

**Women's Experiences of
Postnatal Care**

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National Childbirth Trust

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The National Childbirth Trust offers information and support in pregnancy, childbirth and early parenthood and aims to enable every parent to make informed choices. There are approximately 400 branches and 55,000 members throughout the United Kingdom. This survey was carried out with the help of funding from Baby World.

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Women's Experiences Of Postnatal Care

Introduction

Background

In the early 1990s the Department of Health's Expert Maternity Group reviewed childbirth services and highlighted the need for woman-centred maternity care throughout pregnancy, birth, and in the postnatal period.¹ Although much research has focused upon the needs of women during pregnancy and birth, care and support after childbirth is often neglected.

*Pregnancy and birth are well documented, as is every aspect of babies from feeding to development; but mothers, the mother's well-being, the mother's emotional and physical health are not. Women are pregnant for nine months, give birth in hours, but are mothers for life. I felt the focus ... to be all wrong. The really big changes happen after birth not before.*²

While there are numerous books for women on the impact of becoming a mother,³ research exploring women's views of current postnatal services and their ideas for change is sparse.⁴

The Audit Commission has suggested that there is 'some uncertainty about what postnatal care is aiming to achieve'. Having surveyed women in the mid 1990s, they concluded that postnatal care is the least satisfactory aspect of maternity care for women.⁵ This is an important finding given that poor postnatal care may reduce positive outcomes for both the woman and child.⁶ Conversely, additional support has been associated with better physical, psychological, and emotional consequences for parents and children.⁷ This not only has the potential to increase both the health and well-being of individuals, but also to lower the costs associated with ongoing health care when complications arise.

¹ Expert Maternity Group (1993). *Changing Childbirth. Part 1: Report of the Expert Maternity Group*. Department of Health. London.

² Williams, S. (1994). *Birth and Beyond. What Every New Mother Should Know*. Boxtree. London. p ix.

³ Blumfield, W. (1992). *Life after Birth. Every Woman's Guide to the First Year of Motherhood*. Element. Dorset.

Figes, K. (1998). *Life after Birth. What Even Your Friends Won't Tell You about Motherhood*. Viking. London.

Kitzinger, S. (1994). *The Year after Childbirth. Surviving the First Year of Motherhood*. Oxford University Press. Oxford.

⁴ Alexander, J., Levy, V., and Roch S. (eds) (1990). *Postnatal Care. A Research Based Approach*. MacMillan. Hampshire.

⁵ Audit Commission (1997). *First Class Delivery: A National Survey of Women's Views of Maternity Care*. Audit Commission. London.

⁶ Alexander, J., Levy, V., and Roch S. (eds) (1990). *Postnatal Care. A Research Based Approach*. MacMillan. Hampshire.

Audit Commission (1997). *First Class Delivery: A National Survey of Women's Views of Maternity Care*. Audit Commission. London.

⁷ Acheson, D. (1998). *Independent Inquiry into Inequalities in Health*. Stationery Office. London.

Chamberlain, G., Wraight, A., Crowley, P. (1997). *The Report of the 1994 Confidential Enquiry into Home Births*. Partheon. London.

Oakley, A. (1992). *Social Support and Motherhood*. Blackwell. Oxford.

Anderson and Podkolinski argue that postnatal care is currently not successful at diagnosing, treating and curing the numerous health problems women commonly experience after childbirth, nor good at acknowledging and supporting what childbirth means for women.⁸

The purpose of this study was to find out to what extent a range of 'needs', or woman-centred quality standards, were being met during the postnatal period. On the basis of principles identified in *Changing Childbirth*, the survey set out to examine how many women received sufficient care, information, emotional support, help with feeding, the chance to be fully involved in decisions about their baby's care, and kind, respectful, and understanding treatment by healthcare staff.

The intention was to find which aspects of postnatal care were meeting women's needs and which were letting them down at this crucial stage in their lives. The objective was to look at three distinct phases of care:

- The first three days after the birth which would include postnatal care in hospital for most women.
- The period 4 – 10 days after giving birth when almost all women would be receiving care from midwives and most would be at home.
- The period 11 – 30 days after giving birth which is a time when the support women receive from health professionals is being transferred from the midwife to the health visitor, and to the GP if medical care is needed.

The transitions involved in becoming a parent and extending the size of a family may give rise to anxiety and stress as women and their partners encounter and respond to new situations and demands. Moving between hospital and home and from one set of health professionals to another is also potentially disruptive. As acknowledged by the Expert Maternity Group, postnatal care needs to be flexible enough to address the individual needs of families.

The needs of each woman and her baby will differ in the postnatal period as will the support they require. The care offered must be flexible, but the woman and her family must be confident that the professional expertise and help of the named midwife is readily available to them at home or in the hospital.⁹

This report considers to the extent to which a self-selected group of women felt their postnatal needs were met.

⁸ Anderson, T., Podkolinski J (2000) 'Reflections on Midwifery care and the Postnatal Period' in (eds.) Alexander, J., Roth, C. and Levy, V. *Midwifery Practice Core Topics 3*. MacMillan. London.

⁹ Expert Maternity Group (1993). *Changing Childbirth. Part 1: Report of the Expert Maternity Group*. Department of Health. London. Page 32.

Methodology

In order to collect information in a timely manner from women distributed throughout the United Kingdom, a self-complete questionnaire methodology was used. Data collection involved a short survey completed by a self-selected sample. The questions were predominantly fixed format in nature. Two open-ended questions were asked and respondents were invited to attach additional information.

