect to their postnatal care were:

- There was pressure for many women to leave hospital quickly
- The quality of postnatal care provided was inconsistent between different women, and between different hospitals.
- Many women felt their postnatal care was neglected or deficient due to perceived problems of understaffing and/or overcrowding. In particular, women with other children felt neglected.
- Women who had caesareans, multiple births and complications were very satisfied with postnatal care

Within 48 hours of giving birth, over a third (35%) of all women had left hospital with their babies. By 96 hours (4 days) two thirds (69%) had left. An examination of information from women who had had a 'normal' birth (that is, non-caesarean or requiring no neonatal care) showed that the length of time in hospital was shorter. Within 48 hours of giving birth, forty five percent of women had left hospital. Within 4 days, 80% of women had left. Table 1 below shows the cumulative percentages of women who had left hospital within a defined period of time.

Table 1: Cumulative percentage of women who had left hospital by a defined period of time.

	All births (%)	"Normal" births (%)
< 6 hours	4	5
6-12 hours	6	8
12-24 hours	15	20
24-48 hours	35	45
2-3 days	54	66
3-4 days	68	80
4-5 days	85	93
5-7 days	96	99
> 7 days	100	100

When responding to a "yes/no" question about whether they were given a choice about how long they would stay in hospital, quantitative data analysis indicated that most (82%) women said that they did have a choice. However, the descriptive data indicated that for many women there was either pressure to leave quickly, or that noisy, understaffed postnatal wards provided an incentive to leave:

"I was given a choice but I felt extremely pressured **not** to stay" (409)

"There was a lot of pressure to leave hospital within 48 hours. I was not very happy with care in hospital after birth but despite this I would probably have at least one day in hospital...require a complete rest for a short time after birth. Impossible to achieve at home when you have other children" (489).

"If the nurses/midwives were more helpful and not so overworked it would be great to stay longer" (729)

Some women felt that next time they would resist the pressure to leave quickly for their baby's health, and their own feelings of competence:

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“I would refuse to leave [hospital] until I had established feeding, had learnt how to bath the baby and was past any danger of jaundice” (1231)

In Invercargill there was no bed available to one woman who went home 2 hours after giving birth

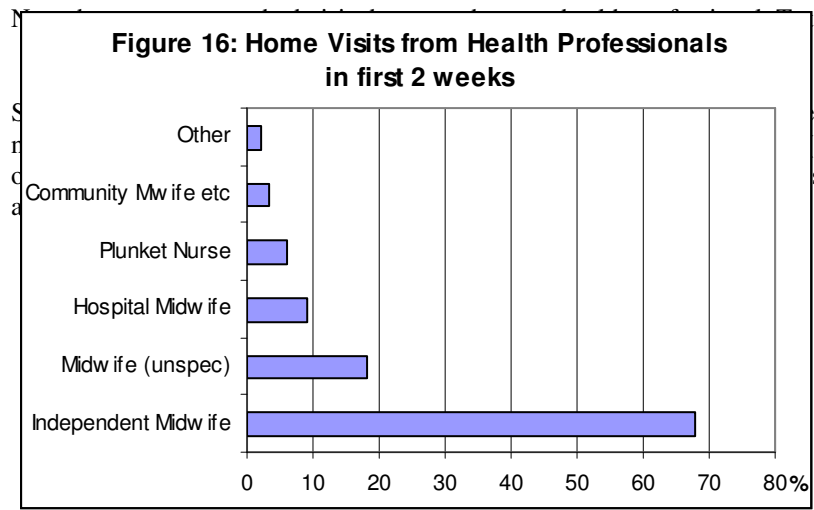
The first two weeks

Q34 In the first two weeks of your baby’s life, how many times did a health professional visit you at home? Who was this health professional/s?

Q35 In the first two weeks of your baby’s life, how many times did you have to travel to take your baby to see a health professional? Who was this health professional/s?

Women were asked how many times a health professional visited them at home in the first two weeks, and how many times they had to travel to see a health professional. The answers show that 36% of women received three or fewer home visits, 35% received 4 or 5 visits, and 29% received more than 5 visits. Although the average number of visits received in the first two weeks was approximately four, the number of visits varied considerably between women (ie: between zero and eleven). Mothers gave no indication of knowing how many visits they were entitled to receive, and comments showed that the number of visits appeared to be at the discretion of the postnatal service provider rather than at a standard rate or at the discretion of the mother.

