

Whānau and Families’ Experience of New Zealand’s Maternity System (Technical Report 1)

April 2023

Confidential

Survey of Whānau and Families’ Experience of the Maternity System (Technical Report 1)

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Definitions

**Māori mothers and birthing parents** – self-reported.

**Pasifika mothers and birthing parents** – self-reported.

**Young mothers and birthing parents** – aged 24 years or under.

**Disabled mothers and birthing parents** – a respondent was defined as disabled based on their response to the short version of the Washington Group Set of Disability Questions.

**Weighting** – is the statistical process that is used to correct for any imbalances in an achieved sample, as a result of the purposeful over-sampling of specific population groups and/or sampling error. As a result of this process, the weighted sample can be said to be representative of the population from which it was selected.

**Maximum margin of error** – is a measure of the accuracy of the data at the 95% confidence level and takes into account the total (or sub-) sample size of the result that is being considered.

For example, the achieved sample for the Survey of Whānau and Families’ Experience of the Maternity System of n=4,354 was weighted to adjust for the over-sampling of priority groups. Results based on this total weighted sample are subject to a maximum margin of error of +/-1.58% (at the 95% confidence level).

**Statistically significant result** – refers to the fact that the difference between two results is larger than the maximum margin of error. Therefore, this is an **actual or real** difference rather than one that has occurred because of a sampling anomaly.

Foreword

Te Whatu Ora would like to thank the whānau who participated in the 2022 Survey of Whānau and Families’ Experience of the Maternity System for their time and generosity. Their views and comments have provided valuable insight into the personal experiences of whānau within the New Zealand maternity system and will support future service planning.

Executive Summary

**IMPORTANT NOTE:**

THE TIMEFRAME OF THIS RESEARCH IS IMPORTANT WHEN CONSIDERING THE RESULTS OF THE SURVEY, GIVEN THAT THE ANTENATAL, BIRTH AND POSTNATAL CARE OF THE MOTHERS AND BIRTHING PARENTS WHO TOOK PART FALLS WITHIN THE PERIOD IMPACTED BY THE COVID-19 PANDEMIC WHICH HAD A SIGNIFICANT IMPACT ON THE HEALTH SECTOR, AS WELL AS NEW ZEALAND SOCIETY IN GENERAL.

## Introduction

This technical report presents the results of the **2022 Survey of Whānau and Families’ Experience of the Maternity System**.

This survey (and the companion survey, 2022 Survey of Whānau and Families who have Lost a Pēpē/Baby) was completed to meet Te Whatu Ora – Health New Zealand’s obligations under the New Zealand Maternity Standards Audit Criterion 15. This states that a national consumer survey of maternity/perinatal services is carried out at least every three years (15.2).

The 2022 Survey of Whānau and Families’ Experience of the Maternity System was completed between 10 August and 4 October 2022.

The results of the survey are based on an achieved sample of n=4,355 mothers and birthing parents, recruited from a sample (approx. n=12,000) randomly selected from all mothers and birthing parents who had given birth between January and December 2021 (N=48,662). The participation rate for the survey is 36%.

Te Whatu Ora identified several ‘priority groups’ and as such, Māori, Pasifika and young mothers and birthing parents were over-sampled so that their results could be examined with confidence. A fourth priority group (disabled mothers and birthing parents) self-defined through the survey.

The results have been weighted to correct for the over-sampling and are subject to a maximum margin of error of +/- 1.58% (at the 95% confidence level).

## Key findings

The key findings of the 2022 Survey of Whānau and Families’ Experience of the Maternity System are as follows:

1. Respondents’ satisfaction with their ‘overall experience of care during their pregnancy, labour and birth, postnatal care and the care they and their pēpē/baby (received) in the first few weeks at home’ was **relatively high** at 79%.

However, the extent to which respondents gave the best possible answer (i.e. ‘very satisfied’) is **significantly** **lower** than in 2014 (41% in 2022, down from 48% in 2014).

1. Māori, Pasifika and young mothers and birthing parentsrecorded levels of satisfaction withtheir ‘overall experience of care’ that reflect the result above for all respondents (i.e. within the range 76-78%). In comparison, **disabled** mothers’ and birthing parents’ level of satisfaction was significantly **lower** at 69%.
2. In general, respondents’ expressed a relatively high level of satisfaction (of 75% or more) **with all five stages** of their maternity and perinatal journey.

