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Executive Summary

Background

In 1998 the first survey concerning the impact of new maternity services was developed and carried out by the National Council of Women of New Zealand (NCWNZ). Women with babies under six months of age were invited to participate. 1337 questionnaires were received and of these, 1245 containing complete demographic information were analysed. In 2001 NCWNZ decided to run a follow-up survey to gauge the current level of public satisfaction amongst mothers and to compare the results with those of the 1998 survey. The current survey questionnaire, like the 1998 one, was distributed via the NCWNZ membership, which includes 35 branches to which 150 societies are affiliated, and 43 nationally organised societies. Thus the sample is not randomly selected. However, comparison with the 1998 survey is possible. In total in 2001, 1020 useable survey forms were returned. Thirteen otherwise useable questionnaires had a page missing due to a photocopy error. This accounts for some missing data, as these forms have been included in the analysis.

The 2001 respondents had the following characteristics:

- Maori women were slightly under-represented, and Pacific women were highly under-represented
- Women under 20 years of age were under-represented
- Women with high levels of education were over-represented.
- The mean age of the women who responded to the questionnaire was between 30 and 34. This compares to the national average of 29 years.
- There was a reasonably balanced representation from each of the four designated areas: major city, provincial city, provincial town, and rural area. There was less representation in the major 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:

- 90% of babies were 0 – 6 months
- 10% of babies were aged between 6 and 12 months

Forty one percent of the women responding had only one child (live birth), 31% had two children, and the remaining 28% 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 their comprehensive maternity care including the management of their labour and birth.

Compared to the 1998 survey, women expressed fewer concerns about locating an LMC and deciding on who was appropriate, although many women expressed the importance of the 'right' LMC.

- Women did not appear to be confused about the maternity services available to them. However, some women 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, particularly from their GP.
- The single most important advice mothers said that they would give to other women having a baby under the New Zealand system was the necessity of being informed and assertive; the importance of choosing their LMC carefully; and of using recommendations from others who have used their services.
- Women do not appear to be as concerned as they were in the 1998 survey with the lack of choice, in particular with the reduced number of GPs available as LMCs.
- A high percentage of those sampled (88%) felt that they had obtained sufficient information to make a decision about their LMC. Just under half the respondents (48%) found out about the available maternity

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services from their GP. The other major ways women found out were from midwives (16.2%) and from friends, family or even in the Yellow Pages. The concerns women felt in choosing an LMC centred around GPs giving them little information.

- An independent midwife was the first choice LMC of 59% of the women, followed by a hospital midwife (9%). In the final selection of LMC, the number of women using independent midwives as LMCs rose to 86%.
- Their own or another GP was the first choice of 11%.
- Shared care was the first choice of 13%
- Their choice was determined by availability, and whether they were likely to have complications during the pregnancy.
- Choice was greater in major cities
- Fourteen percent of women found their first choice of LMC was not available. For these women, finding an alternative was difficult with 50% having to approach three or more people.

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 mainly due to the good care provided by the LMC.
- Satisfaction with antenatal services varied according to LMC. Those who were attended by a hospital team or hospital specialist recorded the highest levels of dissatisfaction.
- Dissatisfaction with antenatal care also varied according to ethnicity. Maori women had higher levels of dissatisfaction than non-Maori.
- Most women (79%) first saw the LMC at an early stage in the pregnancy (between 6 and 14 weeks pregnant). This is up from the 1998 survey. There appeared to be adequate access to other health professionals.
- 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.
- Eighty percent of women had a care plan discussed with her before birth and 75% of these plans were in writing.

Antenatal classes:

Approximately half the women attended antenatal classes (85% of women having their first baby).

- The most popular antenatal class providers amongst the women were Parents Centre and Hospitals
- Most women (87%) 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.
- 29% of women had to pay to attend antenatal classes (down from 37% in 1998).

Delivery

- The LMC was present and assisted in 84% of deliveries
- Over two thirds (71%) of women had 'normal' deliveries, while 17% had caesareans and 11% had complications of some type.
- Over 90% of women delivered in a public maternity facility, 7% at home, and 3% at a private maternity facility or elsewhere.
- For 88%, their place of delivery was their first choice.

Most women (88%) indicated that they would do things the same way if they were having another baby, while the rest would do things differently. This is higher than in 1998 (75%).

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- Of the 267 women who would do things differently the most common reasons given were desire for a home birth, private or satellite hospital postnatal care, and preferring to stay in hospital for a shorter or longer period.
- Most of the women who said that they would stay a shorter time in hospital said this because they considered the hospital understaffed, noisy, crowded and in a few cases dirty.
- Fifty eight 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, training, 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 (68%) or satisfied (25%) with the treatment their baby received after delivery. This level of satisfaction is up from the 1998 survey. Satisfaction rates were highest for those women who were attended by a GP (98%) and lowest for those who had a hospital team or specialist (79%).

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.

- Seventy five percent of women were currently feeding when answering this questionnaire.
- Of the women who **had** been breastfeeding, but were no longer breastfeeding, fifty four percent had stopped by six weeks.
- The reasons for stopping are varied. They include pain or tiredness (12%), the baby not feeding properly (11%), or returning to work and needing to wean (7%).

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 a considerable reduction in the length of hospital stays since the 1998 survey
- There is pressure for some women to leave hospital quickly.
- The quality of postnatal care provided was inconsistent between different women, and between different hospitals.
- 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, just under a half (48%) of all women had left hospital with their babies.
- Women having 'normal' births: Within 48 hours of giving birth, sixty two percent of women had left hospital.

Most (79%) women said that they did have a choice about how long they would stay in hospital, however for some 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 five (up from 4 in 1998). The number of visits varied considerably between women (ie: between 0 and 11).

- 35% of women received 3 or fewer home visits
- 30% received 4 or 5 visits
- 29% received more than 5 visits

Midwives accounted for almost all (95%) of home visits in the first two weeks. Mostly these are independent midwives.

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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:

- 14% went to their own GP
- 17% to specialists
- 8% to their midwife
- the rest to a variety of professionals. .

The average number of postnatal visits received at home in the first six weeks was approximately nine (up from 7 in 1998).

- 30% of women received between 0 and 5 visits during this time.
- 55% received between 6 and 10 visits.
- 17% received more than 10 home visits.
- Eighty eight percent of mothers received home visits by independent midwives during the first six weeks.
- A quarter (25%) said that Plunket had visited them during the first six weeks.
- Women living in rural areas received similar numbers of postnatal home visits as mothers in other areas

Seven percent of women had to call a health professional to their home urgently because they were worried about their baby. Seventy percent of these called an independent midwife, but women also called their own GP or a hospital 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, paediatric checks, internal problems were the main reasons for these visits.

Almost all women (96%) 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. While overwhelmingly the comments were positive, there were some comments recorded about it being difficult to obtain information.

Ninety six percent of women said that overall, they were either very satisfied (66%) or satisfied (30%) with the postnatal services they and their baby had received. This is due, from the numerous individual comments received from the care received from midwives and other providers such as Plunket.

- Satisfaction varies, however. Higher rates of dissatisfaction were found amongst those in provincial cities (10%); those who had an obstetrician (16%); and those who had shared care (11%).
- A sixth (16%) 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. This is down from 25% in 1998.
- Six percent of women had to pay for services received during delivery.
- Fifteen 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: between \$51 and \$100 before birth, \$500-\$1000 during delivery and \$51-100 after delivery.

General

- Evaluation of women's answers and comments throughout the questionnaire indicate a general very high level of satisfaction with maternity services, overall. Both the quantitative data and the open-ended responses show that most staff including independent midwives, hospital midwives, GPs and private obstetricians are held in extremely high regard by the vast majority of women who use their services. However, there are inconsistencies in the type and quality of maternity services available to women. These often relate to hospital services, and hospital teams and specialists.

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 centred around three issues:

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- There is a need to become well informed and assertive.
- The importance in choosing an appropriate type of LMC, and the individual LMC within that type.
- Recommendation to use an independent midwife.

The most frequently offered advice by over a half of the respondents was to become well informed about maternity services and to be assertive about what they wanted. This included asking questions, doing research and standing up for themselves. This 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.

A third of the women who responded to this question made reference to the great importance of choosing the best LMC that a woman could trust to support her during her pregnancy and after the birth. Women recommended that women should look around (and look early) for the right LMC. That LMC should be professional, caring, and open to the mother's suggestions. The choice should also be based on recommendations from others.

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

Many other comments (rather than advice) were received. Amongst others, these revolved around making the most of the pregnancy, doing things differently next time, keeping healthy and fit, and NOT opting for a caesarean.

