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Change over time in women's views and experiences of maternity care in England, 1995–2014: A comparison using survey data

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ABSTRACT

Background: there have been changes in maternity care policy over the last 20 years and women's experience, continuity and satisfaction with care have become more prominent. However there has been no research examining changes over time in women's reported experience.

Methods: this study used secondary analysis of data collected in four postal surveys of maternity care experiences in 1995, 2006, 2010 and 2014. In each case women who had delivered in a specified time period in England were randomly sampled and sent a questionnaire three months after the birth. Women were excluded if they were aged less than 16 years or their infant had died. The majority of questions were comparable over the different surveys. Descriptive statistics and adjusted odds ratios are presented.

Findings: in the antenatal period, an increasing proportion of women had early first contact with a healthcare professional, screening for Down's syndrome, both dating and anomaly scans and the total number of ultrasound scans increased over the period. The proportion of women given explanations about screening and choice regarding interventions during labour and birth both appear to have increased. In the postnatal period, length of hospital stay declined over time but the proportion of women who considered their length of stay too short remained constant. The number of postnatal home visits also declined and there was a substantial increase in the proportion of women who would have liked more visits. Overall satisfaction with care remained high especially for care during pregnancy, labour and birth.

Conclusions: despite fewer antenatal checks, shorter hospital stays and fewer postnatal home visits, women were generally very positive about their care in pregnancy, labour and birth, and the postnatal period. Maternity care has changed in many respects, with earlier contact with health professionals, more scans and more information. However, reduced continuity of care and a need for support in the early weeks with a new infant was expressed by many women and are issues that may be contributing to some of the dissatisfaction expressed.

Introduction

Changing Childbirth, published in 1993 (Department of Health, 1993), represented a watershed in maternity care in England. Prior to this, women had little say in their care, which tended to be highly medicalised and treated as normal only in hindsight (McIntosh and Hunter, 2014). *Changing Childbirth* and the Maternity Services Report of the previous year, the *Winterton Report* (Department of Health, 1992), enshrined the concept of woman-centred care, reversed official policy that hospital was always the safest place to give birth, and highlighted the importance of humanised, responsive care and the three 'Cs': choice, continuity and control (McIntosh and Hunter, 2014).

The aims of *Changing Childbirth* have been only partially achieved, due to some extent to resource constraints. In addition, the rising birth rate, higher maternal age at first birth, increasingly complex health and social care needs of the childbearing population and increasing rates of medical intervention have put maternity services under considerable, and continuing, pressure. The evidence base has improved over the years which has, in turn, influenced priorities and increased the number of guidelines for good practice. Policy documents subsequent to *Changing Childbirth,* including the *National Service Framework for children, young people and maternity services* (Department of Health, 2004), *Maternity Matters* (Department of Health, 2007), *Midwifery 2020* (Chief Nursing Officers of England Northern Ireland Scotland and

Abbreviations: BME, Black and minority ethnic group; ONS, Office for National Statistics; HCP, Healthcare professional; NS, Not significant

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Wales, 2010), the Annual Report of the Chief Medical Officer in England (Chief Medical Officer, 2015), and the National Maternity Review (NHS England, 2016) have continued to put woman-centred care at the heart of policy. Government policy now favours choice for all women in the manner of their maternity care and there is an ever-increasing focus on continuity of care and carer, satisfaction, and quality of care as perceived by the women using the maternity services. Surveys of women's experiences of care, including the Audit Commission review of 1995 (Audit Commission, 1997; Garcia, 1998) and the later Healthcare Commission and Care Quality Commission (CQC) surveys (Healthcare Commission, 2007; Care Quality Commission, 2010, 2013, 2015) have highlighted national variations and inform the Department of Health's strategy for monitoring progress in these areas.

Throughout this period there have been significant changes to the structure of British society which are relevant to maternity services. These include the increasing number of women from black and minority ethnic (BME) groups, and women born outside the UK, many with limited English (Office for National Statistics, 2015). Also, over this time period women's partners have become increasingly engaged in pregnancy, childbirth and childcare (O'Brien and Shemilt, 2003) with implications for women's expectations, experience and satisfaction with maternity services and affecting their transition to parenthood more broadly. Similar changes have been observed in other developed countries (Smallet al., 1999; Chote et al., 2011).

There have been changes to obstetric clinical practice over this time period, most notable the increase in rates of caesarean delivery from 12.4% in 1990-91 to 26.5% in 2014-15 in England (Health and Social Care Information fCentre, 2015). Alongside this, rates of episiotomy have declined from 24.0% to 15.2%, and the proportion of births managed by an obstetrician has increased from 24.5 to 38.9% (Health and Social Care Information Centre, 2015). However, partly in response to the findings of the Birthplace study (Birthplace in England Collaborative Group et al., 2011), the number of midwife-led birth centres (both freestanding and alongside) has increased (National Audit Office, 2013).