The survey was published in the March 2000 edition of *New Generation*, the members' journal of the National Childbirth Trust. The National Childbirth Trust (NCT) is an organisation with 400 branches throughout the United Kingdom. All pregnant women and their partners are potential users of NCT information and support services.¹⁰

The survey was also published on the Baby World internet site which contains product information, discussion groups, feature articles and news stories about pregnancy and childcare. An online survey conducted in late 1999 suggests that visitors to the site tend to be women aged between 20 and 35, with one or no children and high levels of income and home ownership.¹¹ Approximately 5000 people visit the Baby World site every day¹² and three quarters of visitors are located in the United Kingdom. For the purposes of this research, visitors to the site were invited to complete a survey form online.

Women who had given birth in 1999 or 2000 were invited to participate. By limiting the scope in this way it was hoped that women would still have a clear recollection of the types of postnatal care that they had encountered. Within the month long data collection period 327 valid questionnaires were received by post from the National Childbirth Trust's journal and 633 legitimate questionnaires were completed on the Baby World site. A total of 960 surveys form the sample.

The methodology employed does not allow the findings of this study to be generalised to the wider population. However it does provide an insight into the experiences of the group of women who responded to the survey.¹³

¹⁰ However recent national surveys conducted by the NCT suggest that only a small proportion of the target group use the services or are members. See for example:

Singh, D. and Newburn, M. (eds) (2000). *Access to Maternity Information and Support: The Experiences and Needs of Women Before and After Giving Birth*. National Childbirth Trust. London.

Singh, D. and Newburn, M. (eds) (2000). *Access to Maternity Information and Support: The Experiences and Needs of Men*. National Childbirth Trust. London.

¹¹ This data is based on an online survey of 518 visitors to the Baby World site conducted between 22 September and 19 October 1999. Results were sourced from personal communication with Baby World staff.

¹² This figure is based upon the average number of 'hits' the site receives per day and is sourced from personal communication with Baby World staff.

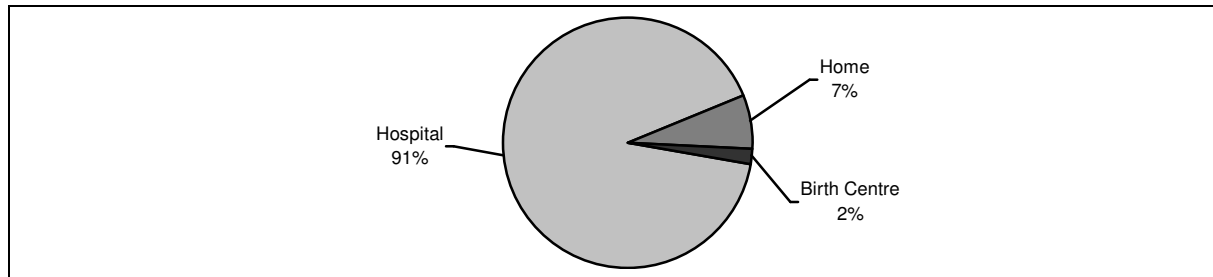
¹³ Surveys completed by women who had given birth prior to 1999 were excluded from the analysis as were forms submitted multiple times through the Baby World site and those received after the data collection deadline. Approximately 60 responses were excluded overall.

Survey Findings

Details about the Birth

The survey was limited to women who had given birth in 1999 or 2000. The majority of women had given birth within the last year and for two thirds it was their first baby. The average time that had elapsed since the birth was six months. Hospital births were the most common (see Figure 1).

Figure 1: Place of Birth



However some women had given birth at home or in a birth centre. In general, these births were described in more positive terms than those who had a hospital experience.

This birth was a very different experience than my first baby born in hospital, where the baby was given bottles against my wishes, unsupportive midwives and health visitor, and breastfeeding was difficult. At home I had control and was treated with kindness and respect, the midwives came when I needed them and gave me good advice. (Brighton) ¹⁴

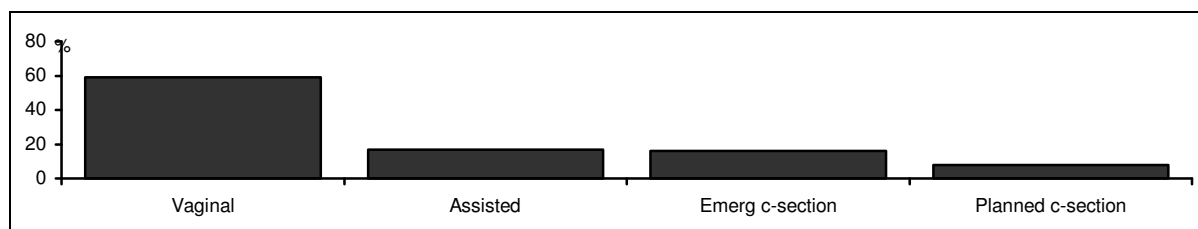
This experience was so different from my first time. A 4-bed midwife unit vs a large teaching hospital. I felt cared for and found not just bonding but “falling in love” with my baby a natural experience. I am sure that as a consequence I felt better and didn’t have the postnatal depression I had earlier. The only downside was that I had to transfer to a large hospital to be stitched in theatre but I escaped as soon as possible. (Wallingford)

Having given birth in a large city hospital, I transferred to a small cottage hospital the day after. The small hospital was excellent - a midwife-led-unit with outstanding care and standards, thanks to them my breastfeeding has been easy to establish and successful. (Banchory)

Three fifths of the women had a ‘normal’ vaginal birth (see Figure 2). Seventeen percent had an assisted delivery (forceps / ventouse), 16% had an emergency caesarean and 8% had a planned caesarean.

¹⁴ All quotes are taken from responses to two open ended questions which asked women to detail ‘especially good or important’ aspects of their care and areas that were ‘not good or could have been improved’. In cases where the respondent was having her first baby, or other important contextual details are known, this is noted. Geographical location is included when available.

Figure 2: Type of Delivery



No demographic information was collected relating to the age or ethnicity of the women who responded, but the sample was geographically diverse, covering areas throughout the United Kingdom.