1 Introduction

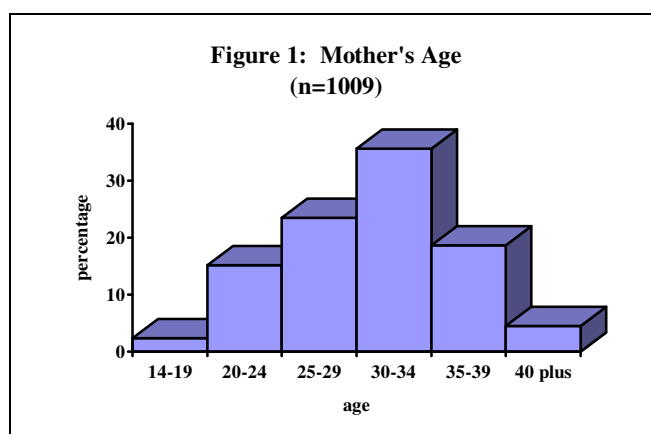
In 1996 the Government of New Zealand amended Section 51 of the Health and Disability Services Act 1993 concerning the provision of maternity services. Comments received from members of the National Council of Women of New Zealand (NCWNZ), which showed a lack of understanding and an apparent level of 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. The 1998 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.

In 2001 the NCWNZ decided that a follow-up survey was necessary. An identical questionnaire was distributed via the NCWNZ membership, which includes 35 branches, to which 150 societies are affiliated, and 43 nationally organised societies. The anonymous questionnaire was designed to elicit both quantitative and qualitative responses from mothers with babies under six months of age. Members were asked to invite women with babies under six months of age to complete the questionnaire. 1020 useable completed questionnaires were returned and analysed.

2 Description of the 2001 Sample

Due to the recruitment methods, the sample was not randomly selected. Maori and Pacific women, and those under 20 years of age were under-represented, while women with high levels of education were over-represented. Eighty percent of the sample identified as New Zealand European, 12% as Maori, and the remaining women were predominantly British and Australian. Less than one percent were Pacific peoples.

Seventy percent of the women who responded to the questionnaire were within the ages of 25 and 34, as Figure 1 below indicates:



nb: 11 women did not answer this question

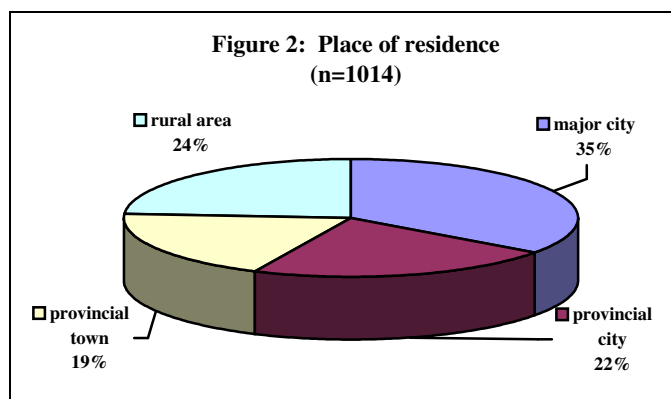
It was intended that all women responding to this questionnaire would be recent mothers with babies of six months or younger. In practice, the distribution was:

- 90% of babies were aged between 0 – 6 months
- 10% of babies were aged between 7 and 12 months

Forty one percent of the women responding had only one child (live birth), 31% had two children, and the remaining 28% had three or more children.

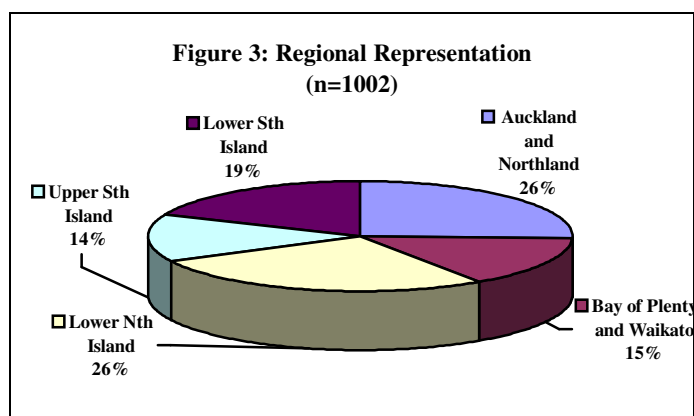
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Respondents were asked whether they lived in a major city, provincial city, provincial town or a rural area (see Figure 2 below). There was a reasonably balanced representation from each of the four designated areas, with slightly lower representation in the provincial cities and towns.



nb: 6 women did not answer this question

As Figure 3 below indicates, all major areas were represented and are comparable to the 1998 survey figures. However, in comparison with the 2001 Census, The northern North Island is under-represented, while the South Island is over-represented.



nb: 18 women did not answer this question

The level of education of women responding to the questionnaire was relatively high, with just under half (49%) having attained a tertiary (University, Teacher's College, Polytechnic) qualification. Seven percent of women had less than two years of schooling, 31% had School Certificate or Sixth Form Certificate, and 12% had University Entrance or Bursary. These figures are almost identical to the 1998 survey.

3 Results

3.1 Introduction to Results

Analysis of the quantitative aspects of the questionnaire answers resulted in a number of statistically significant differences in the perceived quality and satisfaction with the maternity services with respect to the following factors:

- Ethnicity: Maori women were significantly more likely than non-Maori to be dissatisfied with maternity services before their baby was born ($p=0.001$). However, non-Maori women were significantly more likely to be dissatisfied with post-natal services.
- Age: women 30 years and over were significantly more likely than under 30s to be dissatisfied with maternity services before their baby was born ($p<0.001$).
- Area: the more rural the place of residence, the higher the level of dissatisfaction of services directly after birth. Rural women were significantly more likely than other women to be dissatisfied with maternity services after delivery ($p=.02$).
- Number of children: Women for whom this was the fifth or more delivery were significantly more dissatisfied with care after delivery than women with less than five deliveries ($p=.001$).

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, 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.

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. Just under half (48%) of mothers learned about available maternity services from their General Practitioner. Many women asked family and friends for advice, or even looked in the telephone book. A quarter of mothers obtained their information on services only from family, friends, their past experiences, and other non-medical contacts. Sixteen percent found out about services from a midwife, a higher percentage than the 1998 survey.

Eighty eight percent of the women reported that they had received enough information about maternity services. There was little evidence of a high level of confusion over services in the open-ended comments, as was found in the last survey. However, some women found it difficult to gain the detail necessary to make the correct choice.

Women still consider that the choice of Lead Maternity Carer (LMC) is extremely important, particularly about the choice of a midwife. There were numerous suggestions about the necessity for a midwife with experience, good communication skills, who provides excellent care and support during and after the pregnancy and at the birth, listens to the woman's needs as an individual and is professional. Comments women made regarding selecting their LMC include:

“Choose a midwife/LMC who is willing to listen and go along with your requests, wishes, etc, think about post natal care.”

“There's a lot of support available – make the most of it!”

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“Find an LMC that you feel safe with and have a good rapport.”

“Find someone of your own culture who understands your traditions.”

“I had a close relationship with my midwife, and consequently had a very enjoyable pregnancy.”

“I was given all information and choices available, kind and knowledgeable midwife.”

“Because I felt confident with the people involved, I had the same doctor and specialist I had with my first baby.”

“My LMC was very informative and gave excellent personal care to both me, my husband, little boy and baby (when born).”

An examination of the answers given by the 124 women (12%) who initially reported that they did **not** have sufficient information to make a decision, showed that those who were given information by GPs and by family, friends and other sources felt less well informed. Only 1% of those who were told about maternity services from a midwife felt they did not get enough information, compared to 12.7% who went to a GP. The kinds of information those 124 women wanted included more detailed information on the options available before being faced with making a ‘choice’, a phone and address list of available options of care, the responsibilities of LMCs. A number of women complained about being handed a brochure from their GP without any discussion. Women said:

“If I was a first time mother I would have been at a complete loss.”

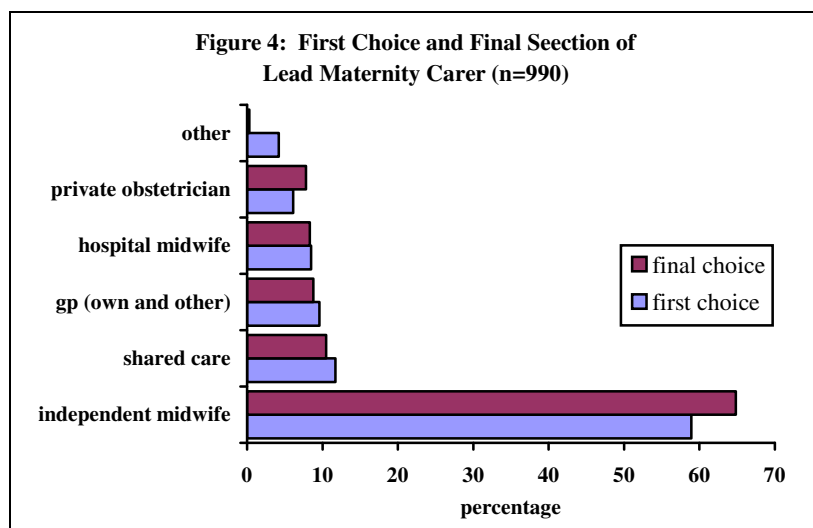
“He just shoved a pamphlet in my hand. I thought ‘What do I do now?’ ”

“I needed more detailed info about the options available; perhaps some form of presentation where questions could be asked before making a decision.”