Throughout this period, surveys of women's views of their care have been undertaken but no studies have examined how women's views have changed over time. The aim of this study was to assess these changes within the context of a changing service in England. The surveys were approved by Trent Multi-Centre Research Ethics Committee (06/MREC/16) and by the Yorkshire & The Humber – Humber Bridge Multi-Centre Research Ethics Committee (14/YH/0065).

Methods

Surveys of women's views of maternity care have been conducted by, or in association with, the National Perinatal Epidemiology Unit in 1995, 2006, 2010 and in 2014 (Redshaw et al., 2006; Garcia, 1998; Redshaw and Heikkila, 2010; Redshaw and Henderson, 2015). These all followed broadly the same methods. The Office for National Statistics (ONS) randomly selected women from birth registrations within a specified time period (see Table 1) after exclusion of women aged less than 16 years and those whose infant had died. Women were sent a self-completion postal questionnaire, with Freepost return, at approximately three months postpartum which asked about their experience of care during pregnancy, labour and birth, and about the postpartum period, as well as sociodemographic details. The four surveys covered broadly the same material but varied slightly in the questions. The questionnaire sent in 1995 had no reminders but the other three used a tailored reminder system such that up to three reminders were sent to women who had not responded. All the surveys gave women the option of completing questionnaires by telephone interview, using an interpreter if necessary. The 2010 and 2014 questionnaires also included an option to complete it online.

Table 1
Details of sampling, response rates, and sociodemographic characteristics of respondents in the 4 surveys.

	1995	2006	2010	2014
Period of birth of babies whose mothers were sampled	June-July 1995	1 week in Mar 2006	2 weeks in Oct-Nov 2009	2 weeks in Jan 2014
Number sampled	3570	4800	10,000	10,000
Number usable responses	2406	2966	5333	4571
Usable response rate[†]	67%	63%	55%	48%
Sociodemographic characteristics of respondents				
Age group[*]				
16–19	3.7	3.9	2.9	4.0
20–24	16.2	15.4	13.2	17.2
25–29	32.9	23.9	24.9	28.4
30–34	32.7	32.7	33.2	29.9
35–39	12.1	20.5	20.6	16.1
40+	2.4	3.6	5.2	4.4
Parity[*]				
Primiparous	42.3	41.0	50.1	49.9
Multiparous	57.7	59.0	49.9	50.1
Left school aged 16 or less or, in 1995, with no qualifications[*]				
	12.3	28.3	23.4	16.9
Ethnicity[*]				
White	91.9	87.4	85.7	83.9
Mixed	–	1.4	1.9	2.0
Asian	3.1	6.9	7.4	10.0
Black	2.1	3.6	3.9	3.6
Chinese/other	2.2	0.7	1.2	0.5

[†] Response rate calculated after exclusion of non-deliverable surveys from denominator.
[*] $p < 0.001$.

In this study women's responses to questions about their care and their perceptions of care are compared over the 19 year period covered by the surveys. Where there were differences in the wording of the questions in the different questionnaires this is noted. Descriptive statistics are presented; odds ratios and 95% confidence intervals were calculated adjusting for parity, ethnicity, age and level of education. Statistical tests were conducted using Stata version 13.

Findings

Table 1 gives details of the number of women sampled, the usable response rates, and the sociodemographic characteristics of respondents. Response rates declined over the period 1995 to 2014 from 67% to 48%. In all years there was significant under-representation of women who were young, ethnic minority, and either 'economically inactive' or living in a deprived area (Garcia, 1998; Redshaw et al., 2006; Redshaw and Heikkila, 2010; Redshaw and Henderson, 2015). It is clear from Table 1 that the women responding to the surveys came increasingly from older groups and those who were primiparous, although the ethnic diversity of the respondents increased in line with that seen in the general population. Overall, eight per cent of women completed the survey online. They did not differ from other women except that they were significantly more likely to live in the London area and to be born outside the UK.

Tables 2–4 show the proportions of women who received various components of antenatal, intrapartum and postnatal care, their views of their care, and odds ratios of change over time with 1995 as the reference year (or 2006 if no data were available for 1995) adjusted for maternal age, parity, low level of education and ethnicity. Almost all results were highly statistically significant due partly to the size of the combined dataset. To ease interpretation and focus on the actual differences, only *non*-significant results are indicated as such (NS).

Antenatal care

A steadily increasing proportion of women had their first contact