

# Report on TARANAKI DHB MQSP Consumer Engagement survey 2015/16

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## Summary

The Taranaki District Healthboard (TDHB) Maternity Quality and Safety Committee (MQC) has undertaken a consumer engagement survey for consumers of maternity services in Taranaki. This project was largely led by Christine Strydom, the consumer member to the MQC. The main aim of this survey was to collect data from consumers to better understand how users engage and view the services offered by Taranaki DHB maternity services as well as other stakeholders of maternity care.

In order to properly assess service engagement it was proposed that the survey cover conception to 6 weeks postnatal. Keeping in mind that consumer satisfaction is most often based on perception it was agreed that consumers would be offered the opportunity to complete the survey in a variety of methods. Data and direct feedback from this survey is interpreted and reported back to the MQC. The MQC is committed to quality improvements across its maternity services in Taranaki.

Survey was split into 8 sections:

1. About you
2. Your Pregnancy
3. Your Labour & Birth
4. Your postnatal stay in hospital
5. Postnatal care at home
6. Information and costs
7. Overall
8. Statistical Information

The majority of the surveys were completed by consumers while inpatients on the post natal ward. This left limitations in gathering information on post natal community care.

Consumers had the option of completing survey's in an interview style or in private. Additionally recent consumers (March 2015-March 2016) of the maternity services were invited to complete the survey by an invitation posted on the Taranaki Maternity Quality and Safety Face book page and other local parenting Groups' Facebook pages . This gave mums who gave birth at home or missed the in patient survey an opportunity to give their feedback too.

A total of 79 surveys were completed from March 2015 to March 2016. 72.15% (57) of Surveys were completed on the postnatal ward with mothers still as in- patients. 15.19% (12) of the surveys were completed by mothers who had a baby currently admitted to NNU and 12.65% (10) surveys were completed by mothers post discharge home of both mother and baby. Home birth families accounted for 5.80% (5) of surveys.

## **SURVEY SECTIONS:**

### **About you**

Here we asked if this was the mother's first baby as well as if mother has any long term disabilities. The vast majority of respondents identified as first time parents; with 55.1% (43) having their first birth. Only 2 long term disabilities were identified.

### **Your Pregnancy**

In this section we covered the period from the woman first thinking she was pregnant to starting labour. This included first medical contact, LMC booking, pregnancy care and attending ante natal classes. 75.0% (57) of respondents suspected pregnancy prior to 6 weeks, first contact with a clinician was made quickly after that, within the 6 weeks for 59.2% (45) of mums. However 18.4% (14) of these women completed booking with an LMC after 13 weeks with 2.6% (2) booking in after 28 weeks.

Majority 57.9% (44) of women chose not to attend antenatal classes. This should be further investigated as antenatal education plays a major role in women's information relating to pregnancy, birth, immediate postnatal period and services available.

### **Your Labour & Birth**

In this section we examined women's choice in labour and birth. This included place of birth as well as care during labour and birth. In 2013 Taranaki had a 3.4% (51) home birth rate, as part of our survey we looked at women's choice in place of birth:10.7%(8) Women planned to birth at home with only 5.8% (4) of births actually occurring at home. 20.45% (16) Mothers did not give birth where they had planned.

### **Your postnatal stay in hospital**

Here we examined length of stay and women's experience while on the postnatal ward. A large number 40.8% (29) of mums stayed longer than 48 hours, with a further 31.0% (22) who were still on the postnatal ward unsure of discharge plans.

### **Postnatal care at home**

This section of the survey covered the period from discharge from hospital to 6 weeks post birth. Answers in this section are limited as most respondents had not yet been discharged from hospital care. In total 22 respondents answered this section. All of these being satisfied or very satisfied with the service they received.

## Information and costs

Information available and given to pregnant and new mothers is a widely discussed topic. Information makes the basis of informed consent which in turn is the basis of our health system. In this section we examine how mothers gathered information and the quality of the information received. The most popular method for receiving information was from their LMC or health practitioner, then word of mouth as an information gathering tool with 74.3% (55). Followed by general web searches' 66.2% (49) of mothers gathering information in this format.

## Overall

We asked respondents about their overall experience of the maternity service. 60.0% (39) indicated they were very satisfied with the service they received a further 27.7% (18) being quite satisfied. At this point we also gave respondents the opportunity to give any other comments.

## Statistical Information

In this section we gathered statistical information on respondents. This included age, ethnicity and domicile. A small number 4.5% (3) of mums identified as being between 15 and 20 years. 19.4% (14) identified as NZ Maori.

## Background

In New Zealand the Taranaki region stretches from Cape Egmont in the west to the East Cape and is in the centre of the North Island. The region covers an area of 56,728km<sup>2</sup>, or 21% of New Zealand's land mass (Midland District Health Boards, 2012).

Taranaki DHB currently supports birth at Taranaki Base Hospital, a secondary hospital dealing in both primary and secondary births, a well as Hawera Hospital; a primary maternity unit dealing with primary birthing only. Within the general Taranaki region there is an average of 1600 births per year; Base hospital accounting for approximately 1450 births and Hawera Hospital a further 90 births. A small percentage of births occur at home or in a neighbouring or tertiary DHB.

In the past Taranaki DHB maternity consumer surveys have traditionally been paper based, being mailed out to a 100 women over a one month period however this did not give a good cross section of the demographic diversity we serve in Taranaki. The returned surveys giving around 40 women's views and experiences, amounting to only a small percentage of the women using our services. The MQC contracted the consumer representative to complete the surveys, resulting in a total of 79 surveys being completed between March 2015 and March 2016.

## Methodology

In order to ensure a wide cross section of consumer's participation was offered in a variety of formats. Participants were offered the opportunity to have the survey completed in interview style. The consumer gained consent to conduct the survey which resulted in gaining the answers to the survey questions by discussion and if present also their support people. This format was utilized more often by consumers who had a barrier to communication ie language and also consumers who were tending to their newborn babies. 50.63% (40) of surveys were completed in this way.

Understandably not all consumers were comfortable in this setting; in this case consumers could fill out the survey in private. The surveyor returning to collect completed survey forms. This format was popular with consumers who had partners or a support persons present, 31.65% (25) surveys was received in this format. In most cases surveys were completed on the postnatal or neonatal wards.

Invitations were also extended to consumers in the homebirth community so they could complete surveys online in their own time. In this case consumers were contacted individually with the survey aim and content explained as well as a follow up conversation upon completion. 17.72% (14) of consumers chose this format.

On reflection I feel that the options offered may not have been effective in reaching our target audience. In future the suggestion of having a web link to the survey as an additional method of completing the survey is recommended.