However, the percentage giving the best possible answer of ‘very satisfied’ at each stage was significantly **lower** than in 2014. The percentage of respondents who stated they were **‘very satisfied’ with the overall care** they received from**:**

* Their **LMC while they were hapū/pregnant** was 70% in 2022, compared with 74% in 2014.
* Their **LMC** **during labour and birth** was 69% in 2022, compared with 74% in 2014.
* The **hospital/birthing unit** **during labour and birth** was 50% in 2022, compared with 64% in 2014.
* The **hospital/birthing unit** **after the birth** was 44% in 2022, compared with 52% in 2014.
* Their **midwife** **during pēpē/baby´s first few weeks** was 65% in 2022, compared with 72% in 2014.

1. With these results in mind, it is important to note that there are **two** stages of the maternity journey that **account for most** of mothers’ and birthing parents’ satisfaction with their ‘overall experience of care’:

* The care they received at the hospital or birthing unit after the birth of their pēpē/baby.
* The care they received from their midwife during pēpē/baby´s first few weeks.[[1]](#footnote-2)

1. Looking specifically at priority groups’ satisfaction with these two stages, **disabled respondents**, recorded significantly **lower** levels of satisfaction (compared with all respondents) with both these stages. They also recorded significantly **lower** levels of satisfaction for the other three stages of the maternity and perinatal journey.

While **Māori** recorded a level of satisfaction with their ‘overall experience of care’ that reflected the result for all respondents, they recorded significantly **lower** levels of satisfaction for two specific stages of the maternity and perinatal journey:

* The care they received from their LMC while they were hapū/pregnant.
* The care they received from hospital staff/birthing unit during labour and birth.

1.0 Introduction

The overarching purpose of the 2022 Survey of Whānau and Families’ Experience of the Maternity System and the 2022 Survey of Whānau and Families who have Lost a Pēpē/Baby was to measure mothers’ and birthing parents’ perceptions of, and satisfaction with, the maternity/perinatal services they had recently received, and to compare their satisfaction with the results recorded in previous surveys (where possible).

The 2022 Survey of Whānau and Families’ Experience of the Maternity System provides the sixth assessment of mothers’ and birthing parents’ satisfaction with maternity and perinatal services. The 2022 Survey of Whānau and Families who have Lost a Pēpē/Baby is the third time this survey has been completed.

In addition to these two surveys providing Te Whatu Ora with an understanding of mothers’ and birthing parents’ perceptions of and satisfaction with the maternity/perinatal services they have received, the survey results also provide a basis on which to:

* + - Assess current inequities and barriers to maternity and perinatal care for priority groups. These groups include Māori, Pasifika, young mothers and birthing parents (defined as 24 years of age and under), and disabled mothers/birthing parents.
    - Assess the current framework for primary services.
    - Assess the impact of new and ongoing policies.
    - Identify women’s and people’s unmet needs and areas requiring service improvement, particularly with respect to the development of the National Perinatal Bereavement Pathway.
    - Inform future planning and service development through the health and disability system.

With respect to the last two objectives outlined above, the 2022 research also included a significant **qualitative** component of focus group research as a complimentary study to the surveys.

## 1.1 Methodological overview

The 2022 Survey of Whānau and Families’ Experience of the Maternity System was completed between 10 August and 4 October 2022, after ethics approval had been obtained from the Health and Disability Ethics Committee (HDEC), and the survey questionnaire had been extensively redeveloped, cognitively tested and piloted.

The final questionnaire included specific questions on each of the following areas:

* + - Opinions about accessing maternity/antenatal care.
    - Opinions about care received during labour and birth.
    - Opinions about postnatal care received in hospitals/birthing units.
    - Opinions about postnatal care received at home.
    - Opinions about the availability of information and costs.
    - Satisfaction with the overall experience of care.

An Expert Advisory Group was formed to assist with the development of the questionnaire and to provide the Ministry and Research New Zealand with **advice and guidance.** Another key role of the EAG was to help **optimise engagement** with the target populations and particularly, Māori, Pasifika, mothers/birthing parents 24 years of age and under and members of the rainbow community, as well as bereaved women/people.

The results of the survey are based on an achieved sample of n=4,355 mothers and birthing parents, recruited from a sample (approx. n=12,000) randomly selected from all mothers and birthing parents who had given birth between January and December 2021 (N=48,662). The participation rate for the survey is 36%.