Independent midwives accounted for the bulk (64%) of home visits in the first two weeks as can be seen from Fig 16 below.



al exceeds 100%.

ssional during this time. Smaller (13%). The rest went to a range of scheduled checks for ‘clicky hips’,

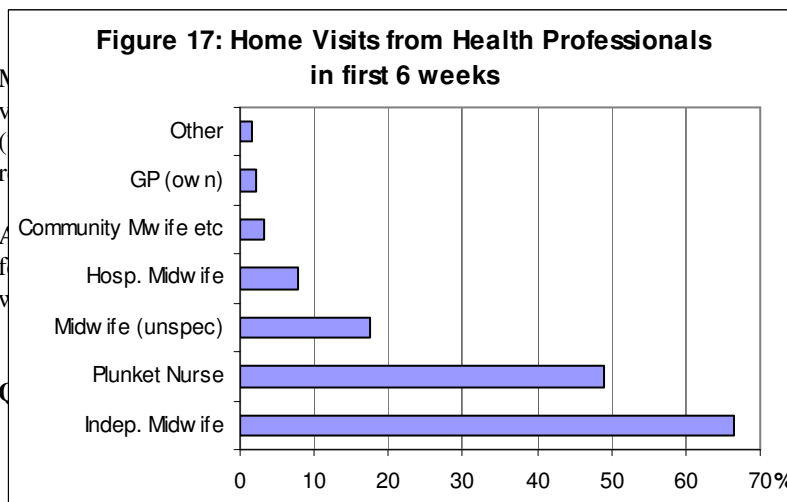
The first six weeks

Q36 In the first six weeks of your baby's life, how many times did a health professional visit you at home? Who was this health professional/s?

Q37 In the first six weeks of your baby's life, how many times did you have to travel to take your baby to see a health professional? Who was this health professional/s?

Women were then asked how many times a health professional visited them at home in the first six weeks, and how many times they had to travel to see a health professional. The average number of postnatal visits received at home in the first six weeks was approximately seven. A third (36%) of women received between zero and five visits during this time, while almost half (48%) received between six and ten visits. Sixteen percent of women received more than ten home visits.

When asked who visited them at home in the first six weeks, two thirds (66%) of mothers said by independent midwives, while nearly half (49%) the mothers said that they had been visited by Plunket in the same period. Refer to Figure 17 below. (Note that some women had visits by more than one health professional. Total exceeds 100%).

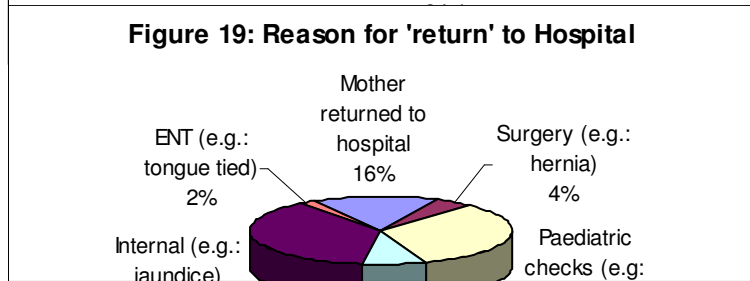
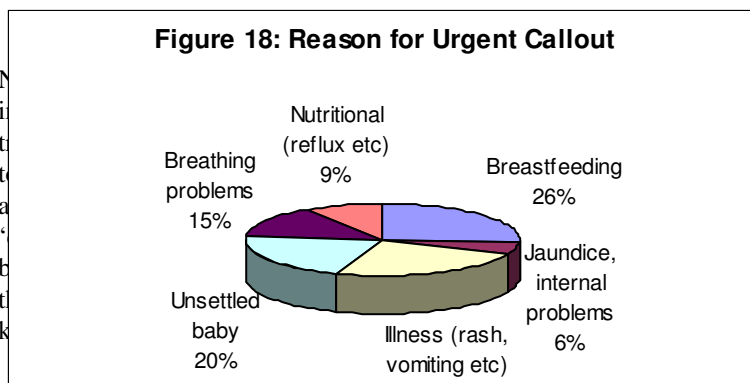


... weeks. Other health professionals Specialist (4%) and Paediatricians c. Again, some of these women 'ky hips'.