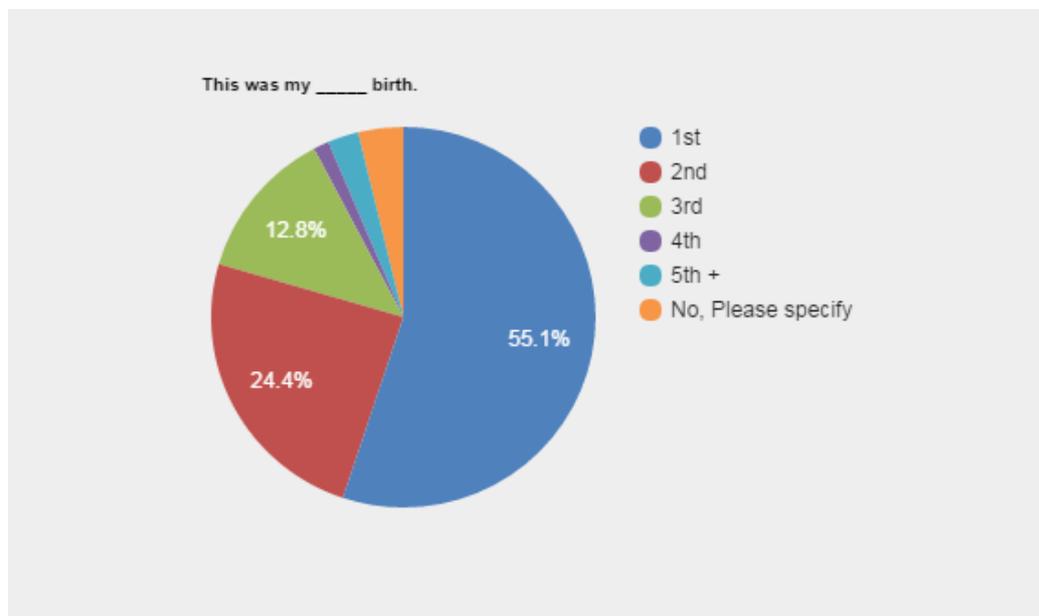
Participants interestingly provided feedback that the interview style survey option was a decider for them to complete the survey. Consumers also noted that this format allowed them to debrief birthing experiences with support people as well as allowing more elaboration in answers. This also gave the surveyor a valuable opportunity for face time with consumers, making consumers aware of the MQC and its role.

## Questionnaire analysis

### About you

The majority of respondents identified as first time parents; with 55.1% (43) having their first birth. This gives a starting point of having little or no prior experience with maternity services. One respondent commented on this being her first pregnancy in New Zealand, previously she gave birth twice in Malaysia.

Only 2 long term disabilities were identified. Both mums felt well supported in their journey as well as with care taken to manage and accommodate their disabilities.



### Your Pregnancy

#### Early engagement

This timeline was taken from the first positive pregnancy/ presentation to seeing a health professional. This may assist in understanding the steps women follow in obtaining maternity care. Most women 76.0% (57) first suspected pregnancy before 6 weeks. First contact with services before 6 weeks was made by 60.0% (45), only 18.7% (14) had booked in with an LMC by 6 weeks. Almost all 98.7% (74) respondents

first thought they may be pregnant at < 12 weeks gestation, this translates to 78.17% (59) of pregnant women having their appointment with their chosen LMC before 12 weeks gestation.

Gestation	First test		Contact		Book in	
	%	Count	%	Count	%	Count
6 weeks or less	76.0%	57	60.0%	45	18.7%	14
7-12 weeks	22.7%	17	36.0%	27	60.0%	45
13-28 weeks	1.3%	1	2.7%	2	18.7%	14
More than 28 weeks	0.0%	0	1.3%	1	2.7%	2
Don't know / don't remember	0.0%	0	0.0%	0	0.0%	0

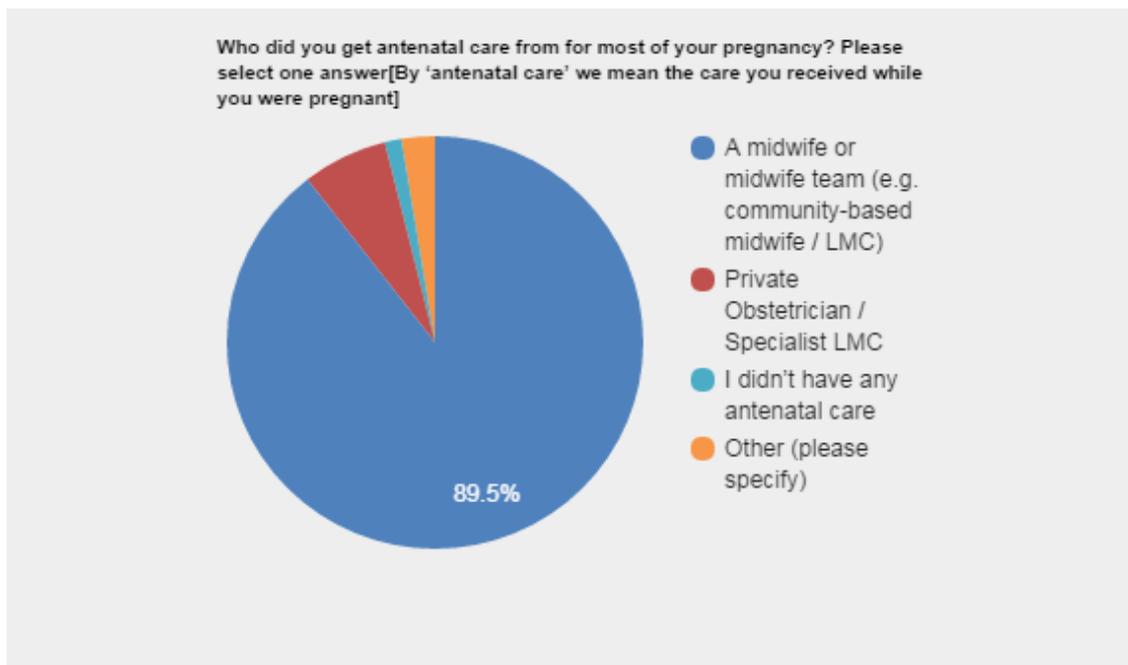
This shows a potential to improve early engagement with the maternity services. Some pregnant women gave comments on this:

- Was in Bali on an extended holiday; contacted GP asap on return to NZ
- Was in living in Australia till 35 weeks gestation, booked in with LMC telephonically. Had first NZ appointment at 36 weeks.
- Knew I was moving soon so left things till we settled in Waitara.
- Didn't think there was much a midwife could do before 12 weeks.

Comments reflect a transient population as well as a lack of understanding of maternity and support services available in early pregnancy. Current marketing campaigns, Top 5 in 10, on early engagement is still very new and effects not yet noted in this survey.