- Q3 Who was your first choice as Lead Maternity Carer?**
- Q4 Was your first choice of Lead Maternity Carer available?**
- Q5 If you 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. The first choice of LMC, out of the available options, is shown in Figure 4 below. Over half (59%) of the women chose an independent midwife, while 10% chose a GP (their own or another). This is an increase from the 1998 survey results which found that 45% of women choosing an independent midwife and 21% a GP in 1998.

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nb: 30 women did not respond to this question

For 86% of the respondents, their first choice of LMC was available. Figure 4 shows that independent midwives are the LMCs most often used and that 6% of women who do not first choose an independent midwife end up with one. Over 90% of those who chose an independent or hospital midwife ended up with this option, whereas around two thirds of those whose first choice was a GP or a private obstetrician had this choice in the end. It must be noted here that more women ended up with a private obstetrician than had chosen one at first, due mainly to complications in pregnancy. As well, choice was limited by region, particularly so in rural areas. For example, 12.4% of those living in a major city and 5.0% of those in a provincial town ended up with a private obstetrician. On the other hand, a higher percentage of those in rural or provincial areas had GPs as LMCs and a lower percentage had independent midwives. ‘Choice’ did not necessarily include their preference, as the quotes listed below indicate:

“There is only one choice in Waihi.”

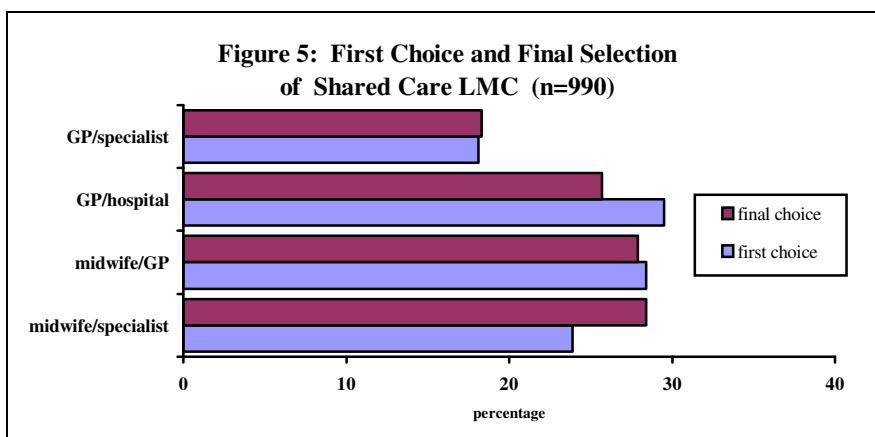
“I did not get in early enough to get the midwife I wanted.”

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

- 14% compared to 28% in 1998 approached one other person
- 37% compared to 42% in 1998 approached two others
- 49% approached three or more people in 2001 compared to 30% in 1998.

In 2001 women had to make more effort to find an LMC if their first choice is not available.

There was a decrease from 1998 to 2001 in the percentage of women who chose ‘shared care’ as their first and final choices, from around 20%, down to 10%. This is likely to be due to GPs moving out of maternity services. Figure 5 below indicates the composition of shared care in 2001. Eighty-eight women made shared care their first choice, while 109 actually ended up utilising it. There were small changes between first and final choices of ‘shared care’ combinations: a reduction in the percentage of women whose first choice was a midwife/specialist team (and an increase in the percentage of women with a hospital team/GP. This is a very different scenario than in 1998 - the reduction from first to final choice for their own GP/independent midwife team was 50% to 39%. This may indicate that the tension and teething problems at the start of the new Health and Disability Services Amendment Act (1996) has lessened.

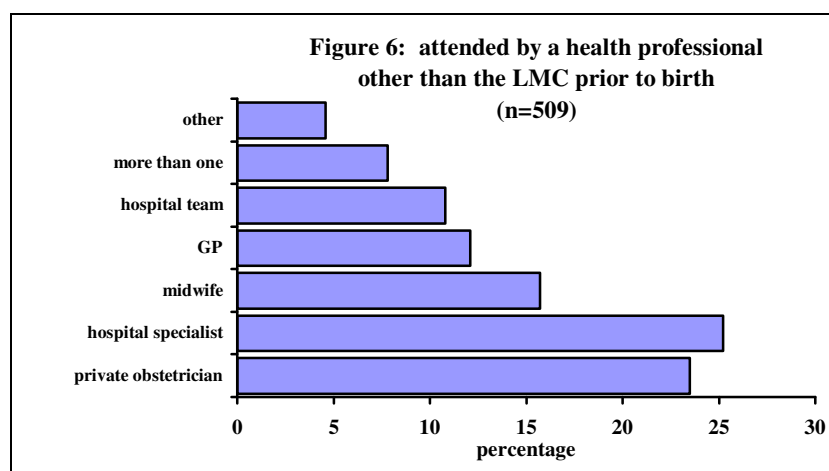


nb: 30 women did not respond to this question

- 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?

Over three quarters of the respondents (79%) were between 6 and 14 weeks pregnant when they first saw their LMC (up from 71% in 1998). Fourteen percent had their first contact between 15 and 25 weeks, and four percent first saw their LMC at 26 weeks or later. Fourteen respondents did not see their LMC at all!

Half (50%) of the women saw at least one health professional (other than their LMC) prior to their baby being born. As Figure 6 indicates a quarter saw a hospital specialist, a quarter saw a private obstetrician, while 16% saw a midwife.



The main reasons given for these extra consultations were:

- concern over the mother's health (23%)
- concern over the baby's health (26%)
- as an extra precaution or to provide additional support (10%)
- because of a previous history of problems or current condition (12%)
- Seven percent of the consultations were unrelated to the pregnancy, for example asthma and 'flu'

Examples of comments received:

"I started with GP but required to transfer to someone with access to a base hospital with an obstetrician as a consultant."

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“I saw a hospital obstetrician for alternative birth options and a GP for Rubella scare.”

“I bled through my pregnancy.”

“My first delivery was a caesarean, and the baby had hormonal difficulties so this was precautionary.”

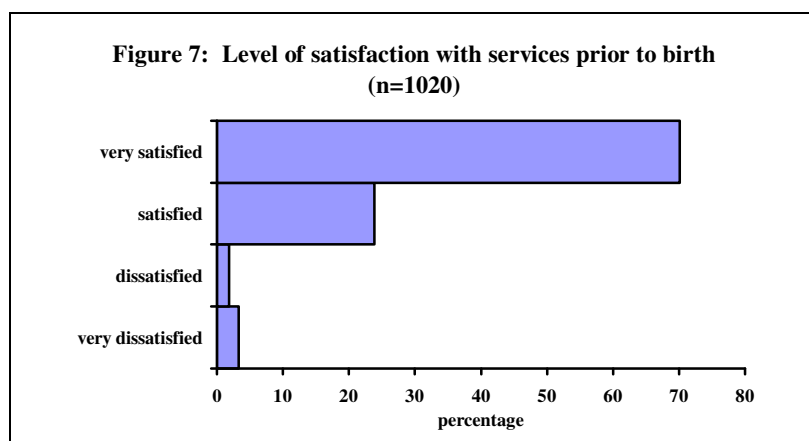
Some mothers were concerned that consultations with other health professionals for pregnancy related issues was not covered by the LMC, but had to be paid for separately.

“Few GPs take on maternity patients now. If you prefer a specialist to a midwife it will cost money.”

“I was quite shocked that you had to pay for a scan. I thought pregnancy care was free.”

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

As Figure 7 indicates there was a high percentage of respondents who reported being either very satisfied (70%) or satisfied (24%) with the services they received before their baby was born. Only six percent report being either dissatisfied or very dissatisfied. These results are almost identical with those in the 1998 survey.



When asked why they felt this way about the services, 80% felt that they had had excellent and/or comprehensive service, 10% adequate service. Comments regarding level of satisfaction appeared to be primarily related to the care provided by the individual LMCs – their professionalism, their care and support, the trust built up between LMC and mother. Comments include:

“She listened to my needs as an individual.”

“I had a very close relationship with my midwife, and consequently had a very enjoyable pregnancy.”

“They are so helpful and they are there for you, they knew all I needed to. All my questions/queries were fully answered.”

“I felt confident with the people involved as I had the same doctor and specialist with my first baby.”

Those that felt dissatisfied often felt that their voice was not heard, or that they were bullied into decisions. Some complained that they felt they could not change their LMC. Some comments include:

“My LMC’s opinions and attitudes came through instead of me making own choice.”