... at their postnatal visits. They received ... st two weeks, compared to 4.1 for ... home visits during the first six weeks.

health professional to your home

Eight percent of women had to call a health professional to their home urgently because they were worried about their baby. Mostly (58% of times) they called an independent midwife, but women also called their own GP (14%) or an unspecified midwife (11%) Other health professionals called in smaller numbers were hospital midwife, Plunket nurse, community midwife/district nurse, and lactation consultants. The reasons for the urgent callouts were mainly for breastfeeding problems (often failure to 'latch on'), illness such as rash or vomiting, and baby being very unsettled for an unknown reason. Refer to Figure 18 below:



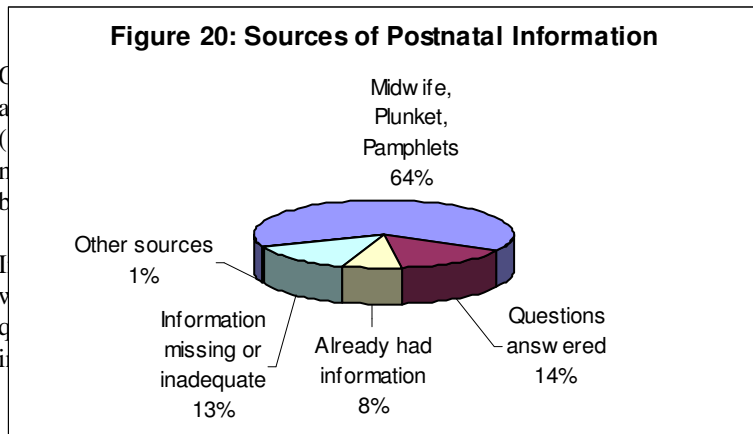
... ecks. (Note that this reflects an ... cent of women stated that they had ... babies, in some cases (14%) this was due ... e baby. Paediatric checks accounted for ... these were for routine checks such as ... graphical region in which the baby was ... for hearing and colic problems. Almost a ... 'nal' problems such as jaundice, or

**Q40 Did you get the information you needed after your baby was born?
Why do you say that?**

When answering a forced choice yes/no question, almost all women (92%) reported that they had received all the information they needed after the baby was born. This information was received mostly from their midwives or Plunket. (Refer to Figure 20 below). Again however, the descriptive comments contradicted this seemingly high level of satisfaction in that while they may eventually receive the information they needed, for many women it was a difficult process, and likely to be dependent on the quality of midwife and amount of time that she had available for postnatal care. This is illustrated in the following quotes:

“When home felt very unsure, not confident to look after baby. Constantly phoning midwife. Baby very unsettled- later at approx 3 ½ weeks visited plunket family centre in desperation to find out she had reflux!” (1244)

“I went to Plunket Family Centre. They have amazing information ie: videos on recognising signs of tiredness, breastfeeding...Why aren't these more readily available?” (568).



ded, 8% of women stated that they
ation from friends, books etc, and others
on. The most frequent complaints were
l baby care, and missing information on

cope with the baby postnatally. Midwives
in this appeared to be dependent on the
as frequent mention two sources of

ation and advice

- The Plunket Family Centre for videos, advice and help for mothers having difficulty

**Q41 How satisfied are you with the post natal services you and your baby received?
Why do you say that?**

Ninety three percent of women said that overall, they were either very satisfied (65%) or satisfied (28%) with the postnatal services they and their baby received. When asked why they felt this way, they indicated both reasons for satisfaction and dissatisfaction, as shown below:)

- Satisfied (midwife, doctor, plunket) 76%
- Dissatisfied with doctor or midwife care 6%
- Dissatisfaction with hospital staff/system 8%
- Dissatisfied with home postnatal care 5%
- Other 5%