### Choosing an LMC

Women who were pregnant for the first time almost exclusively saw their GP first, however no survey participants had a GP who identified as an LMC. Some of the participants had been uncertain about how to find an LMC and one had not registered with an LMC but thought she would rely on the local hospital midwives to deliver her baby. The majority of women had chosen a community midwife as an LMC (89.5%) A small percentage of pregnant women 7.9% (6) required an Obstetrician to be clinically responsible for them in pregnancy. Two women commented that they did not choose Obstetric care but higher risk pregnancy required it. One woman's LMC continued her midwifery care while under the specialist care in the secondary clinic. In future surveys it may be helpful to separate the category for private obstetrician LMC and specialist care under the secondary clinic



Recommendations from friends and family still play the biggest 56.6% (43) role in women choosing an LMC. These recommendations are also shared via social media. Women mentioned that they had to make a number of calls to book an LMC. This was related to LMCs not returning calls or LMC caseloads already full around the time of the woman's due date. The promotion of the use of the find your midwife website may provide easier access to midwives who are able to accept clients for women, only 17.1% (13) mentioned using the site.

<b>Which of the following influenced your decision when choosing who was going to be your Lead Maternity Carer (LMC)? Please select all that apply.</b>		
<b>Answer Options</b>	<b>Response Per cent</b>	<b>Count</b>
LMC was recommended to me by friends or family	56.6%	43
LMC being knowledgeable and professional	25.0%	19
LMC being warm and caring	23.7%	18
LMC looked after me in a previous pregnancy	17.1%	13
LMC was close to my home	9.2%	7
LMC offered the option of a home birth	7.9%	6
I picked my LMC from a list that was given to me by my Doctor/nurse	14.5%	11
I wanted an Obstetrician/Specialist as my LMC	7.9%	6
I did not have a choice Please elaborate	2.6%	2
Other (please specify)	13.2%	10

Other comments from women on this question included:

- Had a look at find your midwife website recommended through Facebook
- Started with a midwife of my choice but was referred to hospital Obstetrician. Attempted to continue midwifery care with my LMC but Obstetrician was not happy with this arrangement due to being high risk, it was felt my midwife was not experienced enough to deal with my case.
- LMC offered water births
- I also asked a doctor (not my GP) if she had any recommendations - midwife she recommended wasn't available but she in turn provided recommendations
- Naturopathic background
- Ended coming up to New Plymouth for the delivery of our first child because our midwife was in hospital. Found the midwife Charlene and nurses amazing would highly recommend - great team
- Community midwife felt uncomfortable with diabetes
- Found her on find a midwife website
- New to area hence taking a while to engage with services

### **Changing LMC during pregnancy**

Participants in this survey who changed their LMC; 16.4% (12), talked about their dissatisfaction in the service received. The women who were unhappy expressed their reasons as not always keeping appointments, referring for scans, communicating test results and perceived lack of good communication.

Comments included:

- My midwife became very ill - hospitalised herself - during my pregnancy. I transferred to another local independent midwife for three months until my normal midwife came back to work.
- LMC left Taranaki
- LMC left independent practice
- Felt first visit was too short and that midwife was not giving her best
- My midwife went on maternity leave
- I moved from Wellington to New Plymouth
- Moved regions

- I felt unhappy with my previous LMC care
- I felt I needed a different care approach so I transferred care
- Complications in my pregnancy recommended a transfer of care

Most often women changed care from Midwife to Midwife 60% (9). Changes from Midwife to Obstetrician 33.33% (5) were always made due to medical need, One woman changed from Obstetrician to Midwife.

### Pregnancy care overall

Overall mothers felt satisfied or very satisfied with care they received during pregnancy.

1. Very dissatisfied
  2. Dissatisfied
  3. Indifferent
  4. Satisfied
  5. Very satisfied
- Not applicable  
Count

<b>Thinking about the antenatal care that you received while you were pregnant, or before baby was born, how satisfied were you with the following? If any of these do not apply, for example, at statement (c) if you did not see a specialist when you were pregnant, please tick the 'Not applicable' option</b>							
<b>Answer Options</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Count</b>
How well informed you were of the care you were entitled to while you were pregnant (e.g. an LMC, free screening tests, antenatal classes)	0	0	2	17	56	0	74
The care you received from your LMC or midwife while you were pregnant	0	0	2	9	65	0	75
The care you received from any specialists while you were pregnant (e.g. hospital obstetrician, diabetes clinic)	0	1	1	11	40	21	74
That the people involved in your care while you were pregnant were responsive to your needs (e.g. your LMC/midwife/specialists/Doctors)	0	0	3	9	61	1	74
That the people involved in your care while you were pregnant listened to you	0	0	4	8	61	1	74
The people involved in your care while you were pregnant spent enough time with you	0	0	5	7	60	1	73
That appointment times and places were convenient for you	1	0	3	8	61	1	74
With how easy it was for you to get the care that you needed while you were pregnant	1	0	2	8	63	1	74
That you knew who would care for you if your LMC or midwife was not available	3	1	7	9	53	2	75

Places where maternity services received a lower score came down to communication. Women were unaware of services or options available to them.

### Antenatal Education

Although not a medical service this social service plays a role in pregnant women and their support people gaining quality information and education on pregnancy, labour, birth and the immediate postpartum period. Most respondents, 57.9% (44) to this survey chose NOT to attend any form of antenatal education. This is recommended to be further investigated.

<b>Did you go to antenatal classes?</b>		
<b>Answer Options</b>	<b>Per cent</b>	<b>Count</b>
Yes	36.8%	28
No	57.9%	44
I went once or twice but they weren't right for me	5.3%	4

Respondents 36.8% (28) who did attend classes were satisfied or very satisfied with their experience. Finding course content and speakers mostly answered their needs.