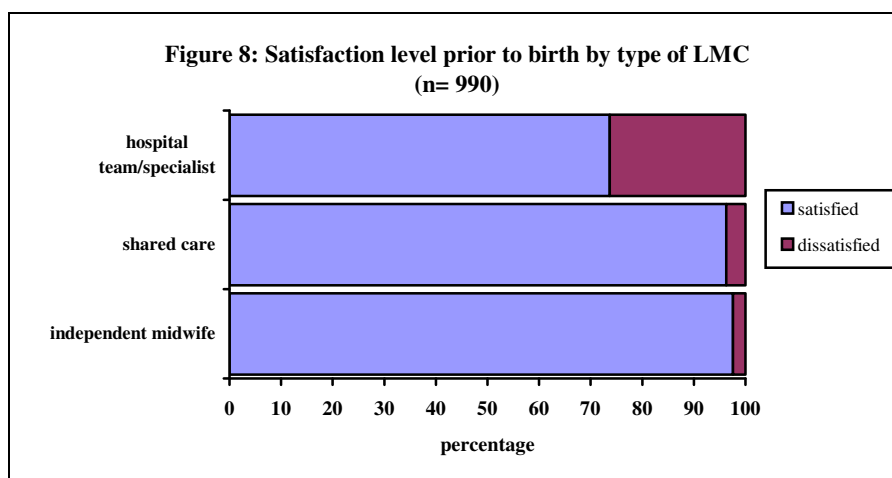
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“There was not much information being provided between the independent midwife, specialist and nurses. It was very chaotic.”

“I did not feel that I bonded with my midwife and saw very little of her prior to delivery.”

“I wanted to change my LMC, but felt I couldn’t.”

Levels of satisfaction with maternity services prior to birth varied with the type of LMC. Figure 8 (below) indicates that lowest levels of dissatisfaction were experienced by those women who were attended by a GP (her own or another), closely followed by independent midwives or shared care. More concerning is the higher levels of dissatisfaction of those mothers that had hospital teams or specialists (26%).



nb: 30 women did not respond to this question

The main reasons given by women who were dissatisfied with hospital teams or specialists were the lack of personal care and continuity which is in contrast to the very personalised service given by independent midwives. Comments include:

“Everything went ok, however I never felt able to ask detailed questions about what was happening to me and baby during pregnancy.”

“I felt very frustrated with seeing a different specialist every time. I felt the system lacked continuity- I did not get to know any of them very well.”

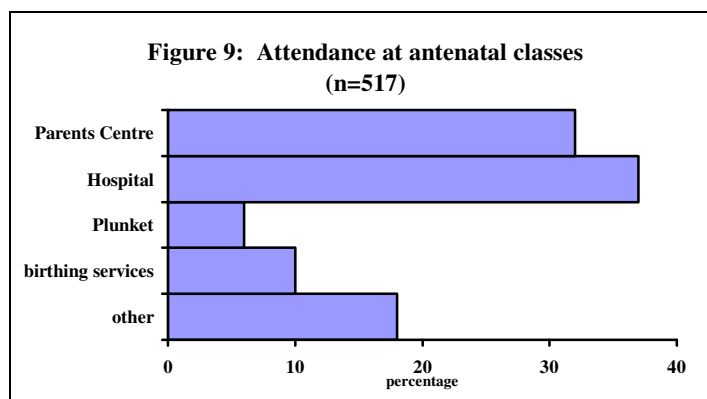
Dissatisfaction also varied according to ethnicity. Maori women reported statistically significantly higher levels of dissatisfaction than non-Maori ($p=0.02$). Nine per cent of Maori compared to 5% of non-Maori reported being dissatisfied or very dissatisfied with their care before birth.

Antenatal Classes:

Half (51%) of all respondents, and 85% of those having their first baby attended antenatal classes. In a great majority of cases (86%) partners also attended these classes.

As shown in Figure 9 below, of those who attended antenatal classes, thirty seven percent went to classes run by a hospital, and 32% to Parents Centre classes. The remainder attended classes run by Plunket, Local and/or Community Associations, Midwife or birthing services of one kind or another.

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Eighty seven percent of the women who attended an antenatal course were very satisfied or satisfied, while the remaining 13% were dissatisfied (only three women were very dissatisfied). Those who attended the smaller community birthing classes showed an almost complete lack of dissatisfaction (1%).

Like the respondents in the 1998 survey, many mothers (including those who said they were ‘satisfied’) commented on drawbacks of their courses:

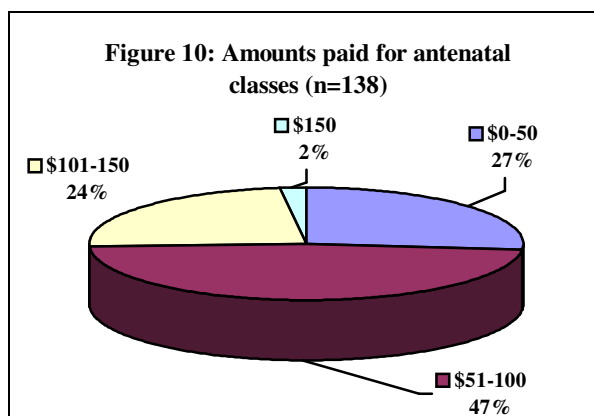
“It didn’t cover much of what happens when you get baby home.”

“There was not enough info about other circumstances during childbirth and not enough immediate care after birth information.”

“There was only very basic info provided, course content targeted and presented at lower socio-economic threshold. If I had known it was going to be like that I would have paid to do the parents centre course.”

There were also comments about a lack of information on bottle-feeding.

Only 29% of women who attended an antenatal course had to pay to attend. Figure 10 shows the amounts paid by women paying for antenatal classes.



nb: 12 women did not respond to this question

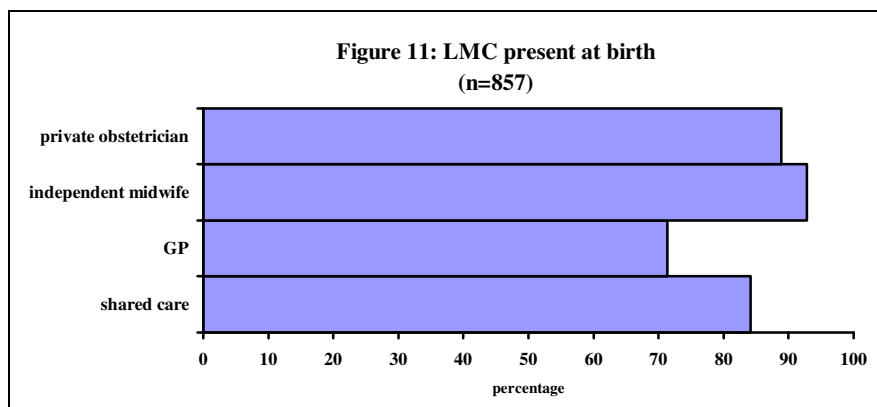
Eighty percent of women had a care plan discussed with them before birth. Of these, 75% had the plan written down for them.

3.3 Delivery

Q20 Did your Lead Maternity Carer assist at the birth of your baby? Why/why not?

Q21 Did you have a normal/ complicated/ caesarean delivery?

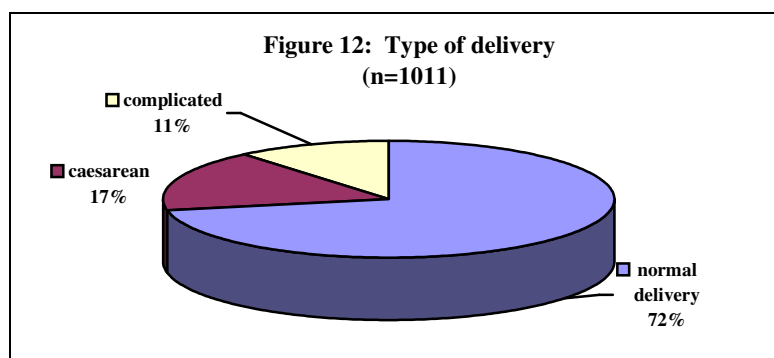
The LMC was present and assisted at the birth in 84% of the deliveries. Figure 11 indicates that a far higher percentage of independent midwives and private obstetricians were present at the birth, while GPs were only present at 71% of the births for whom they were LMCs.



The most common reasons for deliveries where the LMC was **not** involved were:

- LMC on holiday, with another mother, or not available for other reasons (33%)
- Emergency or scheduled caesarean (19%)
- Delivery out of town or in a different hospital (20%)
- Delivery complications (15%)
- Labour too quick or labour too long and LMC went home (11%)

Over two thirds (71%) of women reported having normal deliveries, 18% had caesarean sections and the remaining 11% had complications of some type (see Figure 12).



nb: 9 women did not answer this question

Q22/23 Where was your baby born? Was this your first choice?