Care in the Three Days after Giving Birth

Women were asked to rate the information and advice, care, and emotional support that they received from health professionals in the first three days after birth using a fixed ranking scale. Around half of the women suggested that they had got all of the information, care and emotional support that they needed.

Seeing one (very good) midwife throughout pregnancy and then to have her deliver the baby at home was great. It was reassuring also to have the backup of the hospital so we could also have scans and checkups there too. There was no pressure to go to hospital and no pressure to have amniocentesis even though I was in a high risk category because of my age. Support of the NCt was excellent and extremely beneficial. (Loughborough)

The midwives in the delivery suite were superb. They were very supportive. They listened to us and gave us the information we needed. I felt I could really trust them. The ongoing midwife was wonderful. She gave me so much encouragement, it was great. (First baby, Leeds)

The time and care I was given made me feel welcome in the hospital. The staff didn't push me out, but I could decide when to leave. All staff explained what was going on. Food was great! This hospital experience was not private – it was great. (First baby, Linlithgow)

However more than one in ten women felt that they had received very little or no information or care from health professionals immediately following the birth. A quarter suggested that they had received no emotional support from health professionals (see Table 1).

I found the first night in hospital after the baby was born very difficult. I did not feel I had the support I required from staff. I wish I had come home straight away. (First baby, Leeds)

After a straightforward first birth with no intervention and a fantastic midwife, the postnatal care in hospital was appalling. I received no help. (First baby, London)

The antenatal care was so good so the postnatal care came as a shock. There were complications which were not handled well by the postnatal staff. (Woman from London who had two previous miscarriages)

The postnatal care at the hospital was diabolical, especially the night staff. I was having problems breastfeeding and was told there was no one to help me. At one point I was told I would have to give back my baby in order to stop him crying and disturbing the rest of the ward. I found it pretty annoying that you are struggling changing nappies, going to the loo and the staff don't answer the bell when you ring because they prefer to read their books and magazines. (First baby, London)

Table 1: Postnatal Care in the First Days after Birth

Postnatal Care	% Got All Needed	% Got Some	% Got Little / None	Average
Care	59	26	15	2.4
Information / Advice	53	30	16	2.3
Emotional support	49	25	26	2.1

Note: The average corresponds to a scale where 1 = got little or no support / information / care, 2 = got some and 3 = got all the support / information / care needed. Percentages are based on the sample of 960 women except for those relating to information and advice. These are based solely on the responses of the 327 postal surveys since this question was not included on the internet version of the questionnaire.

Women having their first baby, those who had their baby in hospital, and those who had an assisted delivery or emergency caesarean were less likely to feel that they got all the information, advice, care and support that they needed in the first three days after birth (see for example Table 2).¹⁵

There was absolutely no recognition by any of the ward midwives that because of the caesarean I needed help to sit up and could not twist and lift my baby out of his crib to feed him over the first two days. My baby was crying, I was crying but they still said I was being 'lazy' and they were 'busy people'. (First baby)

For a first time mother I felt I was left to get on and look after my baby even though I had no idea of what I should have been doing. I remember being in tears in hospital and felt that I was being a burden. In the end I felt worse because I felt guilty for disturbing the others. (First baby, Scotland)

The care I initially had in a large hospital was not good. There were too many faces who didn't have the time to spend with me. I needed this because of having a caesarean. (First baby)

Although first time mothers were more likely to indicate that they would have liked additional care and support than those who had had a baby before, some women having a second baby felt their needs were overlooked because they were expected to know how things were done.

¹⁵ The trend for women having their first child to feel less satisfied with the quality and quantity of postnatal care received is likely to be because these women feel the need for additional support, rather than signalling differences in the actual levels of support provided. In all cases where comparisons have been made between groups of women, differences are statistically significant with $p < 0.05$.

I arrived on the ward between shifts, so no one showed me the ropes. Everyone assumed since this is my second baby I'd know it all. In fact there was lots I'd forgotten like holding the baby to bath. (Oxon)

I have had a baby before but that doesn't mean that I know how to do everything or that I don't need help with things, which is what the midwives seemed to assume. (Cardiff)

Table 2: Differences in Amount of Information Received by Type of Delivery

Delivery Type	% Got All Needed	% Got Some	% Got Little	% Got None
Normal vaginal birth	68	22	6	4
Assisted delivery	25	48	14	14
Emergency c-section	33	37	19	12
Planned caesarean	32	52	10	7

Women also made a distinction between their physical care needs and their emotional and information needs. In general, they were more satisfied that their physical care needs had been met but felt that other areas were neglected.

There was no emotional preparation to parenthood or emotional support in tackling the huge change in everyday life which first became apparent after a few weeks. Physical fitness was taken as proof that everything was OK, but I felt very much left in a black hole. (First baby, Edinburgh)

The postnatal ward was very noisy. Some women had crying babies and were not helped even if they were screaming loudly. Most women were expected to go home too early and seemed unaware of how to deal with the baby. They might have been feeling alright but could they cope? (First baby, London)

Some women suggested that the facilities for postnatal care were not adequate in hospital settings and others suggested that hospital hours or rules did not meet their needs. Many women felt that they got inadequate care and support in hospital, but this was not necessarily available for them at home either.

The postnatal ward was too hot, too noisy and too smelly. (First baby, Dorset)

It was far too hot in hospital. The hospital expected us to clean the bath ourselves. The ward was never cleaned, wipes for the loo seat were never provided. (First baby, Staffordshire)

The policy of the hospital was that all visitors including fathers had to leave by 9pm and had only set visiting times the rest of the day. This put a tremendous strain on my husband (and me, as I could have done with some extra help in hospital) and resulted in me leaving hospital 3 days earlier than I would have.