1. Very dissatisfied
  2. Dissatisfied
  3. Indifferent
  4. Satisfied
  5. Very satisfied
- Not applicable  
Count

<b>Thinking about the antenatal classes you went to, how satisfied were you with...?</b>							
<b>Answer Options</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Count</b>
The educator(s) and guest speakers	0	2	2	6	21	12	43
How relevant the classes were for you and what you wanted to know	0	1	3	9	17	12	42
How easy the classes were to get to, in terms of when are where they were held	0	1	2	8	19	12	42
The resources, information sheets, videos and teaching aids used	0	2	2	11	14	13	42

Finding out why couples choose not to attend antenatal classes gives a greater understanding of gaps in service delivery:

<b>Are there any particular reasons you chose not to go to antenatal classes?</b>		
<b>Answer Options</b>	<b>Per cent</b>	<b>Count</b>
It was not my first baby	56.0%	28
It was my first baby but I didn't want to go to classes	6.0%	3
I didn't know enough about them (about what they covered, or how to register)	4.0%	2
There were no available spaces or classes near me	2.0%	1
There was a cost	2.0%	1
I had other commitments (work or family)	18.0%	9
My partner could not attend and I did not want to go alone	4.0%	2
I felt uncomfortable attending group classes	4.0%	2
The class did not address my cultural needs	0.0%	0
I could not travel to attend classes	4.0%	2
I felt there were barriers in communication e.g. language	0.0%	0

Most respondents 56.0% (28) felt they did not require further antenatal education as this was not their first baby. Parents who have other children often felt they already knew enough thus did not need to attend again,

Other comments received from this question include:

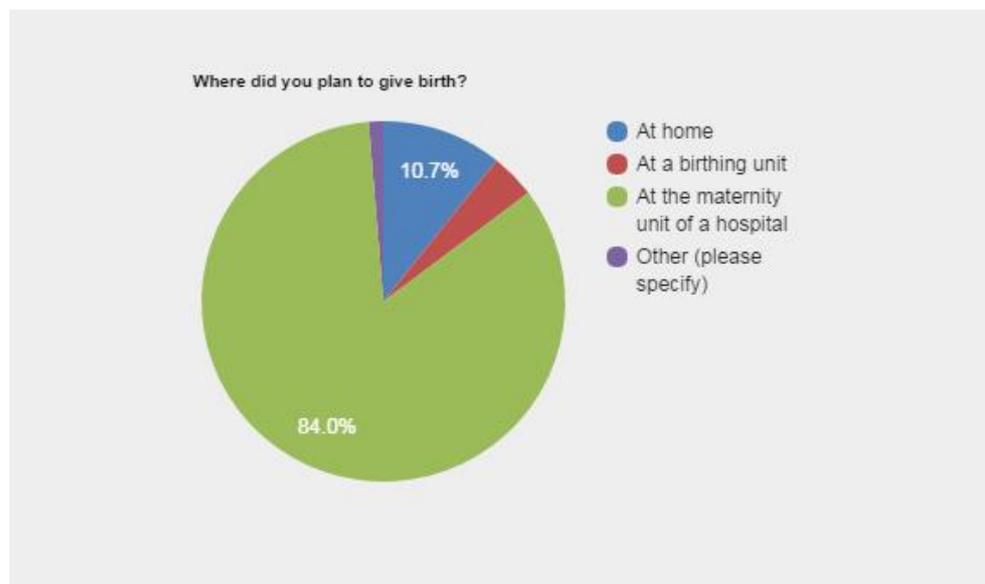
- Parenting classes at Tu Tama Wahine
- Classes did not cater for multiple pregnancy
- Baby was born early
- Just didn't feel it was needed
- Researched everything in own time and have very supportive family

- Moved over late in pregnancy
- Wrong mix of people for me. Also educator thought heartburn and indigestion the same thing - ill-informed
- Baby was born
- I was on bed rest
- Moved into area part way through pregnancy and was not able to attend or aware of classes
- Course was going to finish 2 weeks after due date
- Did not want to go
- Baby was born too early
- Not aware of classes

## Your Labour & Birth

### Place of Birth

Women's choice forms a cornerstone of the New Zealand maternity system. Women feeling dissatisfied with their birth experience indicated things not going to plan as the main reason for their dissatisfaction. Here we looked at women's choice in their place of birth. 10.7% (8) Respondents planned to give birth at home. 84.0% (63) of Mums chose to give birth at a maternity unit attached to a hospital.



Comparing where women planned to give birth versus where they actually gave birth gives us some understanding to the woman's journey.

Where did you give birth?				
Place of birth	Planned		Actual	
	Per cent	Count	Per cent	Count
At home	10.7%	8	5.8%	4
At a birthing unit	4.0%	3	0.0%	0
At the maternity unit of a hospital	84.0%	63	87.0%	60

From this graph we see that at least 10 women could not give birth where they planned. In most cases medical indications was cited as reasons for change of plan. Because the majority of surveys were conducted at Base hospital the surveyor was more likely to capture women who had been transferred to the secondary unit for medical reasons and could have influenced this data. Additionally it was less likely the surveyor would capture women who birthed at the birthing unit or at home as they would be less likely to be transferred to the base hospital post delivery (with the exception of women who volunteered to complete the survey after advertising on the Taranaki MQSP Face book page).

Comments from this question included:

- Induced high BP
- Emergency caesarean section, pre-eclampsia
- Birthing unit closed
- Stratford closed down
- Caesarean Section
- Had caesarean section
- In car
- Was suppose to deliver in Hawera but came to deliver baby in New Plymouth amazing team
- Specialist referred to Waikato

This provides a background for us looking into women's experiences with care received during labour and birth.

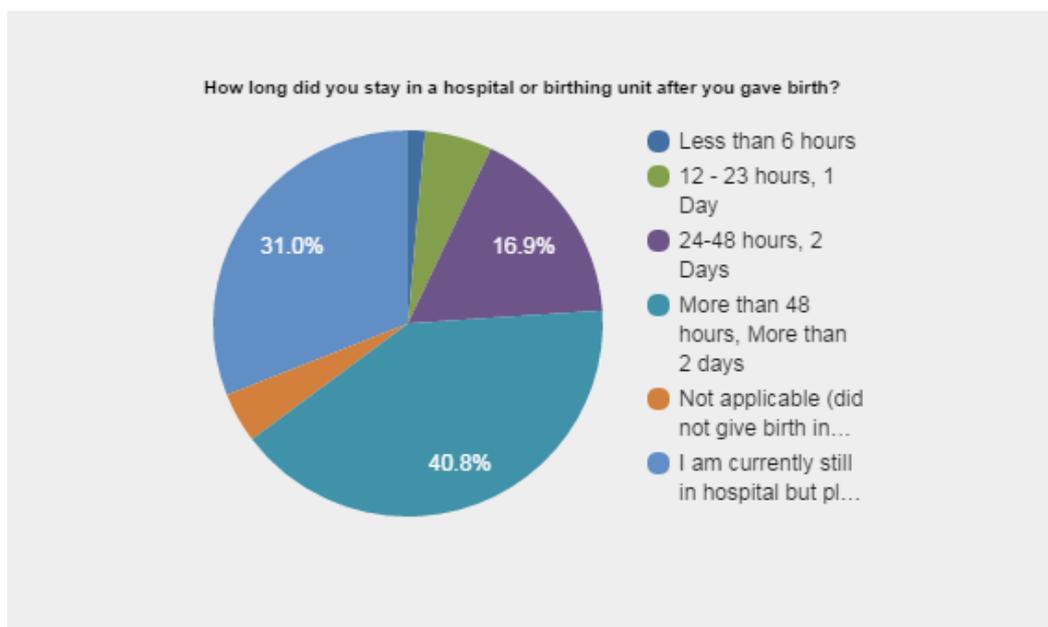
1. Very dissatisfied
  2. Dissatisfied
  3. Indifferent
  4. Satisfied
  5. Very satisfied
- Not applicable