The individual comments in many cases reflected a high level of satisfaction with the care received from the LMC and to a lesser extent, other providers such as Plunket. Serious concerns continued to be noted throughout the questionnaire regarding the level of postnatal care in the hospital wards. Many women commented on this in section 3.3 'Delivery'. For example:

“Ward overfull, staff undernumbered, left in the dark. Baby taken to neonatal and I wasn't told what was happening. Felt like I had been abandoned” (790)

Many women praised the postnatal care of smaller hospitals such as Dargaville, Waitakere, Hastings, Ashburton:

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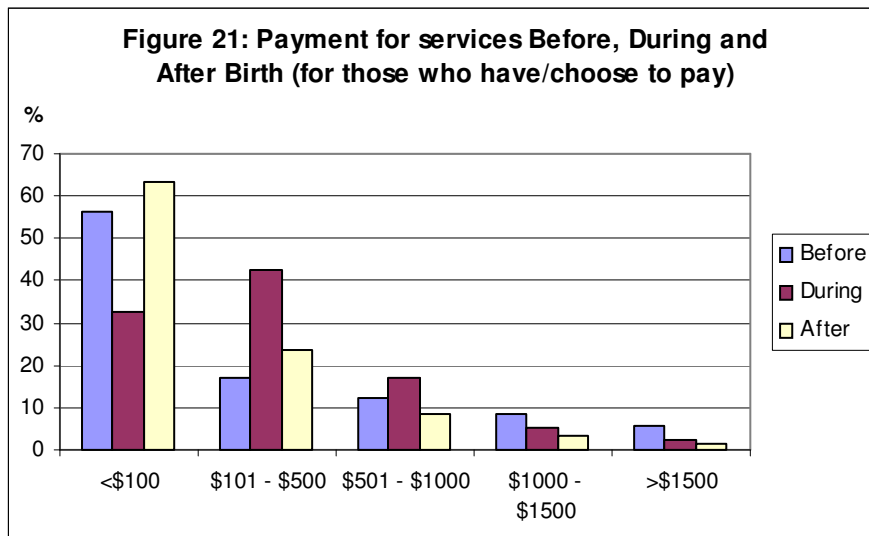
“A lot of individual care is expended on each patient and there is no pressure put on as to how long you can stay in hospital” (809)

Q42 Did you have to pay for any services you and your baby received? (While pregnant until the birth; During birth; After birth and until your baby was 6 months old)

- A quarter (23%) of the women had to pay for the services they or their baby received from the time they discovered they were pregnant until the birth.
- Six percent of women had to pay for services received during delivery.
- Fourteen percent of women had to pay for services received after birth until the baby was six weeks old.

Refer to Figure 21 for the amounts paid before, during and after birth. Note that women may have had an overall fee for services (for example to an obstetrician), but the fee may have been paid in instalments.

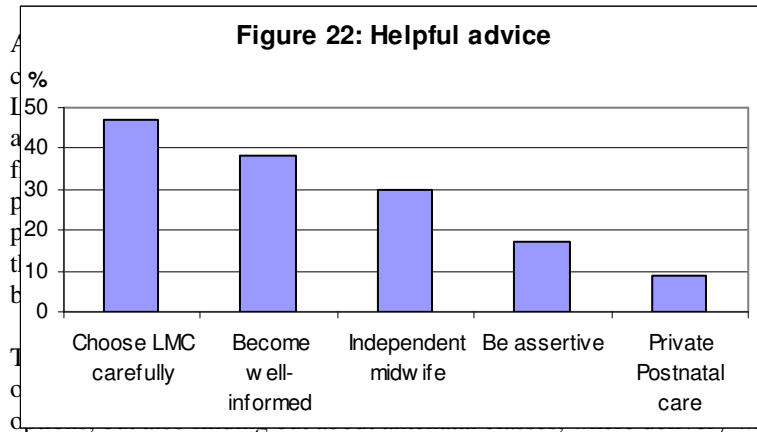
Of those women who had to, or chose to pay, the mean amounts paid were: \$386 before birth, \$464 during delivery and \$230 after delivery, but most people paid considerably less than this.