The results for the achieved sample of n=4,355 mothers/birthing parents have been weighted to correct for the over-sampling and are subject to a maximum margin of error of +/- 1.58% (at the 95% confidence level). This means that had we found 50% of respondents were satisfied with the maternity/perinatal services they received, we could be 95% confident of getting the same result, give or take 1.58%, had we interviewed everyone in the eligible population. Larger margins of error apply for the sub-samples of respondents representing the priority groups.

Please refer to Appendix A for a more detailed description of the methodology, including how the sample of mothers and birthing parents was recruited, consent obtained from and interviewed. A copy of the survey questionnaire is also included.

## 1.2 Report notes

Results in this technical report primarily focus on the combined responses of all mothers and birthing parents (i.e. the total sample). However, using a red and green colouring system to identify statistically significant differences, the results for the priority groups are compared to those for the total sample of respondents and, where possible, the 2022 results are compared with those for 2014 (i.e. the most recent comparable survey).

In addition to this report, separate reports have been prepared as follows:

* + - A technical report based on bereaved women and people who lost a pēpē/baby during the perinatal period (Technical Report 2: A Survey of and Qualitative Research with Whānau/Families who have Lost a Pēpē/Baby). This report incorporates the results of two streams of research:

1. A quantitative survey of whānau and families who have lost a pēpē/baby).

2. Qualitative focus groups with bereaved women and people.

* + - A technical report based on qualitative focus groups with priority audiences that had live births (viz. Māori, Pasifika and young mothers aged 24 years of age and under (Technical Report 3: Insights into the Experiences of Mothers and Birthing Parents known to be Poorly Served by the Maternity and Perinatal System).

A summary report has also been prepared based on all three technical reports (New Zealanders’ Experiences and Perceptions of the Maternity and Perinatal System 2022. A Summary Report).

2.0 Satisfaction with the overall experience of care

As illustrated in Figure 1, 79% of respondents were satisfied with the **overall** level of care received during their pregnancy, labour, birth and in the first few weeks after the birth.

Although the overall result (of 79%) is significantly higher than the 77% recorded in 2014, the extent to which respondents reported being ‘very satisfied’ with the care they received has significantly decreased (from 48% in 2014 to 41% in 2022).

Figure 1: Overall satisfaction with maternity and perinatal care

The 2022 sub-sample excludes one respondent who said, ‘Don’t know’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Statistically significant differences by key priority groups (Figure 2 overleaf):

* **Disabled** mothers and birthing parents were significantly **less likely to be ‘very satisfied’** with the care they received. This brings their overall satisfaction rating down to 62% (which is significantly lower than the total sample result of 79%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were also significantly **less satisfied** with their maternity and perinatal care (75%, compared with 79% of the total sample).

Figure 2: Overall satisfaction with maternity care, by key priority groups

Results outlined in red denote a significantly lower result than the total sample, while results in green are significantly higher.

Below are examples of feedback received from respondents relating to the care and support they received:

My hospital midwife and postnatal midwife were both absolutely amazing. They made the whole journey a wonderful experience for me and my family. I think the key is to prioritise these interactions with mums because they are the people we look to most, to support us pre and post pregnancy [Pasifika, Very satisfied].

Having a LMC was the best thing for me and my pregnancy/birth/postpartum journey. The level of support and care they provide is priceless and my experience would have been so different without mine. This is an incredibly important service, and it should be protected and valued. [Māori, Very satisfied]

The care that I had while I was in hospital after giving birth was disgusting. I was judged for being a first-time mum at 21, comments like “You should know how to feed your baby”. No one taught me with breastfeeding; I was doing it wrong for a few months, it was so painful [and] no one wanted to help. It felt like no one cared at all. [First-time parent; Dissatisfied].

After such a traumatic birth, not being able to have my partner present was extremely hard. I was alone in the maternity unit, had been in labour over 24 hours and then I was left alone with my baby in a state of fatigue, stress and pain after having given birth. I felt so unsupported in the hospital and that was only the beginning of a very stressful emotional, mental and physical journey. By the time postnatal depression kicked in for me, my midwife was doing her last visit. Please look at adding more mental health and emotional support to women who have just given birth. [Disabled, Dissatisfied].

3.0 Accessing maternity/antenatal care

## 3.1 When respondents first suspected they were hapū/pregnant

All respondents were asked how many weeks hapū/pregnant they were when they first thought they might be hapū/pregnant.

As shown in Figure 3, 82% first suspected they were hapū/pregnant within their first 6 weeks of pregnancy. A further 15% did not suspect they were hapū/pregnant until they were 7-12 weeks along, while another 3% were past their first trimester.