<b>Thinking about the care you received during labour and the birth of your baby, how satisfied were you with...? If any of these do not apply, for example, at statement (j) if no hospital or birthing unit staff were involved during your labour and birth, please tick the 'Not applicable' option.</b>							
<b>Answer Options</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>	<b>Count</b>
The available choices as to where you were able to give birth	0	2	3	11	46	12	74
The information you received about what was happening throughout your labour and birth	0	1	2	6	64	2	75
The way in which the people involved in your labour and birth, communicated with you (Did they listen to you? Did they explain things in a way that was easy to understand? Were they easy to talk to?)	1	1	2	6	64	2	75
The extent to which your decisions and choices were respected	1	1	1	14	58	2	75
How confident you were in the skills of the people caring for you that the staff was able to provide care for you	0	1	0	7	65	2	75
The pain relief you were given	0	1	2	5	54	12	74
The support available to you immediately following birth (e.g. help with breastfeeding)	1	4	2	9	57	2	75
The facilities where you gave birth	1	1	4	8	58	3	75
The overall care from your LMC during your labour and birth	0	1	0	3	68	3	74
The overall care from hospital/birthing unit staff during your labour and birth	0	3	1	11	56	5	75

Here we see most women indicating that they were satisfied or very satisfied with the care they received during labour and birth.

## Your postnatal stay in hospital

A large number 40.8% (29) of mums stayed longer than 48 hours, with a further 31.0% (22) still on postnatal ward unsure of discharge.



Reasons for extended stay included:

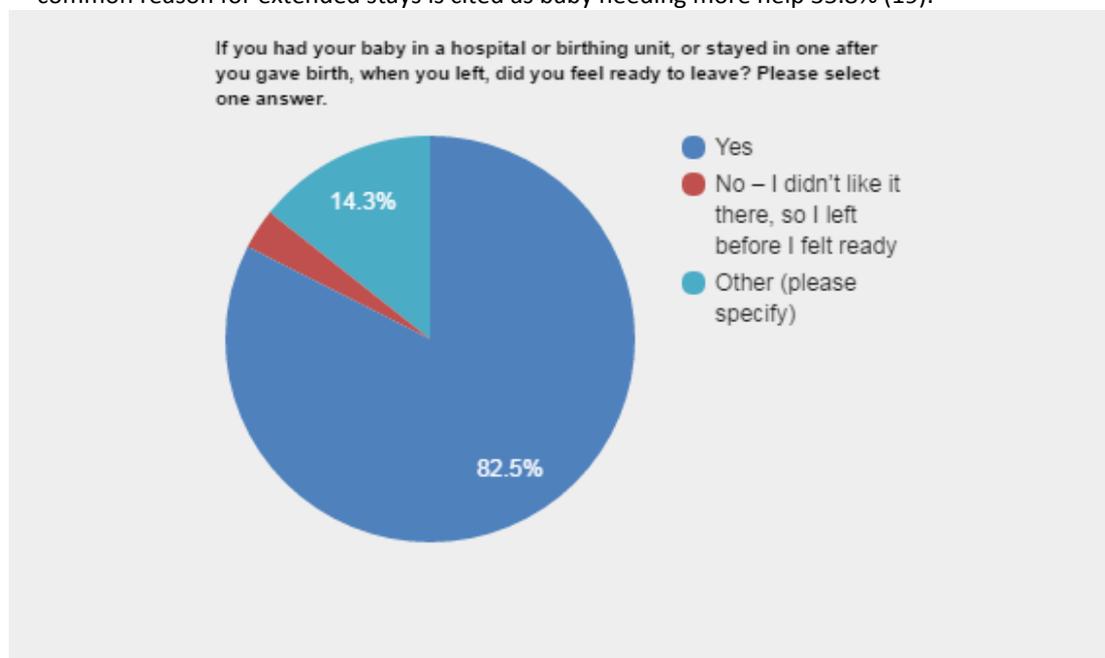
If your post natal, after baby was born, stay was longer than 48 hours, 2 days, why did you stay?		
Answer Options	Per cent	Count
Medical indications, mother	26.4%	14
Medical indications, baby	35.8%	19
Feeding help required	17.0%	9
Lack of support at home	1.9%	1
Did not want to discharge over a weekend	1.9%	1
Caesarean section	43.4%	23

Some comments from this question included:

- Baby born at 36 weeks staying for observation and feeding
- Bleeding
- Was concerned for my mental health as I had started suffering depression at the end of my pregnancy and wanted to get my meds sorted while still in hospital.
- Short NNU stays
- Bubba jaundice and tongue tie clipped day 5
- To recover and wait for milk to come in
- Billibed
- Tear
- Baby in NNU
- Took a long time to take first poo
- Toxaemia pre-eclampsia
- Caesarean section
- Caesarean section
- Premature birth
- Had to go home as call bells were not being answered by temp staff and needed help after PPH

Future surveys should consider measuring the 48 hour stay post caesarean section to commence at 48 hours post delivery rather than from the delivery time (when the woman is likely to transfer back to primary care).

43.4% (23) of extended postnatal stays is due to mothers recovering from caesarean section. Next most common reason for extended stays is cited as baby needing more help 35.8% (19).



Comments from this question included

- Moved from NP base, to Hawera Maternity as soon as I could, and stayed at Hawera for as long as I needed
- I was OK to leave but my babies were in NNU so I needed to stay I was ready to be discharged