Over 90% of women delivered in a public maternity facility. Seven percent delivered at home, and the remaining women delivered at a private maternity facility, birth centre or other. For most (88%) of these women, their place of delivery was their first choice. The reasons given by the women who would have preferred to deliver elsewhere were:

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- Preferred a small town birthing unit or to deliver closer to home (29%)
- Preferred a home birth (17%)
- Complications were expected (25%)
- Wanted private care but couldn't get it (5%)
- Other factors dictated delivery location (such as caesarean, overdue, premature, speed of delivery etc) (25%)

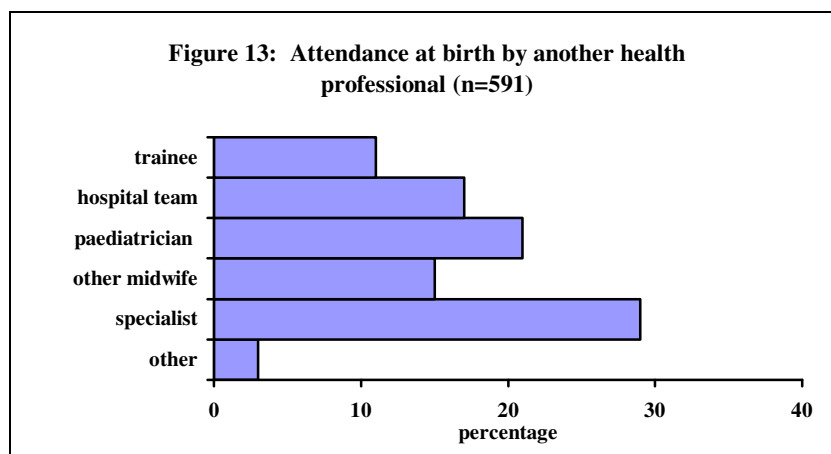
Three quarters of women (74%) indicated that they would do things the same way if they were having another baby, while a quarter would do things differently. Of the 260 women who would do things differently the most stated their preference for:

- A home birth (11%)
- A private or satellite hospital for better postnatal care (15%)
- Staying in hospital longer (19%)
- Staying less time in hospital (11%)

Most of the women who said that they would stay a shorter time in hospital said this because they considered the facilities (and sometimes the level of care) to be unsatisfactory.

Q25/26/27 Were you or your baby attended by any other health professional other than your LMC during labour or birth? Who? Why?

Figure 13 shows that 58% of women were (also) attended by a health professional other than their LMC at the time of the birth.



The reasons given were:

- Intervention such as forceps, breaking waters, induction etc 20%
- Caesarean section 15%
- Foetal distress 15%
- Trainee or assistant 11%

Q29 Were you included in the decision making regarding you or your baby's care during labour and delivery?

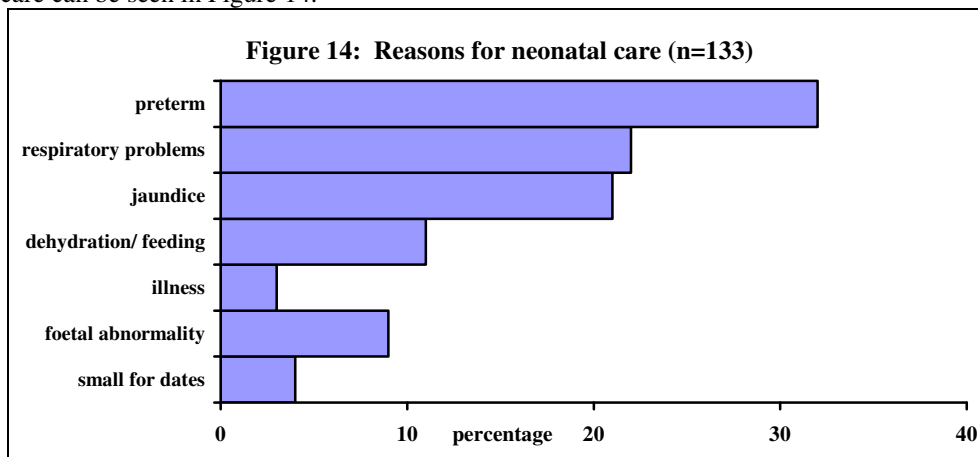
Q30 Was your baby born at term/ preterm/ or post-term?

Q31 Did your baby need specialist neonatal care in hospital?

As did the same percentage in the 1998 survey, 95% of the women surveyed felt that they had been included in the decision making regarding themselves or their baby's care during labour and delivery.

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Most babies (87%) were born at term, defined as between 38 and 42 weeks gestation; 8% were pre-term (<38 weeks) and 5% were overdue (>42 weeks). Only 13% of babies born needed neo-natal care. The reasons for the neo-natal care can be seen in Figure 14.



Ninety three percent of women were either very satisfied (68%) or satisfied (25%) with the treatment their baby received after delivery, while seven percent were either dissatisfied (4%) or very dissatisfied (3%). This satisfaction rate is up slightly from the 1998 survey (62% very satisfied, 28% satisfied). Many women made very positive comments about the care of their baby after delivery, particularly about their independent midwife. These comments included:

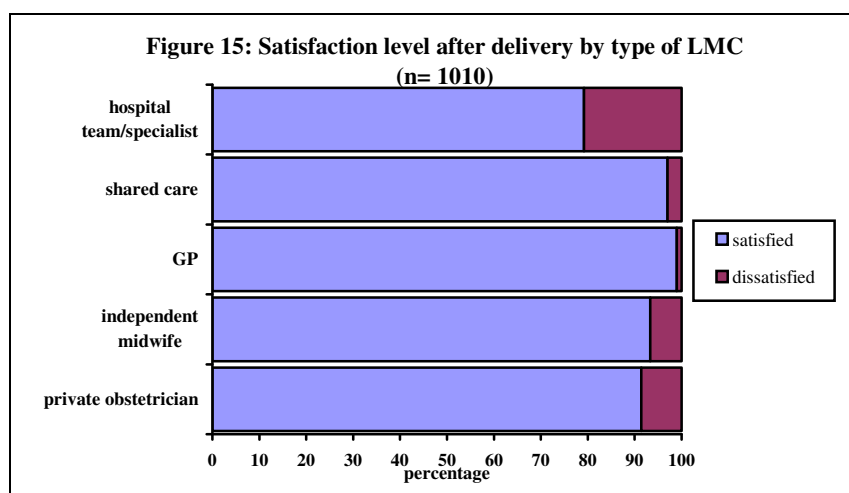
“I felt comfortable, baby and I were in capable hands – no complaints.”

“It was a lovely personal atmosphere and service at community hospital, well taken care off.”

“I was very happy with all aspects of care pre and post.”

“They were really brilliant, both my lovely midwife and her assistant.”

Satisfaction rates were highest for those women who had a GP (98%) or shared care (97%) and lowest for those that had a hospital team or specialist (79%) (see Figure 15 below).



nb: 10 women did not answer this question

While there were a number of very positive comments received about hospital care, particularly about hospital midwives, the level of dissatisfaction with hospital care, in general, even by those women who reported being

satisfied with their care during birth is notable. Many women commented about the poor state of cleanliness of the hospital, the lack of staff, baby and mother being neglected. Comments like these were received:

“We were forgotten about and not told where anything was.”

“The obstetrician didn’t help much after baby was born – it was like we were just another client.”

“It depended who was on the shift and how busy what kind of care you got. I had to lie in the corridor for hours after baby was born as there were no beds.”

“I was shocked at how rundown the hospital was – I guess this is the result of Rogernomics.”

Satisfaction with care after delivery varied according to a number of variables (nb. it did not vary according to ethnicity):

- mothers under 30 years old reported significantly higher degrees of dissatisfaction (9% of younger mothers were dissatisfied compared to 5% of older mothers).
- Mothers for whom this was the fifth or more delivery (p=.001)

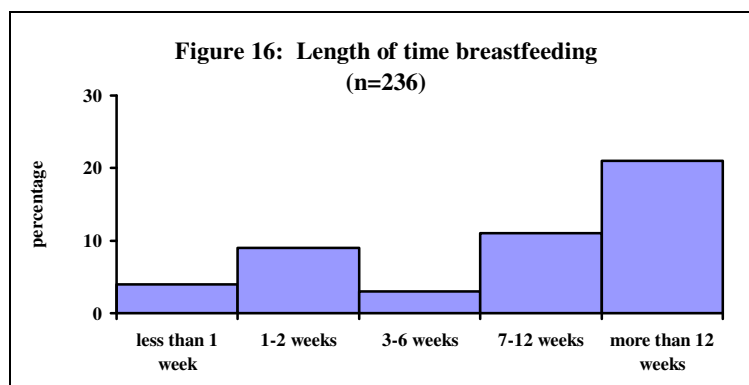
3.4 Breast Feeding

When questioned about their intentions prior to their baby’s birth, almost all (97%) of women intended to breastfeed (90% to breastfeed solely). The thirty women who didn’t intend to breastfeed made that decision primarily due to:

- being previously unsuccessful in breastfeeding (23 women) often attributed to lack of (appropriate) assistance
- preference for bottle feeding (5 women)
- physical inability to breastfeed (2 women)

Seventy five percent of women were currently feeding when answering this questionnaire (this is a considerable drop from the 80% who were breastfeeding at the time of the last survey in 1998).