I needed a lot more emotional support when I left hospital (actually after 2 days at home I desperately wanted to return to hospital and nearly requested it) and was very depressed and still have not come to terms with it all nearly 2 years later. (First baby, Kent)¹⁶

Baby Feeding

The establishment and maintenance of breastfeeding should be one of the major goals of good postpartum care. Human breast milk is the optimal food for newborn infants. ... In developed countries, differences in mortality between breastfed and artificially fed infants are small, but there is an abundance of literature on the advantages of breastfeeding for the prevention of infant and later morbidity.¹⁷

The majority of the women surveyed breastfed their baby in the first days after the birth. Two thirds of the women felt that they always or mostly got all the help and support they needed to feed their baby and that they received consistent information and advice about feeding at this stage (see Table 3).

Table 3: Perceptions of Feeding Help 0 - 3 Days after Birth

Feeding Care Issues	% Always	% Mostly	% Sometimes	% Hardly / Never	Average
Enough help on feeding	47	23	19	11	3.1
Consistent feeding info	42	27	16	15	2.0

Note: The average corresponds to a scale where 1 = hardly ever / never, 2 = sometimes 3 = mostly and 4 = always. Percentages are based on the sample of 960 women except for those relating to consistent information and advice about feeding. These figures are based solely on the 327 postal surveys since this question was not included on the internet version of the questionnaire.

However a third of the women were not satisfied with the support, information or practical help with feeding provided in the first few days (see Table 3).

Not enough care or information given in hospital, in particular on breastfeeding. I left hospital the day after the birth, it was not explained to me that I should rest and not go up and down the stairs. I was not visited until 3pm the next day, by which time I had taken my husband breakfast in bed on a tray and had been up and down the stairs well over ten times. I was of course exhausted. (First baby, Surrey)

¹⁶ This woman's baby was born prior to the time period covered by the survey. Her responses were not included in the quantitative analysis but this comment is included as it illustrates important several issues.

¹⁷ World Health Organisation (1998) *Postpartum Care of the Mother and Newborn: a practical guide*. WHO, Geneva.

I was not shown in hospital how to set my baby latching on properly. My midwife showed her concern too much and warned us a lot when the baby lost just 10% of his bodyweight in his 1st week. She told us to top up with formula and warned that we may have to go onto formula feeds altogether. I don't think she meant to frighten us, but it did. I felt a failure because he obviously wasn't getting enough milk and just wanted to cry every time someone said "Oh isn't he tiny". (First baby, Essex)

The midwives were run off their feet and if I hadn't been in a ward with other breastfeeding women and attended a hospital class on breastfeeding antenatally, I am sure I would have given up. Also, although my son was put to the breast after I delivered at 10am, no one showed me what to do at any time that afternoon or evening. At midnight I was awoken by an older midwife shining a torch in my face telling me my baby's blood sugar was dangerously low and advising me he should have a bottle of formula milk. I protested and she said she would wait another hour. She did not show me how to feed and 1 hour later she came back insisting the baby should be bottle-fed. I was tired, emotional and exhausted. I gave in and she bottle-fed my baby while I cried in bed. In the morning when my partner returned, I vowed I would speak to the next midwife on duty and ask her to help me breastfeed. She was extremely helpful and supportive. Fortunately the unhelpful midwife did not care for me again, but I wonder how many other new mothers she stopped successfully breastfeeding from the beginning. I am 35 and a solicitor and normally a confident person and cannot believe now I allowed her to act as she did. (Woman who had a caesarean)

Women having their first baby, those who had their child in hospital, those who had an assisted delivery or emergency caesarean, and women using formula were less likely to feel that they had been provided with all the feeding help and support that they needed (see for example Figure 3). They were also less likely to believe that they had been given consistent information and advice about baby feeding from health professionals in the first three days after giving birth.

Conflicting advice from different midwives re breastfeeding, made me feel guilty and inadequate. I had insufficient milk to feed my twins and some midwives implied it was my fault. Sometimes breastfeeding does not work. I bottle-fed after three and half weeks. (First baby, London)

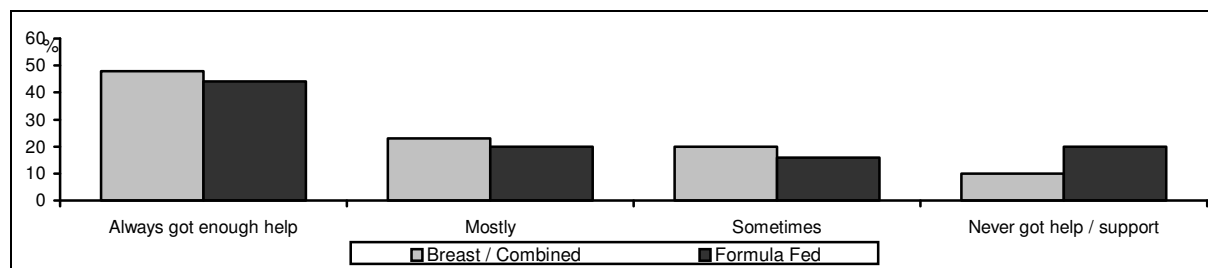
Very poor, inadequate breastfeeding advice before and after. Short tempered hospital midwives, too quick to suggest formula feeding / nipple shields. Lots of different people all with different advice and opinions. (First baby, London)

Different midwives had different attitudes towards how to convince my son to breastfeed and gave conflicting advice. He wouldn't feed for 18hrs now at 13 months he won't stop. (First baby, Rochester)

Women who used formula were less likely to describe their negative experiences than those who had insufficient support with breastfeeding. One explanation for formula-feeding women feeling less well supported would be the policy of encouraging breastfeeding on postnatal wards.

Women attending NCT support groups have said that they would find it helpful to have someone take time to observe them making up a feed, for reassurance that they are doing it correctly.¹⁸ Another recent NCT national survey has also indicated that women want more practical information and support about bottle-feeding in the early days after birth.¹⁹

Figure 3: Differences in Feeding Help According to Method of Feeding Baby



Baby Care

The majority of women felt that they had either mostly or always been fully involved in decisions about their baby's care, and treated with respect by staff who were kind and understanding in the first days after birth (see Table 4).