In 2022, significantly more respondents reported that they first suspected they were hapū/pregnant within their first 6 weeks of pregnancy (82%), compared with respondents surveyed in 2014 (77%).

Figure 3: How early respondents suspected they might be hapū/pregnant

Results outlined in green denote a significantly higher result compared to 2014.

Sub-sample based on all respondents who provided a response for this question and excludes those who said, ‘Don’t know/Can’t remember’.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 1 overleaf):

* **Māori**, **Pasifika**, **young mothers and birthing parents** and **disabled** mothers and birthing parentswere **less likely** to have suspected they were hapū/pregnant within their first 6 weeks of pregnancy (73%, 66%, 74% and 75% respectively, compared with 82% of the total sample).

Table 1: How early respondents suspected they might be hapū/pregnant, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4297  % | Māori  960  % | Pasifika  901  % | Young  612  % | Disabled  245  % |
| 6 weeks or less | 82 | 73 | 66 | 74 | 75 |
| 7-12 weeks | 15 | 22 | 26 | 21 | 19 |
| 13-28 weeks | 2 | 3 | 6 | 4 | 3 |
| 28+ weeks | 1 | 1 | 3 | 1 | 3 |

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, while figures in green are significantly higher.

## 3.2 Initial contact with healthcare provider

All respondents were asked which healthcare provider they contacted first when they thought they might be hapū/pregnant, and how many weeks they were when they saw this healthcare provider.

As illustrated in Figure 4, most respondents initially contacted their **family doctor** when they first suspected they were hapū/pregnant (57%). Another 35% contacted a midwife first, while 4% contacted an Obstetrician/Specialist and 3% contacted a Family Planning Clinic.

Significantly more respondents surveyed in 2022 contacted a **midwife** when they first thought they were hapū/pregnant, compared to those surveyed in 2014 (35% compared with 28%).

Figure 4: First healthcare provider contacted

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in green denote a significantly higher result compared to 2014, results outlined in red denote a significantly lower result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 2):

* **Pasifika** were more likely to **contact their family doctor** when they first thought they were hapū/pregnant (70% compared with 57% of the total sample) and less likely to contact a **midwife** (25% compared with 35% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were also more likely to **contact their family doctor** when they suspected they were hapū/pregnant (70% compared with 57% of the total sample) and less likely to contact a **midwife** (20% compared with 35% of the total sample).

Table 2: First healthcare provider contacted, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4353  % | Māori  971  % | Pasifika  930  % | Young  624  % | Disabled  251  % |
| Family Doctor (GP)/Doctor’s nurse | 57 | 56 | 70 | 61 | 63 |
| Midwife | 35 | 36 | 25 | 34 | 30 |
| Obstetrician/Specialist | 4 | 2 | 1 | 0 | 3 |
| Family Planning Clinic | 3 | 3 | 2 | 3 | 4 |
| Other | 1 | 1 | 1 | 2 | 1 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, while figures in green are significantly higher.

Figure 5 shows that 51% of respondents **saw a healthcare provider for the first time** **within the first 6 weeks** of their pregnancy. A further 44% first saw a healthcare provider when they were 7-12 weeks hapū/pregnant, while 5% did not see a healthcare provider until after their first trimester.

These results are similar to those reported in 2014.

Figure 5: How early in the pregnancy a health care provider was seen

Sub-sample based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in red denote a significantly lower result compared to 2014.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 3):

* **Pasifika** and **young** respondents were more likely to have not seen a healthcare provider for the first time **until after their first trimester** (13%, compared with 5% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were more likely to have seen a healthcare provider within the **first 6 weeks** of their pregnancy (60% compared with 51% of the total sample).

Table 3: How early a healthcare provider was seen, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | Total sample  4205  % | Māori  941  % | Pasifika  875  % | Young  599  % | Disabled  240  % |
| 6 weeks or less | 51 | 46 | 45 | 49 | 54 |
| 7-12 weeks | 44 | 45 | 42 | 43 | 36 |
| 13-28 weeks | 4 | 7 | 11 | 7 | 7 |
| 28+ weeks | 1 | 1 | 2 | 1 | 3 |

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, while figures in green are significantly higher.

## 3.3 Choice of antenatal care provider

Most respondents confirmed they had received antenatal care while they were hapū/pregnant. While 5% reported receiving antenatal care from a hospital midwife, the majority (95%) received care from a Lead Maternity Carer (LMC).