1. Very dissatisfied
  2. Dissatisfied
  3. Indifferent
  4. Satisfied
  5. Very satisfied
- Not applicable

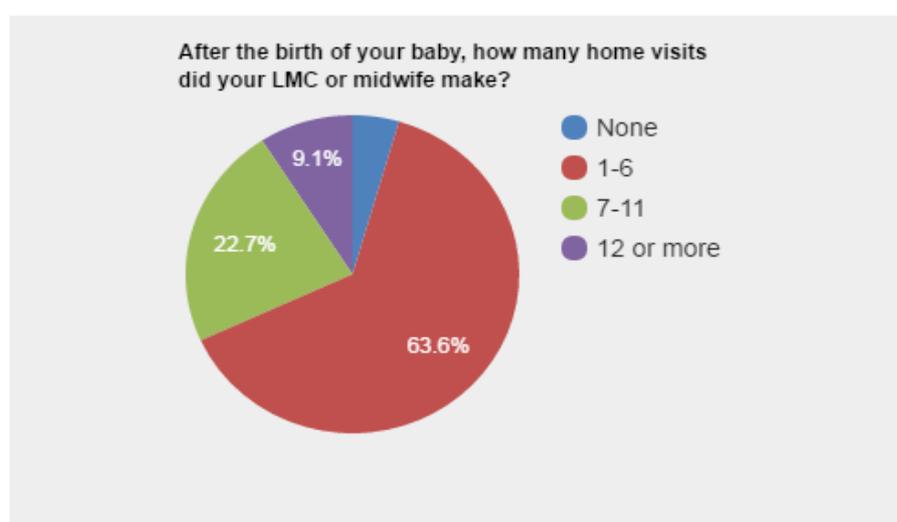
<b>Thinking about the care you received during your time in hospital or the birthing unit, how satisfied were you with...?If you spent time at a birthing unit and a hospital, please answer based on the one you spent the most time in.</b>							
<b>Answer Options</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Count</b>
The help and support that was available to you during your stay (e.g. help establishing breastfeeding)	1	3	4	15	48	1	72
The care and attention you got from staff	1	3	5	11	52	1	71
The amount of rest that you were able to get	1	1	11	21	36	1	71
The amount of privacy you had	0	3	4	17	47	0	71
How clean the facilities were	0	2	2	23	43	0	70
The food	3	9	21	24	14	0	71
The overall care you received at the hospital/birthing unit	0	1	6	15	49	0	70

Overall most women 70% indicated that they were very satisfied(49), or 21.43% satisfied with the care they received. Food quality and quantity being the most commented on. Help and support available to new mothers being another hot topic.

## Postnatal care at home

### Midwifery care at home

This section of the survey covered the period from hospital discharge to 6 weeks post birth. Answers in this section are limited as most respondents had not been discharged from hospital care. In total 22 respondents answered this section. All of these being satisfied or very satisfied with the service they received.



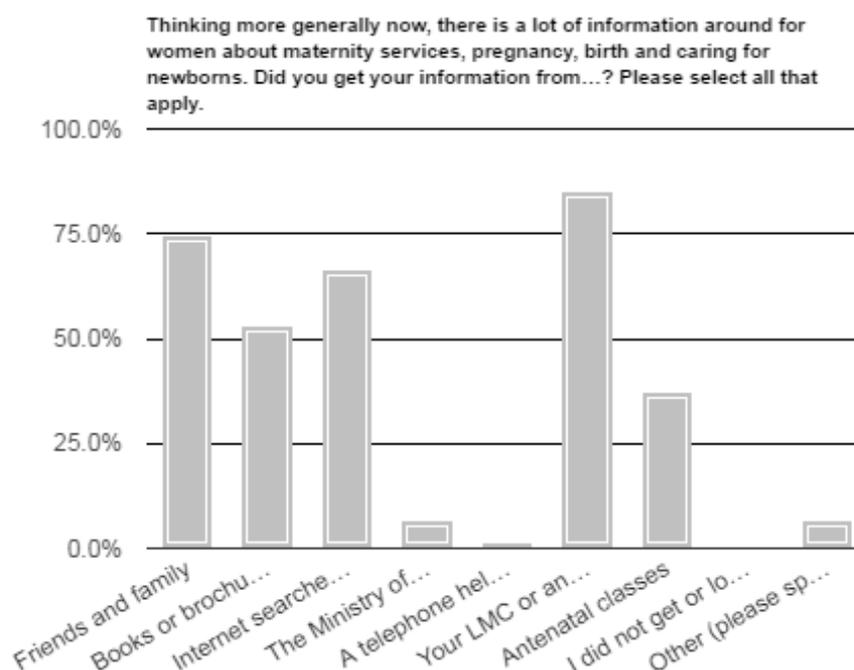
Most 63.3% (14) mums had up to 6 visits from their midwife once discharged from hospital or birth unit, 22.7% (5) mums received up to 11 visits. All mums felt they had enough visits with their midwives.

1. Very dissatisfied
  2. Dissatisfied
  3. Indifferent
  4. Satisfied
  5. Very satisfied
- Not applicable

Thinking about the postnatal care you received at home following the birth of your baby, how satisfied were you with...? If any of these do not apply, please tick the 'Not applicable' option.							
Answer Options	1	2	3	4	5	NA	Count
The information you received about what care your baby was entitled to (e.g. free Doctor's visits, Plunket/Tamariki Ora services, Pepi Pods)	0	0	0	5	15	6	25
That your LMC or midwife was responsive to your needs	0	0	0	2	17	5	24
That your LMC or midwife listened to you	0	0	0	3	17	4	23
The advice from your LMC or midwife on caring for your baby	0	0	0	2	17	4	23
The advice from your LMC or midwife on caring for yourself	0	0	0	3	16	4	23
Physical checks of you from your LMC or midwife	0	0	1	4	10	8	23
Physical checks of your baby from your LMC or midwife	0	0	0	1	17	5	23
The overall care you received from your LMC or midwife during baby's first few weeks	0	0	0	1	16	4	21

## Information and costs

Information available and given to pregnant women and new mothers is a widely discussed topic. Information makes the basis of informed consent which in turn is the basis of our health system. In this section we looked at how mothers gathered information and the quality of the information received. More Mothers indicated information was obtained from their LMC or health professional, also they indicated that word of mouth was a popular information gathering tool with 74.3% (55) . A general web search was also a popular method used to gather information with 66.2% (49) of mothers using this format.



How satisfied were you with the quality of the information you received in terms of ...? If any of these do not apply, please tick the 'Not applicable' option.							
Answer Options	1	2	3	4	5	NA	Count
What to do when you first found out you were pregnant (e.g. information about how to access/get maternity services, information about the things you should or shouldn't do when you're pregnant)	1	1	2	27	39	4	73
How maternity services work (e.g. LMCs, midwives)	0	2	6	22	39	5	73
Information about antenatal screening for Down syndrome and other conditions	1	1	6	22	38	6	73
Information about antenatal classes	2	3	7	17	34	10	72
Giving birth	0	1	2	24	44	3	73
Screening tests for newborns	0	1	8	20	38	5	71
Information about caring for your baby (e.g. bathing, changing)	0	2	8	18	39	6	72
Breastfeeding	0	1	2	16	54	2	73
Safe sleep	0	1	3	18	49	3	72
Parenting skills (e.g. attachment, bonding, soothing your baby)	1	2	5	16	42	7	72
Information about Plunket and Tamariki Ora Services	0	2	7	18	29	17	73
Information about immunisation	1	0	5	17	43	6	72

Eligibility for services is still a question for some mothers. We asked the question if mothers had to pay for any maternity service