The NCT breastfeeding counsellor and my caseload midwife were fantastic. I was not helped as much by the routine health-care professionals. (First baby, Shrewsbury)

I had an especially good midwife. She was helpful and patient particularly about breastfeeding my daughter. We had a lot of problems initially but she listened to my worries and understood what I was going through. (First baby, Brighton)

I had an emergency c-section. The team who performed it were empathetic, calm and compassionate. They continued to be as they cared for me afterwards. (First baby, Bedford)

All healthcare professionals were extremely supportive and caring and made the birth and stay in hospital a positive experience. (First baby, Warks)

¹⁸ Diz Meredith, NCT postnatal discussion facilitator (personal correspondence).

¹⁹ Singh, D. and Newburn, M (eds) (2000). *Access to Maternity Information and Support: The Experiences and Needs of Women Before and After Giving Birth*. National Childbirth Trust. London.

Table 4: Perceptions of Components of Postnatal Care 0 - 3 Days after Birth

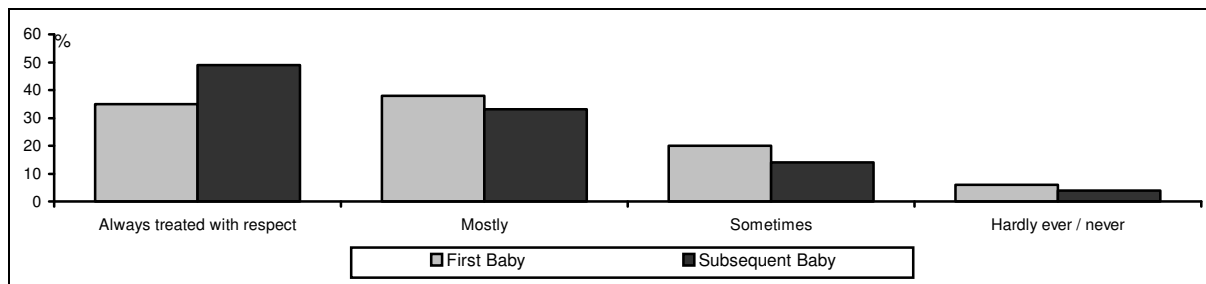
Postnatal Care Issues	% Always	% Mostly	% Sometimes	% Hardly / Never	Average
Felt fully involved	65	23	7	4	3.5
Treated with respect	40	37	18	5	3.1
Staff kind / understand	40	37	20	5	3.1
Enough midwives	39	29	20	12	2.0

However one in five women felt that they had only been treated with respect by the staff caring for them ‘some of the time’ or never and one in four did not feel that the staff were kind and understanding. The trend was for women who were formula feeding, those having their first child, women who had their baby in hospital, and those who had an assisted delivery or caesarean to feel less happy about the quality of care and level of respect and kindness experienced (see for example Figure 4).

Although the care on the ward was excellent, the first 24 hours post-delivery were not a good experience. There were insufficient midwives with no time for care. Care was very impersonal and the doctors didn't explain what they were doing. (First baby, Bedford)

We weren't told what was happening and I was a bit out of it after a c-section but they didn't treat me like I knew anything. (Sussex)

Figure 4: Differences in Perceived Respect According to Parity



Midwifery Staffing Levels

The Audit Commission reported that ‘women perceive hospital postnatal care to be under-staffed by midwives’. Of 119 comments they received on the organisation of care, 55 were critical about staffing problems.²⁰

²⁰ Audit Commission (1997) *First Class Delivery: A National Survey of Women's Views of Maternity Care*. Audit Commission. London.

In the current study, one third of the women said there were 'never' or only 'sometimes' enough midwives to provide postnatal care in the first days after birth. Women who were formula feeding, those who had a hospital birth, and those who experienced complications during pregnancy were particularly likely to feel this way. Effective and appropriate postnatal care may be 'a critical factor' in assisting women recovering from more difficult births, coping with a sick baby in a neonatal unit and adjusting to a birth experience which was unanticipated or disappointing.²¹

The first 24 hours on the ward, no one checked me at all healthwise. One (male) midwife was appalling to another lady and threw drugs at me. I received hurried and differing advice about feeding. I left hospital with bleeding nipples because no one showed me how to remove baby properly. The main problem appeared to be a shortage of midwives and no breastfeeding dedicated staff. (First baby, London)

The postnatal care I received was appalling. There weren't enough staff and because of this they left me to my own devices which was less than ideal.

There was absolutely no recognition by any of the ward midwives that because of the caesarean I needed help to sit up and could not twist and lift my baby out of his crib to feed him over the first two days. The ward was not well staffed and my GP later complained to the hospital.

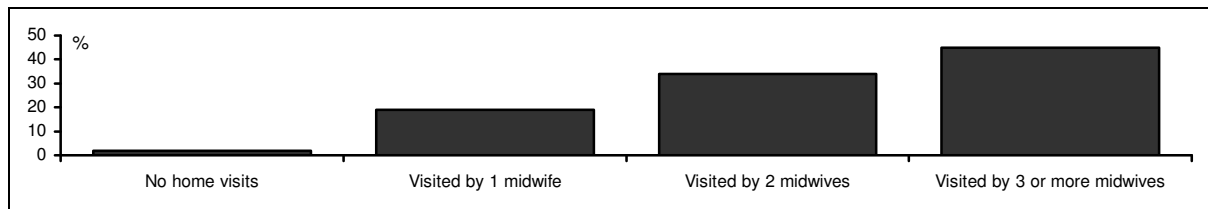
In summary, a range of 'needs' or woman-centred quality standards were identified which should be met during the postnatal period. Following *Changing Childbirth*, it is suggested that women need care, information, emotional support, help with feeding, consistent feeding information, the chance to be fully involved in decisions about their baby's care, and to be treated with respect, kindness and understanding. Only four out of ten of the women surveyed said that all their needs were fully met. In particular, only four out of ten said that they were always treated with respect and that the staff were always kind and understanding. Only half of the women said that their needs for emotional support were fully met. Women having their first baby, those who had complications, and those who gave birth in a hospital rather than at home or at a birth centre were most likely to feel let down by the care provided by health professionals at this time.