In most cases, the LMC was a midwife LMC or group of (community based or self-employed) midwives (88%) (Figure 6). This result is statistically significantly higher than in 2014 (88%, compared with 84%).

Figure 6: Antenatal care provider

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in green denote a significantly higher result compared to 2014.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 4 overleaf):

* **Young** respondents were the most likely to report having received antenatal care from a midwife LMC or community-based group of midwives (93%, which is significantly higher than the 88% recorded by the total sample).
* Six percent of all respondents reported having received antenatal care from an Obstetrician or Specialist LMC. However, **Māori, Pasifika, young,** and **disabled** mothers/birthing parents were all significantly less likely to report this.
* Five percent of all respondents reported having received antenatal care from a hospital midwife. At 8%, **Pasifika** respondents were significantly more likely to report having received care from a hospital midwife.

Table 4: Antenatal care provider, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4336  % | Māori  966  % | Pasifika  925  % | Young  618  % | Disabled  250  % |
| Midwife LMC/group of midwives | 88 | 90 | 88 | 93 | 90 |
| Obstetrician/Specialist LMC | 6 | 4 | 2 | 0 | 2 |
| Hospital midwife/midwife team | 5 | 5 | 8 | 5 | 7 |
| Doctor (GP) LMC | 0 | 1 | 1 | 0 | 0 |
| I didn’t have any antenatal care | 0 | 1 | 1 | 1 | 0 |

\*Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

## 3.4 Factors influencing choice of LMC

After identifying who their LMC was, respondents were asked to outline the factors that influenced their choice of LMC.

More than one-third (36%) of respondents with an LMC reported having used the New Zealand College of Midwives ‘Find Your Midwife’ website to choose an LMC (Figure 7 overleaf). This indicates a significant increase in the use of the internet in the decision-making process. In 2014 only 2% of respondents reported having used any website (including ‘Find Your Midwife’) or social media platform to choose an LMC.

Other key factors that influenced their decision to choose an LMC included the LMC’s ‘knowledge and professionalism’ (36%) and that they were ‘warm and caring’ (34%).

I wanted a midwife who had worked in the hospital before. My first pregnancy was with a midwife without medical qualifications, and we did not have a very good experience. I wanted someone who was open to explaining things to me, both good and bad and would help prepare for a difficult birth.

Midwife was respectful and knowledgeable about previous birth trauma, including miscarriage.

Respondents surveyed in 2022 were significantly less likely to report having been influenced in their decision of LMC by other people. For example, 34% reported that their LMC had been recommended to them by friends or whānau (down from 39% in 2014) and 7% said they chose their LMC from a list given to them by their doctor, nurse or pharmacist (down from 16% in 2014).

Figure 7: Reasons for choosing an LMC

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote significantly higher results.

Totals will not sum to 100 percent due to multiple responses.

Statistically significant differences by key priority groups (Table 5):

* As mentioned earlier, 36% of all respondents identified their LMC’s ‘**knowledge and professionalism**’ as a key factor in their decision to choose them. However, this particular attribute was significantly less of a factor for **Pasifika** and **Māori** respondents (24% and 31%, respectively).
* **Pasifika** respondents were also **less** likely to have based their decision on how ‘**warm and caring**’ the LMC was (24%, compared with 34% of the total sample).

Compared to the total sample, **Pasifika** respondents were **more likely to have picked their LMC from a list** that had been given to them by their doctor, nurse or pharmacist (11%, compared with 7% of all respondents).

* **Māori** respondents were significantly **more likely** to have been influenced by the extent to which their LMC ‘**respected their background, culture, beliefs, values and identity**’ (27%, compared with 22% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were more likely to have chosen an LMC based on the **recommendation** of friends or whānau (39%, compared with 34% of the total sample. They were also significantly more likely to have used the **‘Find Your Midwife’** website (46%, compared with 36% of the total sample).