Figure 16 shows the length of time women, who had now stopped breastfeeding, had breastfed for:



nb: 11 women did not answer this question

Of these women, fifty four percent had stopped by six weeks.

The reasons for stopping were varied. The reason given by the largest percentage of women (12%) said that it was too difficult for reasons of tiredness or pain; the baby not feeding properly (11%). A smaller percentage of women said they had weaned the baby in order to go back to work (7%). A small number of women (3%) said that they (or their husbands) did not ‘like it’. Comments received included:

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“I was rundown, I was milking and I had three other kids to look after as well.”

“I didn’t have enough milk because I was too stressed.”

“I had to prepare to go back to work.”

“My baby is tongue-tied and wouldn’t suck properly and so couldn’t get enough from me.”

“Baby seemed too hungry so I went on to both breast and bottle, but my breast milk did not seem to fill him so I stopped altogether.”

Twenty one percent of the mothers indicated that a health professional had given a bottle or formula to their baby. Of these, 90% said that they had given permission for it. The reasons given were by comments about the need for baby to have fluids (59%). The other main reason was the mother’s milk not coming in (26%).

3.5 Postnatal Services

In hospital

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

- There has been a drastic reduction in the length of time women stay in hospital since the 1998 survey was carried out.
- 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.
- Women who had caesareans, multiple births and complications were very satisfied with postnatal care

Within 48 hours of giving birth, nearly half (48%) of all women had left hospital with their babies. By 7 days (86%) 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, but in particular, in the 24-48 hour period. Within 48 hours of giving birth, sixty two per cent of women having natural births, had left hospital. Within 7days, 93% of women had left. Table 1 below shows the cumulative percentages of women who had left hospital within a defined period of time.

	All births (%)		"Normal" births (%)	
	2001	1998	2001	1998
< 6 hours	5	4	6	5
6-12 hours	11	6	15	8
12-24 hours	30	15	32	20
24-48 hours	48	35	62	45
3-7 days	86	54	93	66
> 7 days	100	100	100	100

nb: 18 women did not answer this question

As Table 1 (above) indicates, for all births, more than twice as many women had left within 24 hours in 2001 compared with 1998. This rise is not quite as dramatic for those women having ‘normal’ births, but is still a dramatic shift.

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Most (79%) women said that they did have a choice about how long they would stay in hospital. Women who felt they did not have a choice, mentioned pressure to leave quickly, or lack of staff making 'choice' impossible, noise, or a personal dislike of hospitals:

"It's just as well I wanted to go home immediately – not being keen on hospitals - because there didn't seem to be much room."

"I would have preferred to go home quickly, but I had a caesar, and I was forced to stay. There was a real staff shortage."

"While they wanted me to stay, they weren't very much help. Being a first time mum."

"I had to transfer after the birth to an alternative hospital, but it was too busy and I went home exhausted. I averaged 3 hours a night after a 40 hour labour and a caesarean."

The first two weeks

Q38 Did your LMC talk to you about arrangements for a Well Child provider?

Q39 Did you know who was going to be providing your Well Child programme of visits?

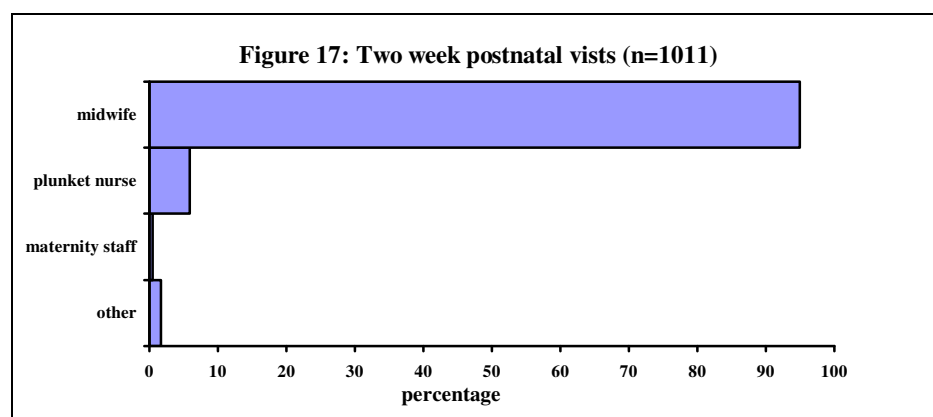
Q34 In the first two weeks of your baby's life, how many times did a health professional visit you at home? Who was this health professional/s?

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 about Well Child services. Ninety percent of women said that their LMC had talked to them about arrangements for a Well Child Provider. Eighty nine percent said they knew who the provider was.

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 results indicate that 94% of women had been visited. Thirty five percent of women had received three or fewer home visits. A further 30% had been visited 4-5 times, and 29% had more than 5 visits. This is almost identical to the 1998 survey figures. The average number of visits was five.

Figure 17 shows who came to visit in the first two weeks.



nb: 9 women did not respond to this question

Midwives (mostly independent) accounted for almost all (95%) of home visits in the first two weeks. Some women had visits from two health professionals (the second being usually a Plunket Nurse). This represents a considerable shift from 1998, when only 64% of visits were from midwives.

Seventy seven percent of women did not have to travel to see a health professional during this time. Smaller numbers of women visited a GP (14%), Specialist (17%) or their midwife (8%). The rest went to a range of other health professionals. Many of those who visited a hospital, did so for scheduled checks for hip checks.

The first six weeks

Q42 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?

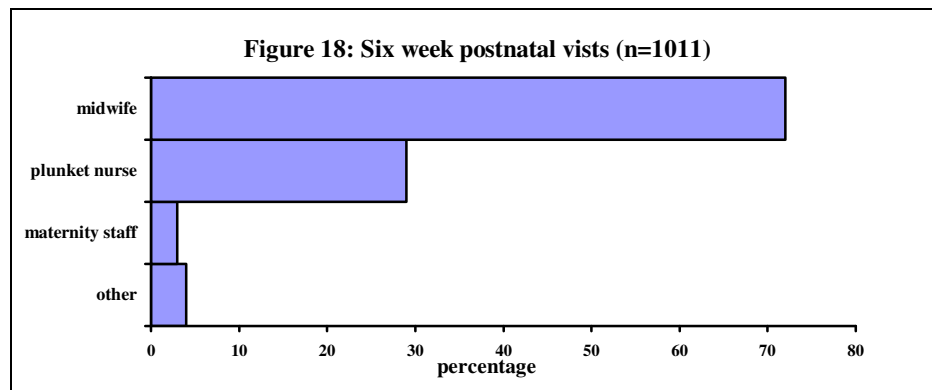
Q43 In the first six weeks of your baby’s life, how many times did you have to travel to take your baby to see a health professional? Who was this health professional/s?

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. Ninety five percent of women saw someone in that first six weeks. The average number of postnatal visits received at home in the first six weeks was between seven and eight. Thirty percent of women received between zero and five visits during this time, while just over half (53%) received between six and ten visits. Seventeen percent of women received more than ten home visits. The average number of visits was nine. These figures are slightly higher than the 1998 survey.

Visits varied slightly according to a number of variables. While there are no significant differences between numbers of visits at two weeks, Maori women had significantly more visits in the first six weeks than non-Maori women (p=0.01), with an average of 12.4 visits from health professionals, compared with visits to non-Maori mothers of 9.3. Younger mothers (under 30 years) also had significantly higher numbers of home visits (p=0.04), with 10.7 compared with 9.0 visits for older mothers (30 and over).

Compared to the 1998 survey, mothers living in rural areas received similar numbers of postnatal visits to mothers living in other areas, averaging 5.5 visits in the first two weeks, compared to 5.9 for women living in urban and provincial areas. At six weeks, they received slight higher numbers of visits (10.9). These differences were not statistically significant.

Figure 18 shows who came to visit in the first six weeks.



nb: 9 women did not respond to this question

When asked who visited them at home in the first six weeks 88% of mothers said midwives (mostly independent), while over a quarter (29%) of the mothers said that they had been visited by Plunket in the same period. (Note that some women had visits by more than one health professional. Total exceeds 100%).

Over half of the women surveyed (55%) took their baby to see their own GP within the first six weeks. Other health professionals visited were independent midwives (7%), Plunket nurses (5%), Specialists (15%) Some of these women reported that the visit to a specialist was for the purposes of checking for hip checks.

Q44-46 In the first six weeks of your baby’s life did you have to call a health professional to your home urgently because you were worried about your baby?

Who was this health professional?

Why did you have to call them?

Seven percent of women had to call a health professional to their home urgently because they were worried about their baby. This figure is comparable to the 1998 survey figure of 8%.