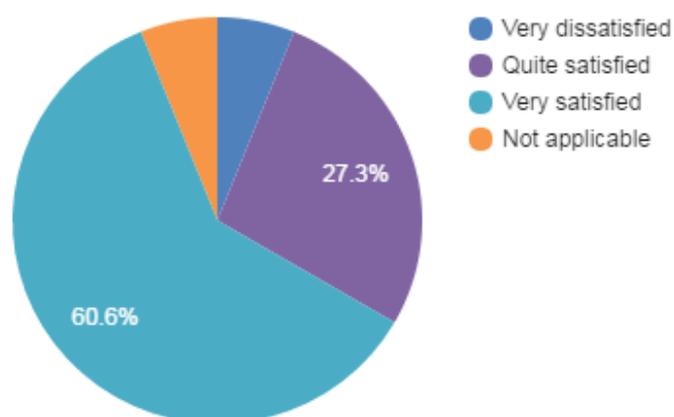
<b>Did you pay for any of the following services in relation to your pregnancy? Please select all that apply.</b>		
<b>Answer Options</b>	<b>Per cent</b>	<b>Count</b>
Visit to your Doctor or a Family Planning Clinic for a pregnancy test	32.0%	8
Other visits to your Doctor about your pregnancy	12.0%	3
Ultrasound scan(s)	40.0%	10
Antenatal classes	0.0%	0
Midwife services	4.0%	1

Co payments for ultrasound scanning relates to some nuchal translucency scans being done by a private provider who charges a fee. Top up fee is around \$50 for these scans.

## Overall

Respondents were asked about their overall experience of maternity services. 60.0% (39) indicated they were very satisfied with the service they received, a further 27.7% (18) being quite satisfied. At this point the respondents were given the opportunity to give any other comments they wish.

**How satisfied were you with your overall experience of care during your pregnancy, labour and birth, postnatal care and care for you and your baby in the first few weeks at home?**



Some comments included:

- Changed midwives at 28 weeks pregnant. Did not feel informed or considered with first midwife at all. Second midwife was great
- This was my 6th. Baby and I found the care I received at the hospital outstanding especially considering my mental health was fragile. I believe if I had had the level of care I received 11 years ago then things would have been very different for me in terms of breastfeeding etc. For my first 5 was lovely, but I think the relationship got a little too casual towards the last couple and i felt like a pain when i Had to ring whereas my LMC for my 6th although we got on well I did not worry about contacting her when i needed to as she was very responsive to my needs.
- Midwives, doctors, and lactation consultants were not knowledgeable enough or experienced with twins for me to gain the information and support I required
- My midwife Louise was exceptional. She offered me 100% support and ensured that I had enough information to make informed consent during my birth.

- I have based my answers around my stay in Hawera Maternity unit. However I was quite unhappy with the care I received while at Taranaki Base maternity unit - postnatal ward. One particular midwife slapped my hand away when I tried to soothe my baby during a blood sugar heel prick. The same midwife tried to make me leave my two day old baby to cry to sleep, telling me she would learn to self soothe, at two days old!! She also told me my toddler had to go home during a visit to me as she was being disruptive to me. Thankfully I have enough experience to ignore her but she should not be treating patients this way.
- My LMC was amazing, Hospital staff were just incredible during my Post Partum Haemorrhage and some nurses were just absolute angels particularly one that held my hand when my husband couldn't be there and I was having clots removed without her I wouldn't have coped at all. My two complaints are that the staff were too busy to answer my calls many times and they didn't record something in my notes that they should have when I remember them talking about it in front of me. Oh and the rooms are so depressing and out dated and waiting time to see gynae is 5 months and when I required help for post natal depression the phone call took a month! By then I no longer required their help so was useless to me when I needed it.
- NP base hospital post birth show an awful lot of lack of care and compassion, having to ring buzzer more than once when in need, they were very forceful in removing baby from mother in spite of having had a caesarean section and just wanting to enjoy a cuddle with bub, they told me baby had to self settle in the cot and I am not ok with that, they left her upset in the cot, and walked out of the room despite my protests, I hurt myself having to reach up and grab her out to settle her... a side car cot should be offered to all caesarean section patients...I was told there were none available but I do not believe that, I believe that was a lie as she was a lazy uncaring nurse
- Felt relaxed not pressured at any point. Feel like caesarean section classification should be added ie medically indicated rather than just elective or emergency. Midwife was really good at giving information to prepare us for eventualities ie iv fluids for dehydration due to hyperemesis
- Really nice people. Thank you for all your help and taking care of me.
- Had breakdown in communication during induction. Mum was very much over it. Needed caesarean section. Husband stood his ground and all worked out
- Felt well informed knew what to expect. Staff was very friendly communicated well and seemed experienced
- I think the part of my care I was not happy with was the obstetrician care as I was not advised of the implications of premature birth and the appointment for birth plan was left until I was 36wks pregnant but ended up having my twins at 35wks this was too late as he knew they could come early I had no idea that I would need to be in NNU possibly until term or even at all
- On 2nd night in postnatal ward found very hard as bubba was very unsettled and mum had little to no sleep for the previous 12 hours. Staff did not offer to take baby for even 20mins. Nurse on 1st night was beyond awesome.
- Some confusion around due date after botch up with scan dates. This caused some stress to parents. Found staff really attentive open to communication
- One Nurse that I have had over night has stressed me as making out there us something big wrong with my baby but everyone else has been amazing
- Really happy with all services. Staff at Base excellent, love all the ladies. Only moved to Taranaki later in pregnancy. Was unaware of how to find a midwife. Appreciated different ways staff showed me how to feed.
- The midwifery staff at the hospital were great, Obstetrician on duty was not very considerate but my LMC was amazing standing up for me
- Whilst in labour found anaesthetist took what felt like a long time to discuss procedure and consent. Some suggestions would be to not stop talking while I was having a contraction, involve partner more in discussions and look at what was actually being said can this be done in less words
- Was not prepared for other Obstetrician doing caesarean section. Also had no support in recover post caesarean section. found level of care and food quality remarkably different in Base and Hawera. found staff at base wanting to wean off opioid based pain relief much sooner than I was ready for had to change to tramadol before transferring to Hawera, felt like staff had a suck it up attitude
- I felt so alone at the hospital for the day and night I was there. My partner was as tired as I was so he went home. I was scared and in an environment I didn't want to be in (as I had hoped for a

homebirth). I didn't have that "moment" people talk about with my baby girl and I didn't know what I was doing. I felt scared, alone, and as a result I couldn't wait to get out of there.