Table 5: Reasons for choosing a LMC, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted Base = | 2022  Total sample  4070  % | Māori  901  % | Pasifika  842  % | Young  573  % | Disabled  227  % |
| Find Your Midwife website/internet/Facebook | 36 | 33 | 33 | 39 | 30 |
| LMC being knowledgeable and professional | 36 | 31 | 24 | 31 | 32 |
| LMC recommended to me by friends or whānau | 34 | 35 | 29 | 39 | 36 |
| LMC being warm and caring | 34 | 31 | 24 | 32 | 34 |
| LMC looked after me in a previous pregnancy | 26 | 26 | 26 | 17 | 21 |
| LMC respected my background, culture, beliefs, values and identity | 22 | 27 | 21 | 22 | 29 |
| LMC was close to my home | 21 | 20 | 22 | 17 | 20 |
| LMC offered the option of a home birth | 8 | 10 | 6 | 11 | 13 |
| I picked my LMC from a list that was given to me by my doctor/nurse/pharmacist | 7 | 7 | 11 | 8 | 8 |
| I wanted an Obstetrician/Specialist as my LMC | 5 | 2 | 2 | 0 | 2 |
| Another/my previous midwife recommended my LMC | 1 | 1 | 0 | 1 | 2 |
| Another reason | 2 | 3 | 4 | 3 | 3 |
| I did not have a choice/only LMC available | 6 | 5 | 4 | 5 | 6 |

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

## 3.5 Timing of the first visit with LMC

When asked how many weeks hapū/pregnant they were when they first saw an LMC, 14% of respondents said this occurred very early on in their pregnancy (at six weeks or less), although most had their first visit within 7-12 weeks of their pregnancy (72%) (Figure 8).

This means that 86% of respondents saw their LMC, for the first time, during their first trimester. This is a significantly higher result than the 81% recorded in 2014.

Figure 8: When respondents first saw their LMC

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in red denote a significantly lower result compared to 2014.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 6):

* **Māori, Pasifika and young respondents** were all significantly more likely to have waited until **after** their first trimester before seeing an LMC (16%, 23% and 17% respectively, compared with 12% of the total sample).

Table 6: When respondents first saw their LMC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | Total sample  3899  % | Māori  860  % | Pasifika  792  % | Young  527  % | Disabled  205  % |
| 6 weeks or less | 14 | 12 | 14 | 17 | 19 |
| 7-12 weeks | 72 | 70 | 60 | 65 | 63 |
| 13-28 weeks | 12 | 16 | 23 | 17 | 15 |
| 28+ weeks | 1 | 2 | 3 | 2 | 3 |

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

## 3.6 Reasons for not having a LMC

As mentioned earlier, 95% of respondents had an LMC during their pregnancy. The other 5% (n=227) who did not have an LMC, were asked why this was the case.

As illustrated in Figure 9, most attributed this to a shortage of LMCs in their area (49%, which equates to 2% of all respondents). This result is significantly higher than in 2014, where 13% said they did not have an LMC because of a shortage.

I tried unsuccessfully to secure the services of an LMC. No one I spoke to would take me in. I went with a hospital midwife which worked out great.

I contacted about six midwives, and no one wanted to care for me/my pregnancy as I was pregnant with twins, and it meant "double the work and half the pay".

I arrived home in NZ when I was already 20 weeks pregnant and there were no midwives who would take me on.

Nineteen percent of respondents who did not have an LMC explained that this was because they wanted to use the hospital midwife team. This is significantly lower than the in 39% recorded in 2014.

*Just to try and have the best experience, because my sister-in-law lost a baby, so I went to private just to be safe, just to make sure I have more security due to Covid.*

*I had a midwife LMC, but she was never available. Because I was referred to the High Risk Maternity Team at [City] Hospital and saw them regularly, I transferred full antenatal care over to them.*

In 2014, 20% of respondents without an LMC explained that this was because they did not know that they needed an LMC or how to get one. This situation appears to have improved, as this figure has now halved to 9%.

Figure 9: Reasons for not having an LMC

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals will not sum to 100 percent due to multiple response.

Due to the low base numbers, none of the differences in the table below are statistically significantly different when examined by the key priority groups.

Table 7: Reasons for not having a LMC, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  227  % | Māori  54  % | Pasifika  78  % | Young  38  % | Disabled  18\*\*  % |
| There was a shortage of LMCs in my area | 49 | 38 | 41 | 44 | 53 |
| I wanted to use the hospital team | 19 | 24 | 20 | 19 | 0 |
| It was a high risk/complicated pregnancy so I couldn't have an LMC | 10 | 9 | 9 | 1 | 10 |
| I didn't know I needed/how to get a LMC | 9 | 4 | 14 | 15 | 13 |
| Another reason | 11 | 24 | 8 | 19 | 25 |
| I did not want antenatal care | 2 | 2 | 8 | 1 | 0 |

Sub-samples are based on people who provided a response for this question and excludes respondents who said, ‘Don’t know/Can’t remember’.