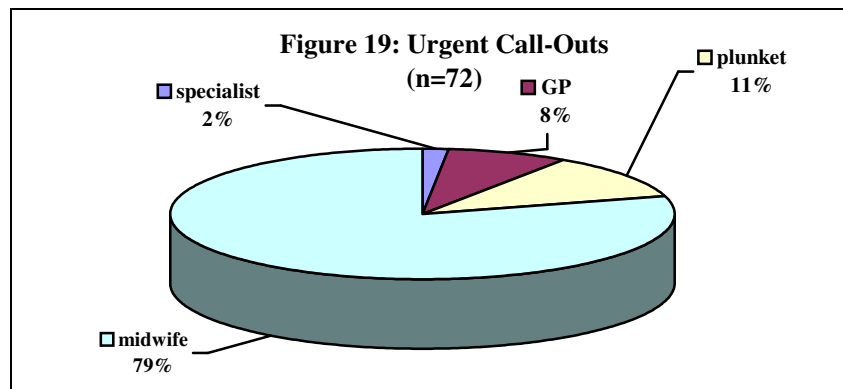
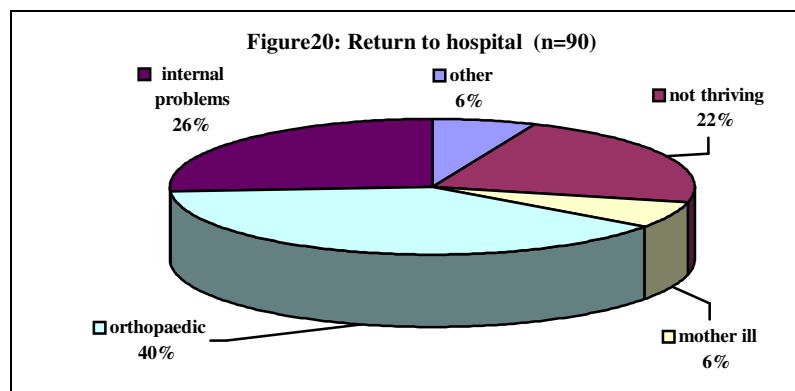


Figure 19 indicates that the large majority of the times they made an urgent call was to a midwife, but women did call their own GP (8%), or Plunket – either a nurse or the help-line (11%), or an unspecified midwife (11%). One woman called her paediatrician. The reasons for the urgent callouts were mainly for breastfeeding problems (often failure to ‘latch on’), or baby being ill or very unsettled.

Nine percent of babies had to go back to hospital within the first six weeks. Paediatric checks (mostly for hip checks) accounted for 40% of babies returning to hospital. Other common reasons given for these checks were because of possible ‘internal’ problems such as jaundice, or kidney, heart or stomach problems, and 22% returned to hospital because they were not thriving or had colic etc. In a small number of cases mothers were ill and took the baby with them.



Q46 Did you get the information you needed after your baby was born? Why do you say that?

The majority of women (86%) 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. The comments overwhelmingly indicated this high level of satisfaction (e.g. “I was given pamphlets etc and my midwife covered everything”). Information was mainly from midwives, but mothers talked about the large numbers of pamphlets available (in fact one talked about ‘information overload’). Those who did not get the information they felt was necessary made similar comments to the examples below:

“I didn’t receive any information except the Plunket Book and a Bounty pack.”

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“There was no information about exercises after birth. I had to request to see a physio after having major bladder problems in hospital.”

“The only person who wasn’t good was the lactation consultant, so I contacted La Leche instead.”

“No one told us how to handle the stress of having a pre-term baby.”

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

Ninety six percent of women said that overall, they were either very satisfied (66%) or satisfied (30%) with the postnatal services they and their baby received. This is a considerable increase in satisfaction since the 1998 survey (where 88% were satisfied/very satisfied). Satisfaction varied, however, according to a number of variables. Those who lived in provincial cities indicated the highest level of dissatisfaction (10%). Dissatisfaction was highest when women had a private obstetric specialist (16%), or shared care (11%) and lowest for those who had independent midwives (3%) and GPs (2%). No Maori women reported dissatisfaction with postnatal care.

The individual comments reflected these high levels of satisfaction with the care received from the LMC (particularly midwives and GPs), and to a lesser extent, other providers such as Plunket. When those who were not satisfied with postnatal care were asked why they felt this way, they commented:

“You are left very much on your own and for first time parents this is scary.”

“Once the bay was born the specialist didn’t want to know. I was just another patient.”

“The midwife handled the after care very badly. She had no advice on some basic things.”

“I would have liked them to visit more often.”

“I think the Plunket visits aren’t enough – I guess that’s to do with funding.”

Again a number of concerns were raised in this section about the level of postnatal care in the hospital wards. One comment sums it up:

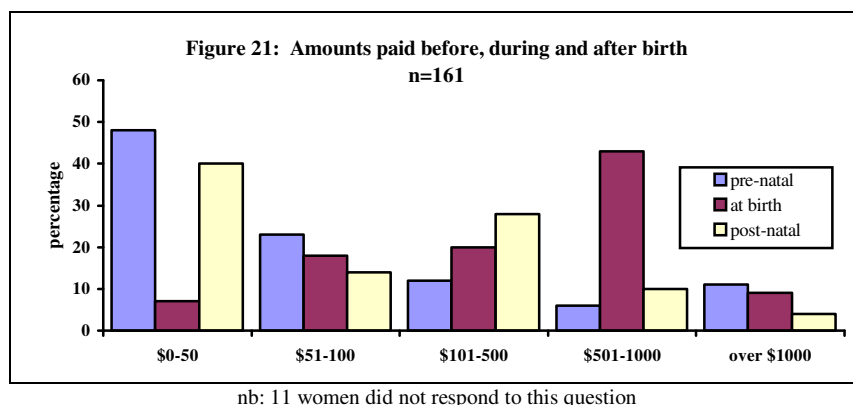
“At times the hospital midwives were so busy they could not give adequate time to us. I felt there were inadequate resources, there were no stretcher beds for husbands. The hospital was very crowded.”

Q48 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 sixth (16%) 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. Five percent of women had to pay for services received during delivery. Fifteen percent of women had to pay for services received after birth until the baby was six weeks old.

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Figure 21 indicates the amounts paid before, during and after birth.



Of those women who had to, or chose to pay, the mean amounts paid were: \$51-100 before birth, \$500-1000 during delivery and \$51-100 after delivery.

3.6 General

Women were asked what helpful advice they would give other women about having a baby in New Zealand. Three major types of advice were recorded. These are the same as three of the four major types of advice recorded in the 1998 survey.

- The need to be assertive and well informed. Over half of the women who responded to this question made some kind of reference to the need to be informed and have choice. This also included exploring available LMC options, but also finding out about antenatal classes, where delivery will be, what postnatal care is available etc. A typical handful of the comments are:

“Do your research about pregnancy and birth; be informed.”

“Tell people what you want – it’s your choice.”

“Don’t be afraid to ask for help or any questions.”

“Don’t be afraid to ask questions and get a second opinion on anything.”

“Know what you want and stick with it. Ensure you have everything clarified to your needs.”

- The necessity of choosing the right LMC. Again, a third of the 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 noted how important the right LMC was:

“Get a midwife you are totally comfortable with, and know that you have the right in decision making.”

“If you are unhappy with your LMC change.”

“Choose a midwife/LMC who is willing to listen and go along with your requests, wishes, etc, think about post natal care.”

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- Recommendation to use an independent midwife. Twenty percent of women (those who had used independent midwives) urged other women to think about this option. Some of the reasons they gave for this advice were:

“I’d recommend an independent midwife. Especially for a second baby, they are so much more personal.”

“Go with your instincts and choose a positive midwife because you can talk to her and she will be there for you throughout.”

“Get an independent midwife in a group so you know who will do back up should it be required.”

- A private midwife as LMC recommended for good continuity of care and personalised care.

There were a number of other recommendations. Women recommended that pregnant mothers should ascertain the amount and type of postnatal care to be provided and the options if the LMC was not available. Many women recommended booking the LMC early. Some women recommended private care, or private birthing facilities.

Summary of Results

Antenatal Services

- Most women (87%) were satisfied with the maternity services available to them, and obtained enough information to make a choice of LMC. GPs or lay people gave less information about maternity services than midwives. Some women, particularly those outside major cities faced a lack of choice of LMC.

Delivery

- The majority (90%) of deliveries were at a public hospital.
- Most women were very satisfied or satisfied (90%) 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 (ie '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 some 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.



Appendix "A"

**NATIONAL COUNCIL OF WOMEN OF NEW ZEALAND
TE KAUNIHERA WAHINE O AOTEAROA**

Maternity Services Survey

Dear Mother

The National Council of Women of New Zealand - Te Kaunihera Wahine O Aotearoa conducted a survey in 1998 of mothers with babies under 6 months of age who received their maternity health care in New Zealand.

Over 1400 responses were received. NCWNZ's findings (available from NCWNZ Box 12-117 Wellington at a cost of \$20) were forwarded to the National Health Committee (NHC) and considered as part of its review of maternity services which was conducted at the same time. The NHC subsequently made a number of recommendations to Government.