General

Women were asked what helpful advice they would give other women about having a baby in New Zealand. They could make as many comments as they wanted, but only three pieces of advice were recorded. The majority of responses centered around four issues (Refer to Figure 22 below):

- The difficulty in choosing an appropriate type of, and individual LMC
- The need to be assertive and well informed
- Recommendation to use an independent midwife.
- Recommendation to use private or satellite hospital facilities for postnatal care



reference to the great importance of pregnancy. Women recommended that shared care etc) should be investigated, should be based on a recommendation similar ideas to the expectant woman about content and type of postnatal care to be important in case the LMC was unavailable at all, (particularly if in a rural area), and options. Women also recommended that women should become well informed about what the system included so included exploring available LMC options. It would be, what postnatal care is available etc.

“The system can work but you have to ask lots of questions and at times push for what you want” (461)

Seventeen percent of women advised others to be assertive and to stand up for themselves : Comments such as “don’t be pushed around by the system” and “you have the right to choose” are common. This reflected comments that many women made throughout the questionnaire which indicated that they did not feel that the system would take care of them, they must try and find out as much as they could about a confusing system and then take responsibility to try and get satisfaction from the system.

Twenty percent of women advised others to use an independent midwife.

Other common advice offered is listed below:

- Transfer to a private or satellite hospital after birth to get good postnatal care without the pressure to leave hospital early; or arrange to have your own postnatal support in hospital (9%)
- Stay in hospital as long as you need / prepare to be rushed out of hospital (6%)
- Don’t have fixed ideas or plans about the delivery; be flexible in your options (5%)
- Form your own private support group e.g.: other mothers (5%)
- Attend antenatal classes (5%)
- Use support services such as Plunket-Line and Plunket Family Center (4%)

Some women commented negatively on the awareness of financial constraint within the maternity services system, and resultant tension between health professionals:

“When my doctor advised a six week check up for me and billed my midwife, I got an angry call from her asking why I felt I had needed it” (455)

The New Zealand system is all about money. From the number of ultrasound scans and bloodtests to the postnatal followup visits every cent is vital and must be documented” (795)

Summary of Results

Antenatal Services

- Many women were confused about the maternity services available to them, and found information such as how to choose between types of LMC, contact details for LMC's, and likely cost of LMC and other services, difficult to obtain.
- There was a lack of choice of LMC for many women. This was reported as a lack of choice between different types of LMC, and/or small numbers of LMC's available. In some cases an independent midwife was the only LMC available. Some women responded to their lack of choice by paying private providers to obtain 'shared' or specialist care.
- Women found difficulty in obtaining an LMC who was willing to undertake shared care.
- Most women were satisfied with their LMC, even if s/he was not their first choice.

Delivery

- The majority (90%) of deliveries were at a public hospital.
- The closure or scaling down of services at regional hospitals resulted in long travelling times for some women.
- Most women were satisfied with their treatment during delivery.

Postnatal Services in Hospital

- Many women were dissatisfied with the standard of postnatal care in the public hospital wards for reasons of short staffing, overcrowding, patient neglect, or pressure to leave quickly.
- Smaller satellite public hospitals and private hospitals were in general reported to provide good quality postnatal care.
- Women who had caesareans, multiple births or serious birthing complications considered their care and the care of their baby to be very good.
- Women whose babies required neonatal care were very satisfied with the care given.

Postnatal Services at Home

- There was a wide range in the numbers of home visits provided by health professionals in the first two weeks following birth.
- Many women found information difficult to obtain once they returned home with the baby. Information about care of the baby (i.e.: 'mother-craft') appeared to be dependent on the availability and commitment of the LMC or postnatal carer.
- In general, independent midwives were reported to provide good quality postnatal support.

General

- There are inconsistencies in the type and quality of maternity services available to women.
- Nearly a quarter of women had to or chose to pay for some/all services they received during pregnancy, birth and up to 6 weeks postnatally.
- A common piece of advice for other women was to be assertive in order to receive the type and quality of services they consider satisfactory. Not all women are capable of this.
- This non-homogeneous sample with its high proportion of New Zealand European, and well-educated women indicated a level of confusion with the maternity services options. A more representative New Zealand population sample would be likely to show higher rather than lower proportions of women encountering difficulties understanding the system.