\*\*Caution: Results are indicative only due to the low base number.

## 3.7 Accessing specific antenatal services

Two new questions were introduced to the survey in 2022 exploring issues in accessing additional antenatal services, such as **ultrasounds, specialists and Telehealth**. As shown in Figure 10 below, whilst the majority of respondents (81%) did not encounter any issues, almost one-in-five (19%) **did**.

The main issue was in accessing ultrasounds. This was mentioned by 17% of all respondents, followed by 5% who had issues accessing specialist services. In comparison, only 1% of respondents reported issues relating to Telehealth.

Figure 10: Antenatal service accessibility

Unweighted base (n=4228).

Sub-sample is based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know’.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority groups (Table 8 overleaf):

* The group most likely to report experiencing access issues were **disabled** mothers and birthing parents, 28% of whomreported having issues accessing at least one of the three services listed above. This result is significantly higher than that of the total sample (19%).
* **Pasifika** respondents were also significantly more likely to report having issues accessing **ultrasounds** (21%, compared with 17% of the total sample).

Table 8: Antenatal service accessibility, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4228  % | Māori  883  % | Pasifika  941  % | Young  590  % | Disabled  238  % |
| Ultrasounds | 17 | 19 | 21 | 19 | 21 |
| Specialists | 5 | 6 | 4 | 5 | 9 |
| Telehealth | 1 | 1 | 1 | 1 | 1 |
| Not applicable/did not have any issues accessing any of the above | 81 | 78 | 78 | 78 | 72 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

The most common issue, for the 19% (or n=790) who reported having issues accessing ultrasounds, specialists or Telehealth services, related to service availability (57%), followed by cost (31%) and travel (18%) (Figure 11).

*Finding a booking, availability. I had to wait four weeks to get in at an ultrasound appointment.*

*Difficult to get an appointment/needed to book almost months in advance.*

*Appointment schedules were very limited. Often ultrasound clinics were fully booked, forcing me to travel outside my city and pay more. I had to pay $60 - $70 per scan.*

*I often had to travel for an ultrasound out of town.*

*Not able to get certain scans in the area I live in. So, I had to travel to [Town] a lot.*

*Cost was so expensive - it was $120 for a growth scan and almost $60-80 for a normal scan and I had about four. It was also very hard getting appointments. I worked right through my pregnancy and could hardly ever get appointments after 3pm or first thing in the morning. For my first scans I had to travel all the way to [suburb] from [suburb] and it was upsetting at the time because sometimes my fiancé couldn’t be in the room with me for a growth scan and it was so important for him as he is her father.*

*We had a specialist (needed it) but had to pay for them which was difficult.*

*Free ultrasounds were fully booked out, so I had to go to places where a cost was associated with the ultrasound.*

Figure 11: Reasons for having issues accessing antenatal services

Unweighted base (n=790).

Sub-sample is based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know’.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority groups (Table 9):

* **Māori** respondents and **disabled** mothers and birthing parents were significantly more likely to report having issues accessing ultrasounds or specialist services due to **travel constraints** (29% and 34% respectively, compared with 18% of the total sample).
* **Pasifika and young** respondents were significantly more likely to report that their access issues were related to **cost** (49% and 44% respectively, compared with 31% of the total sample).

Table 9: Reasons for having issues accessing antenatal services, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  790  % | Māori  196  % | Pasifika  190  % | Young  590  % | Disabled  238  % |
| Availability | 57 | 47 | 52 | 47 | 33 |
| Cost | 31 | 39 | 49 | 44 | 43 |
| Travel | 18 | 29 | 21 | 27 | 34 |
| Covid restrictions | 8 | 11 | 5 | 8 | 9 |
| No childcare for other children | 2 | 2 | 1 | 1 | 1 |
| Difficult to get time off work | 1 | 2 | 0 | 1 | 0 |
| Lack of communication | 1 | 1 | 0 | 1 | 0 |
| Not being referred | 1 | 0 | 0 | 1 | 0 |
| Another reason | 11 | 13 | 9 | 11 | 13 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

## 3.8 Antenatal classes

Thirty-seven percent of all respondents reported having attended antenatal classes. This is a significantly higher level of attendance than in 2014 (34%) (Figure 12).

Another 2% went to one or two classes, but did not complete the whole course, while 61% did not go at all.