Care 4 - 10 Days after Giving Birth

In the period between four and ten days after giving birth most women who have had their baby in hospital return home. Postnatal care is the responsibility of community midwives. Most of the women surveyed had been visited at home by two or more midwives during this period (see Figure 5).

²¹ ibid

Figure 5: Number of Different Midwives Who Visited Women at Home after Birth



Women were asked to rate the information and advice, care, and emotional support that they received in this period. Two thirds of women believed that they got all the care that they needed and around half suggested that they received all the information, advice and emotional support they required from health professionals 4 – 10 days after giving birth.

My one to one midwife continued to visit after the birth for 10 days and also took anxious phone calls twice in the night when baby could not feed and wouldn't stop crying. She was very reassuring on these occasions. (First baby)

Some women described how much it meant to them when they did receive good support after a difficult birth experience.

The midwives who visited always had time to listen to me and sometimes took extra time to explore how I really felt. They understood my perilous emotional state. They did not make me feel inadequate in any way. (First baby, born by caesarean, Worcestershire)

The midwives in the delivery suite were superb. They were very supportive. They listened to us and gave us the information we needed. I felt I could really trust them. Once I got home the community midwife was wonderful. She gave me so much encouragement, it was great. (First baby, complicated birth, Leeds)

However women were significantly less satisfied with the information and emotional support they received compared with overall levels of care. One in five believed that they had gained little or no emotional support at this time (see Table 5). The trend was for women who had given birth in hospital, those who had encountered complications, and those who were formula feeding 4 – 10 days after birth to be less satisfied that their information, care, and support needs had been met.

Table 5: Perceptions of Postnatal Care 4 - 10 Days after Birth

Postnatal Care	% Got All Needed	% Got Some	% Got Little / None	Average
Care	64	28	8	2.5
Information / Advice	52	37	11	2.4
Emotional support	49	32	19	2.2

Note: The average corresponds to a scale where 1 = got little or no support / information / care, 2 = got some and 3 = got all the support / information / care needed. Percentages are based on the sample of 960 women except for those relating to information and advice. These are based solely on the responses of the 327 postal surveys since this question was not included on the internet survey.

Continuity of carer was an issue highlighted by many women as an especially good or important aspect of their care.

I had a one-to-one midwife from outset. She was brilliant throughout my pregnancy, during my pregnancy, during the birth and visited for 10 days after. Consistency of care was important - I was able to build up relationship which helped a lot in labour and after. (First baby, London)

Consistency was a positive feature of my care. I saw one midwife from 8 weeks to term. She was with me for the birth and postnatally. We built a bond of trust which is invaluable and irreplaceable. I know that my quick, relaxed and calm delivery of my son was in no small way facilitated by the trust and complete confidence I have in Anne, my midwife. (Kent)

I transferred to a midwife led unit 5 hours post delivery, a small unit where staff had the time to be with us. I had the same community midwife provide all my antenatal and postnatal care. This continuity was very important. (First baby, Abingdon)

I was part of a one-to-one midwives scheme which meant I only dealt with 2 people during pregnancy & after. This was fantastic and supportive and enabled me to give birth without use of drugs, only a TENS machine. (London)

I had a brilliant team of community midwives, incredibly friendly, encouraging and positive. They bent over backwards to ensure I got my 'domino' delivery, managing to cover almost every night for 5 weeks (my baby was 2 weeks late but seemed imminent from week 37) and over the Christmas and New Year period! (Guildford)

Conversely, some women who did not have good continuity highlighted this as an area which was less than satisfactory or in need of improvement.

Staff tried hard but didn't have enough time to give everybody the individual attention they needed. I would have preferred just one midwife to visit me at home. (First baby, Bradford)

My home-visit midwife came one day, then said 'oh you're fine' and didn't come back for 3 days, then a different person turned up and the same thing happened again. (First baby, Edinburgh)

Interestingly, given the large number of references to continuity of carer as an aspect of care which women valued, there were no significant differences in the extent to which women said their needs for care, information and emotional support were met between those who had been visited at home by one or two midwives rather than a larger number.

Baby Feeding

Only half of the women felt that they had always been provided with enough help, support, and consistent information about feeding in this period (see Table 6). One in ten women said that they never got enough help or consistent advice about feeding.

At home, the midwife was young and childless and kept hassling me to introduce formula milk in the evening. She kept on trying to get me to go to weekly weigh ins. I was luckily resolute as I had other supportive advisers. (First baby, Linlithgow)

Again, the trend was for first time mothers, those who had a hospital birth, those who had a caesarean or assisted delivery, and women who were using formula to feel less satisfied with the quantity and consistency of help with feeding.

Table 6: Help and Information about Feeding 4 – 10 Days after Birth

Postnatal Care Issues	% Always	% Mostly	% Sometimes	% Never	Average
Enough help on feeding	48	27	16	9	3.2
Consistent feeding info	43	32	15	10	3.1

Note: The average corresponds to a scale where 1 = hardly ever / never, 2 = sometimes 3 = mostly and 4 = always. Percentages regarding help and support are based on the full sample. Percentages regarding consistent information and advice are based only on the postal survey responses since this question was not included on the internet questionnaire.