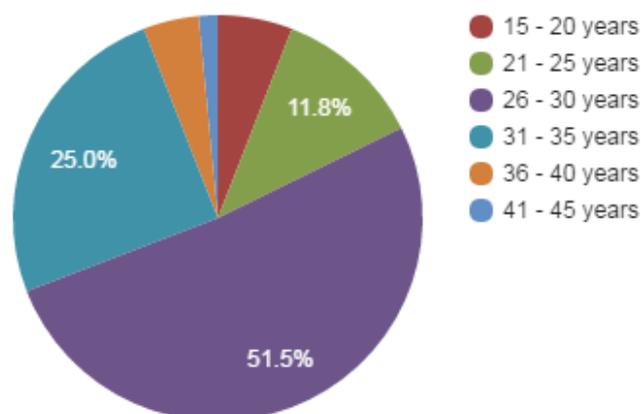
- My midwife provided the most amazing experience of birth I could have ever imagined. I owe her a great debt of gratitude.
- So far I'm happy and very satisfied of the services and assistance I received/I'm receiving
- got the feeling that labour and postnatal wards are understaffed, this did not affect care received but staff seemed overworked.
- Care for my baby and myself after birth has been exceptional, especially in the neonatal unit.
- Maternity team and the team that delivered my daughter by caesarean section were all amazing. Team was lovely informative supportive basically the bees knees.
- Fulford scan tech aloof during dating scan. Really happy with midwife Louise very understanding of parents job as farmers
- Some frustration on transferring from Waikato to NP with only an hours notice. Felt there was a lack of information sharing and transparency in this. Bad weather in transfer meant complications in transferring to helicopter to ambulance to plane felt that call to use plane could have been made earlier. Would have saved time and resources and stress for baby and parents
- Found shift changes in labour frustrating, staff having important discussions while in early labour ie baby having to go to NNU, staff putting mum on timeline ie having to go on synto by this time. Discussions were however very rewarding and everyone happy with the outcome timing of discussions is an issue. Mum tried having these discussions antenatally but staff reluctant to engage. Midwives on labour ward very accommodating of mums request to not be seen by certain staff. Some confusion during antenatal period of how decisions on care plan was being reached. Obstetrician hasn't been in so see mum since birth of baby now 3 days post birth. Very pleasantly surprised with midwives care. Midwives checking up and really caring.
- Care has been awesome
- Felt that i was in good hands. Very happy in my experience
- While in hospital the differing opinions and advice from the many different midwives involved in your care make it very confusing especially for a first time mother. not having your LMC take charge is frustrating.
- Diabetes screening. Info from med lab about not eating for second screening not provided, staff were also rude.
- NNU staff are amazing
- I felt that my personal situation in terms of state of health, level of pain and travel time was not taken into account when appointment times were set for hospital appointments. I felt that a number of the appointments could have been done at Hawera instead of Base.
- Food is not substantial enough for breastfeeding mother, felt like focus was more on mum than baby. Would have appreciated a bit more check in from staff. Had a distressing morning on day 3 with no milk coming in a baby clearly upset and getting dehydrated after 4 hours of no milk and screaming. Found staff apprehensive in giving options, had to particularly request a formula top up, this was hard as by that point I was very distressed as well.
- Felt a little lost when coming to the hospital for the 1st time. Better directions or signs, suggest maps at reception; receptionist could indicate path to required service.

Reading the comments good or lack of communication still are the biggest influences in women's experience of the maternity service.

## **Statistical Information**

## **Demographic information**

Which of these age groups do you belong to? (tick one)



Which ethnic group/s do you belong to?(You may tick up to 3 boxes)		
Answer Options	Per cent	Count
NZ European/ Pakeha	71.2%	52
Other European	4.1%	3
NZ Maori	20.5%	15
Chinese	2.7%	2
Indian	1.4%	1
Other (please specify)	16.4%	12

## Recommendations

It seems further work needs to continue to increase awareness of engaging early with pregnancy care; building on the work that has been done on the “Top 5 things to do in the first 10 weeks of pregnancy” project. Women who did not engage early with maternity services often noted they did not know who to contact or felt that they needed to wait until they were more settled to engage with an LMC. A suggestion would be to focus on creating community awareness of local maternity services, especially amongst more rural communities; this would fit with the planned targeted consumer road shows around the provinces of Taranaki in 2016/17.

More information and posters at local Kohanga Reo or Kindergartens may be an advantage. This may not directly engage women who are pregnant for the first time but would inform women who have children and may be pregnant again or know someone who is pregnant.

More women are using Facebook as an information sharing and finding platform, it would be worthwhile investing more time and posting messages in this medium. Short sharp messages are more likely to reach the audience and be more easily absorbed. Video adverts like the Supasuga animation is a great starting point that is to be released by Taranaki DHB soon.

Some DHBs have had success in mapping the journey a pregnant woman takes through their services.. Examining what information is given to women, at which point in pregnancy and the source of this information would be a key focus. Once this has been completed a pregnancy pathway for consumers could be developed. This pathway would be a stepping stone, with each stone representing a key point in pregnancy with a short message of what is expected with this key point. An example of this could be:

- First GP or Midwife/LMC visit.  
 Congratulations on your pregnancy.  
 Your GP/Midwife/LMC can confirm your pregnancy and provide advice.  
 At this time you should be thinking of or have
- First pregnancy blood tests
    - Smoking Cessation
  - Healthy eating, drinking, exercise and lifestyle advice
    - Healthy weight gain advice
  - How or where to seek an LMC or meet and book with an LMC
  - Starting pregnancy supplements like folic acid and iodine if you haven't already

This pathway or map of pregnancy should be a simple leaflet that women can use as a conversation starter with their midwife or other health care provider. Ideally this will give women an overview of the process so that they can play a more active part in their care.

Antenatal education plays a large role in first time mother's information gathering during pregnancy. Most of the women who did not attend antenatal education responded that they did not feel the need to attend as it was not their first baby. A suggestion would be to look at shorter topic based sessions eg that parents can attend with their children, as childcare is often a problem. These sessions could be short sessions and provide information on key topics relating to keeping healthy in pregnancy and preparation for parenting.

A separate survey aimed on investigating the needs of pregnant women in relation to child birth education in Taranaki may be considered.

Information and communication although noted in some instances to be good there were also areas to focus for improvements within our services:

Both antenatal and in patient communication and information on what to expect while in hospital such as length of stay, bringing in snacks, preparation for discharge home and discharge planning could be areas to focus on for both hospital and community staff. For any future planned surveys the option of having an external web link to complete the survey would be an advantage to capture the women that had been discharged, birthed in a primary unit or at home. Additionally feedback indicated that the face to face option was a deciding factor to participate in this survey and should remain an option.

Future surveys should identify the difference between a public obstetrician in the antenatal clinic and a private obstetrician LMC to provide clarity and information on the secondary antenatal clinic services.