NCWNZ has decided to run a follow up survey to gauge the current level of public satisfaction with maternity services.

Members of the Council have been asked to approach mothers like yourself who have given birth to a baby within the past 6 months and to invite you to complete the following anonymous questionnaire which asks questions about your experience of the services you received before, during, and after the birth of your new baby.

Please be assured that as your name will not be recorded on this questionnaire there will be no way of identifying you or your baby, from your responses. You do not have to answer every question.

*Please complete the questionnaire and return it to
NCWNZ, P O Box 12-117, Wellington by 15th August 2001.*

Lead Maternity Carer (LMC) means the General Practitioner, Midwife, Obstetric Specialist or team of health professionals whom you selected to provide your comprehensive maternity care including the management of your labour and birth.

ANTE NATAL (before birth) SERVICES

1. Who told you about the maternity services that were available when you first became pregnant?
Please tick the appropriate box.

- | | |
|--|--|
| <input type="checkbox"/> General Practitioner (Doctor) | <input type="checkbox"/> Marae Health Services |
| <input type="checkbox"/> Citizen's Advice Bureau | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Practice Nurse | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> other (eg friends, family, etc) Please specify..... | |

2. Did you get enough information to make a decision about registering with a Lead Maternity Carer who would be responsible for coordinating all of your maternity care? Please tick the appropriate box.
 Yes No

If you answered 'no' please explain what additional information you would have liked to have had.

3. Who was your first choice as Lead Maternity Carer?
 Private Obstetric specialist Hospital midwife
 Independent midwife General Practitioner -Your own Another

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- Shared care arrangement between.....and.....
 Hospital specialist Hospital team
4. Was your first choice of Lead Maternity Carer available? Please tick the appropriate box.
 Yes No
5. If you answered 'no' how many people did you have to approach before you were able to obtain a Lead Maternity Carer?
6. Who did you finally get as your Lead Maternity Carer?
 Private Obstetric specialist General Practitioner - Your own Another
 Independent midwife Hospital specialist Hospital team
 Shared care arrangement
between.....and.....
7. How many weeks pregnant were you when you first saw your Lead Maternity Carer?
Please tick in the appropriate box.
 Did not see a LMC 6-14 weeks 15 - 25 weeks 26 - 40 weeks
8. Did you know that you could change your lead maternity carer at any stage during your pregnancy?
 Yes No
9. Did you in fact change your lead maternity care at any stage during your pregnancy?
 Yes No
If yes please explain why.
10. Before your baby was born were you attended by any other health professional ?
 Yes No
11. If 'yes' who was this health professional? Please tick the appropriate box.
 Private Obstetric Specialist General Practitioner
 Hospital specialist Hospital team
 Midwife Other (please specify).....
12. Why were you attended by this other health professional?
13. How satisfied were you with the services that you received before your baby was born?
 very satisfied satisfied
 dissatisfied very dissatisfied
- Why do you say this?
14. Did you attend any parent education/ante natal courses before your baby was born? Please tick the appropriate box
 Yes No
15. If you have a partner did your partner/support person attend the courses? Please tick the appropriate box.
 Yes No
16. What organisation ran the parent education/ante natal courses that you attended?

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17. Did you have to pay to attend these parenting education/ante natal courses? Please tick the appropriate box. Yes No

How much did you have to pay? \$.....per session or \$..... total

18. How satisfied were you with what you were taught during the parent education/ante natal courses? Please tick the appropriate box.

very satisfied satisfied
 dissatisfied very dissatisfied

Why do you say this?

19. Did your lead maternity carer discuss a care plan with you at any stage during your pregnancy?
 Yes No

If Yes was it written down Yes No

DELIVERY

20. Did your Lead Maternity Carer assist at the birth of your baby? Please tick the appropriate box?

Yes No

If not, why not?

21. Did you have a:

normal delivery caesarean section complicated delivery (please explain)

22. Where was your baby born? Please tick the appropriate box.

in a public maternity facility, in a private maternity facility,
 at home, other (please state).....

23. Was this your first choice? Please tick the appropriate box. Yes No

If not please explain:

24. If your baby was not born at home, how long did you stay in the place where your baby was born?
.....hours or.....days

25. Were you given a choice about how long you would stay?

Yes No

26. When you left the place where your baby was born where did you go? Please tick the appropriate box.

to a public hospital ward to a private hospital ward
 home other.....

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27. If you were having another baby would you want to do things the same way? Please tick the appropriate box Yes No

Please explain:

28. Were you or your baby attended by any health professional other than your Lead Maternity Carer during labour and birth ? Please tick the appropriate box. Yes No

If yes, by whom and for what reason?

29. Were you included in the decision making regarding you or your baby's care during labour and delivery?

Yes No

30. Was your baby born

at term 38-42 weeks preterm less than 38 weeks
 post term more than 42 weeks

31. Did your baby need specialist neonatal care in hospital? Yes No

Please explain

32. How satisfied were you with the treatment **your baby** received after delivery .i.e. After leaving delivery suite and on the wards

very satisfied satisfied
 dissatisfied very dissatisfied

Why do you say this?

FEEDING OF BABY

33. Before your baby was born how had you planned to feed your baby? Please tick the appropriate box.

Breastfeed Bottle both

Please explain what led to this decision

34. If you intended to breastfeed are you currently breast feeding? Yes No

35. If you were breast feeding but have since stopped, how long did you breast feed?

less than a week 1-2 weeks
 2-6 weeks 6-12 weeks

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more than 12 weeks

Please explain why you decided to stop

36. Did a health professional give a bottle or formula to your baby? Yes No
If yes did they get your approval first? Yes No

POST NATAL (after birth) SERVICES

37. How old was your baby when you and the baby returned home? hours.....or days.....

38. Did your lead maternity carer talk to you about arrangements for a Well Child provider?
 Yes No

(A provider of Well Child Health Services will provide a scheduled programme of helping you to oversee your baby's growth and development beginning 4-6 weeks after birth. These are preventative services and they are different from the medical care you get from your GP when your child is sick).

39. At the time you had your last maternity visit with your lead maternity carer, did you know who was going to be providing your Well Child programme of visits?
 Yes No

40. In the first 2 weeks of your baby's life, how many times did a health professional/s visit you at home?

0 1 2 3 4 5 more

Who was this health professional/s?

41. In the first 2 weeks of your baby's life, how many times did you have to travel to take your baby to see a health professional? Please tick the appropriate box.

0 1 2 3 4 5 more

Who was this health professional/s?

42. In the first 6 weeks of your baby's life, how many times did a health professional/s visit you at home? Please tick the appropriate box.

0 1 2 3 4 5 6 7 8 9 10 more

Who was this health professional/s?

43. In the first 6 weeks of your baby's life, how many times did you have to travel to take your baby to see a health professional? Please tick the appropriate box.

0 1 2 3 4 5 6 7 8 9 10 more

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Who was this health professional/s?

44. In the first 6 weeks of your baby's life did you have to call a health professional to your home urgently because you were worried about your baby? Please tick the appropriate box.

Yes No

Who was this health professional?

Why did you have to call them?

45. Did your baby have to go back into hospital for any reason in the first 6 weeks of its life? Please tick the appropriate box.

Yes No

Please explain:

46. Did you get the information you needed after your baby was born? Please tick the appropriate box.

Yes No

Please tell us why you say that:

47. How satisfied are you with the post natal services you and your baby received? Please tick the appropriate box.

very satisfied satisfied
 dissatisfied very dissatisfied

Why do you say that

48. Did you have to pay for any services you or your baby received:

a) from when the time you discovered you were pregnant until the birth (EXCLUDING ANTE ANTAL CLASSES)

Yes No
How much did you have to pay? \$..... For what?.....

b) during birth

Yes No
How much did you have to pay? \$..... For what?.....

c) after birth and until your baby was 6 month old

Yes No
How much did you have to pay? \$..... For what?.....

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GENERAL

49. What helpful advice would you give to other women about having a baby in the New Zealand system?

INFORMATION ABOUT YOURSELF

50. How old are you?.....years

51. How old is your baby now?.....months

52. Do you consider yourself to be?

NZ European

Pacific Island. Please specify

NZ Maori

Other. Please specify.....

53. Do you live in a

major city

provincial town

provincial city

rural area

Please name the closest major city to where you live

54. How many live births have you had, including this one

55. Who lives with you and your baby? (You may tick more than one box)

husband

partner

other children

parents

family

friend

on your own

other (please specify)

56. What is your highest educational attainment:

less than two years secondary school

School Certificate or Sixth Form Certificate

University Entrance or Bursary

Tertiary (University, Teachers College, Polytechnic) qualification

PLEASE RETURN THIS COMPLETED SURVEY FORM TO:

NATIONAL COUNCIL OF WOMEN OF NEW ZEALAND - TE KAUNIHERA WAHINE O AOTEAROA

BOX 12-117, WELLINGTON

BY 15th AUGUST 2001

THANK YOU FOR TAKING PART IN THIS SURVEY