Overall, trends in postnatal care 4 – 10 days after giving birth are similar to those in the period immediately following the birth. Although only four in ten women said they ‘always’ got consistent information and enough help with feeding, fewer women reported very low levels of care and support. As in the first three days, during this period first time mothers, those formula feeding, those who had their child in hospital and those who had a caesarean or assisted delivery indicated that their needs were not well met.

Care 11 – 30 Days after Giving Birth

Women were asked to rate the information and advice, care, and emotional support that they received from health professionals 11 – 30 days after birth using a fixed ranking scale. During this time health visitors play the major role in postnatal care for many women. Around half of the women surveyed suggested that they got all of the care, information and advice that they needed during this period. However almost one in five felt that they had received very little or no information and care during this time and a quarter believed that they had not gained any emotional support from health professionals (see Table 7).

After the midwife support finished after 10 days there seemed to be nothing - a huge gap with no one to support me. 10 months later I find the health visitor support very poor, many mums use their GP for what I consider routine health visitor matters. (First baby, Hampshire)

Midwife's calling to home finished too soon and was not frequent enough. The follow on care from the health visitor was simply one call to home (which was not enough). (First baby, London)

The hand over from the midwife to the health visitor was not good. The midwives provided fantastic care and support. The health visitor provided little support, little advice, no kindness! (First baby, Winchester)

The health visitors nearly caused postnatal depression. They do not like breastfeeding. They are officious, less approachable and seem less interested (South Croydon)

Table 7: Perceptions of Postnatal Care 11 - 30 Days after Birth

Postnatal Care	% Got All Needed	% Got Some	% Got Little / None	Average
Care	55	29	16	2.3
Information / Advice	48	34	18	2.2
Emotional support	43	31	26	2.1

Note: The average corresponds to a scale where 1 = got little or no support / information / care, 2 = got some and 3 = got all the support / information / care needed.

As in the earlier periods following the birth, women were more likely to believe that their physical care needs had been met or partially met compared to their emotional needs. Women who had an assisted delivery or caesarean felt less satisfied with the level of care and information received 11 – 30 days after giving birth. This is likely to be due in part to these women having additional needs for care and information associated with the complications they had experienced.

A combination of shock at my emergency caesarean section and difficult baby made me “at sea” for the first 6 weeks. Because I wasn’t a novice mother I don’t think the health professionals realised how I wasn’t really coping. (Chipping Sodbury)

The trend was for women to start off breastfeeding and to gradually move towards formula feeding as time elapsed after the birth. Two thirds of the women felt that they had always or mostly got enough help, support, and consistent advice about feeding during the 11 – 30 days period. However one in ten did not think that they got any feeding support or consistent advice during this time (see Table 8).

My baby did not get back up to his birth weight until he was 4 weeks. I felt under a bit of pressure about this and received conflicting advice as to whether he was feeding properly or not.

The information on breastfeeding varied greatly and was often not practical. I learnt more after I had to give bottles – which was too late! (First baby, Warwickshire)

Table 8: Help and Information about Feeding 11 – 30 Days after Birth

Postnatal Care Issues	% Always	% Mostly	% Sometimes	% Never	Average
Enough help on feeding	45	22	19	14	2.0
Consistent feeding info	38	32	18	13	1.9

Note: The average corresponds to a scale where 1 = hardly ever / never, 2 = sometimes 3 = mostly and 4 = always. Percentages regarding help and support are based on the full sample. Percentages regarding consistent information and advice are based only on the postal survey responses.

In summary, women’s evaluations of postnatal care 11 – 30 days after the birth show the same trends as in the earlier periods. However, more women reported very low levels of care and support, compared with the 4-10 day period. This suggests that during this time of transition from midwife to health visitor care some women experience a widening of the gap between their needs and the ability of the postnatal services to respond. One in four women said that at this crucial stage when if applicable, their partner might be returning to full-time work, they got little or none of the emotional support they needed. Once again, the trend was for first time mothers, those who experienced complications at birth, and women who were not breastfeeding to feel less happy with the care, support and information about feeding.

Implications

Summary of Trends

Overall Trends

- Half to two thirds of women said they got all of the care they needed.
- Throughout the three phases of care, 0-3 days, 4-10 days and 11-30 days, women consistently rated their emotional support needs as less well met than their overall care (see Figure 6).
- First time mothers and women who had complications (such as an assisted delivery or emergency caesarean) were less likely to feel positive about the types of postnatal care received.

Figure 6: Overall Levels of Postnatal Care, Information, and Support 0 – 30 Days after Birth

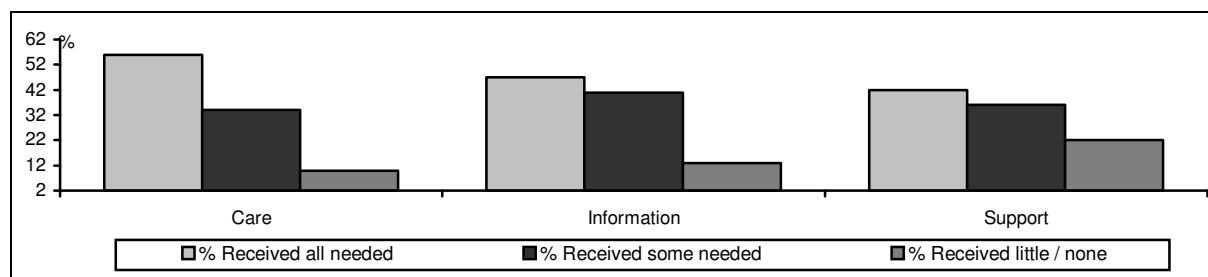


Table 9: Postnatal Experiences of Different Groups of Women

Postnatal Care	Ist Baby	Place of Birth	Delivery	Feeding
<i>0 – 3 Days After Birth</i>				
Care	√	√	√	
Information/advice	√	√	√	
Emotional support	√	√	√	
Feeding method	√		√	-
Enough feeding help	√	√	√	√
Consistent feed info	√	√	√	
<i>4 – 10 Days After Birth</i>				
Care			√	
Information/advice		√	√	√
Emotional support	√	√	√	
Feeding method	√	√		-
Enough feeding help	√	√	√	√
Consistent feed info	√		√	
<i>11 – 30 Days After Birth</i>				
Care			√	√
Information/advice		√	√	
Emotional support	√			√
Feeding method		√	√	-
Enough feeding help	√			
Consistent feed info			√	
<i>Overall Average for Month After Birth</i>				
Care	√	√	√	√
Information/advice	√	√	√	√
Emotional support		√	√	
Feeding method		√	√	-
Enough feeding help	√	√	√	√
Consistent feed info	√		√	

Note: Ticks indicate that a statistically significant difference exists between groups at the 95% level of confidence. A – indicates that relationships were not examined. The 'First Baby' column compares women having their first or subsequent child. 'Place of Birth' compares hospital, home births and birth centres. 'Delivery' refers to whether the birth involved a vaginal delivery, assisted delivery, emergency or planned caesarean. 'Feeding' compares those who were breastfeeding or combining breast and bottle-feeding with women who were bottle-feeding.

- Women who had their babies in hospital were also less likely to believe that they had been offered all the help, support and information that they required compared to those who had given birth at home, at a birth centre or at a midwife unit (see Table 9). This is important given that most women currently have hospital births.
- In terms of help with establishing baby feeding, women were most likely to report that they got enough help and consistent information in the 4-10 days period and least likely to do so in the period 11 – 30 days after the birth (see Table 10).
- More women made critical comments about their care than gave positive comments.

Table 10: Average Rating of Feeding Support in the Month after Birth

Feeding Topics	0 – 3 Days Average	4 – 10 Days Av	11 – 30 Days Av	Overall
Enough help	3.1	3.2	2.0	3.1
Consistent info	2.0	3.1	1.9	2.0

Note: The average corresponds to a scale where 1 = hardly ever / never, 2 = sometimes 3 = mostly and 4 = always. Percentages regarding help and support are based on the full sample. Percentages regarding consistent information and advice are based only on the postal survey responses.

Trends in the First Three Days

- In the first three days after giving birth half of the women said that they needed more emotional support from health professionals. A quarter suggested that they had received no emotional support from health professionals at this time.
- Half of the women said that they wanted more information in the period immediately following the birth. More than one in ten women felt that they had received very little or no information or care from health professionals during this period.
- A third of the women were not satisfied with the support, information or practical help with feeding provided. Only half of the women felt that they always had enough help with feeding.
- Most of the women breastfed. Women who were formula feeding were less likely to say that their information, care and support needs were met.
- 60% of women did not think that there were always enough midwives available to care for them in the initial days following the birth.
- One in five women felt that they had only been treated with respect by the staff caring for them 'some of the time' or 'never'. One in four did not feel that the staff were kind and understanding in the initial period after giving birth.

Trends 4 – 10 Days after Giving Birth

- Half the women wanted more information and more emotional support from health professionals 4 – 10 days after giving birth. One in five women said they received ‘little’ or ‘none’ of the emotional support they needed.
- Continuity of carer was an issue highlighted by many women. Those who had had continuous care by a small number of midwives felt that this was very positive.
- Only half of the women felt that they had always been provided with enough help, support, and consistent information about feeding in this period. One in ten women suggested that they were never given enough help or consistent advice about feeding at this time.

Trends 11 – 30 Days after Giving Birth

- Half of the women felt the need for additional support, information and care 11-30 days after giving birth.
- One in six women said they received little or no care during this period.
- One in five felt that they had received little or no information and a quarter believed that they had not been offered any emotional support from health professionals at this time.
- More than half of the women did not feel that they had always received all the help and advice with feeding that they needed 11 – 30 days after giving birth. One in ten women did not think that they got any feeding support or consistent advice during this period.

Implications

The survey findings highlight that postnatal services in the United Kingdom currently give greater priority to women’s physical care than their need for information and support. In order to make informed choices and feel in control after the birth of their baby, women need to know what to expect during the postnatal period, and have reliable information about how to take care of themselves and their baby. Women also need emotional support from health professionals. This research suggests that a much higher priority should be given to treating women with kindness, spending time with them, listening to their feelings and concerns and helping them adjust to motherhood.

Of the three phases of postnatal care analysed, care from community midwives 4-10 days after giving birth is rated more positively than that immediately after the birth when many women are in hospital, or care 11-30 days after birth, when access to a community midwife is reducing or no longer available. Particular attention should therefore be paid to improving care in the first few days after the birth and ensuring that care of consistent quality is available at least up to the end of the first postnatal month. This must involve reliable and consistent information and emotional support as well as good physical care.

Information and support on feeding the baby is a crucial element of postnatal care. All women who have chosen to breastfeed should receive support, practical help and consistent information to get feeding established. Support from a midwife, other trained health professional or breastfeeding counsellor should be readily available throughout the baby's first six months of life. Help should be available continuously during the day and at night on the postnatal ward.

Women and their partners seem to be given little advice on how to look after themselves and each other in the postnatal period. Women need rest, good food and sensitive encouragement. A woman's partner should be advised about how to look after her. Partners have their own needs too. They are likely to be physically tired and experience a range of feelings which can be overwhelming at times. Health care professionals should be aware of the needs of both the woman and her partner in the postnatal period and discuss with them the importance of getting enough sleep, minimising the housework, and having emotional support. Some women will need more time and active listening from midwives and health visitors, including women without a partner, those having a first baby and those who have had an assisted delivery or caesarean. Those who are formula feeding need to know that their decision is respected and have opportunities for practical help and reassurance.

Local support groups are a good means of enabling women to have someone to talk to. Voluntary groups and health professionals can often achieve more sensitive and accessible services for a broad range of parents by working in partnership.