Figure 12: Attendance at Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 10 overleaf):

* As mentioned above, 37% of all respondents went to antenatal classes. However, most of the key priority groups (**Māori, Pasifika, young and disabled** mothers and birthing parents)were significantly **less likely** to have attended.

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly **more likely** to have attended antenatal classes (64%, compared with 37% of the total sample).

Table 10: Attendance at Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4353  % | Māori  970  % | Pasifika  929  % | Young  624  % | Disabled  251  % |
| Went to Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes | 37 | 31 | 20 | 32 | 29 |
| Went once/twice but didn't finish | 2 | 2 | 3 | 2 | 4 |
| Did not go to classes | 61 | 68 | 77 | 66 | 67 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

As illustrated in Figure 13 overleaf, 80% of respondents who attended antenatal classes were ‘satisfied’ or ‘very satisfied’ with ‘the way in which their background, culture, beliefs and values were respected’ in those classes, ‘how easy they were to get to’ and ‘how informative’ they were.

Approximately three-quarters (73%) were also ‘satisfied’ or ‘very satisfied’’ with the class resources and two-thirds (69%) found the classes to be useful.

Whilst none of these overall results are significantly different compared with those recorded in 2014, on closer examination we can see that the extent to which respondents were ‘satisfied’ has significantly increased, yet the percentages who were **‘very satisfied’** have declined. For example:

* 33% were ‘’very satisfied’ with the **usefulness** of the classes. This is significantly lower than the 41% recorded in 2014.
* 35% were ‘very satisfied’ with the **resources**, information sheets, videos and teaching aids (significantly lower than 44% in 2014).
* 42% were ‘very satisfied’ with the way in which their **background, culture, beliefs and values** were respected (significantly lower than 56% in 2014).
* 44% were ‘very satisfied’ with the **accessibility** of the classes and how **informative** they were (significantly lower than the 54% and 52% recorded in 2014).

Figure 13: Satisfaction with Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes

**80%**

**67%**

How useful the classes were for you

**69%**

**74%**

**73%**

**79%**

**80%**

**82%**

**80%**

**83%**

The way in which your background, culture, beliefs & values were respected

How informative the educator(s) and guest speakers were

How easy the classes were to get to, in terms of when and where they were held

The resources, information sheets, videos and teaching aids used

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 11 overleaf):

* Compared with the total sample, **Māori** respondents who attended antenatal classes were significantly more likely to be ‘**very satisfied’** with the following:
* The way in which their **background, culture, beliefs and values were respected** (58% were very satisfied, compared with 42% of the total sample).
* How **informative** the educators and guest speakers were (57%, compared with 44% of the total sample).
* The **resources**, information sheets, videos and teaching aids (49%, compared with 35% of the total sample).
* How **useful** the classes were for them (47%, compared with 33% of the total sample).
* **Pasifika** respondents were also significantly more likely to be ‘**very satisfied’** with:
* The way in which their **background, culture, beliefs and values were respected** (52% were very satisfied, compared with 42% of the total sample).
* How **informative** the educators and guest speakers were (56%, compared with 44% of the total sample).
* How **useful** the classes were for them (43%, compared with 33% of the total sample).
* **Disabled** mothers and birthing parents were significantly less likely to be ‘satisfied’ or ‘very satisfied’ with how informative the classes were (67%, compared with 80% of the total sample).

Table 11: Satisfaction with Hapū wānanga/PPE/Antenatal classes, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **The way in which your background, culture, beliefs and values were respected** | | | | | |
| Unweighted base = | 1519 | 307 | 188 | 186 | 71 |
| *Satisfied/Very satisfied* | *80* | *82* | *80* | *79* | *69* |
| Very satisfied | 42 | 58 | 52 | 49 | 39 |
| Satisfied | 38 | 24 | 28 | 30 | 30 |
| Neutral | 15 | 13 | 14 | 13 | 20 |
| Dissatisfied | 4 | 4 | 4 | 5 | 6 |
| Very dissatisfied | 2 | 1 | 2 | 2 | 5 |
| **How easy the classes were to get to, in terms of when and where they were held** | | | | | |
| Unweighted base = | 1588 | 309 | 196 | 192 | 74 |
| *Satisfied/Very satisfied* | *80* | *83* | *77* | *81* | *76* |
| Very satisfied | 44 | 52 | 52 | 49 | 40 |
| Satisfied | 36 | 31 | 25 | 32 | 36 |
| Neutral | 12 | 12 | 15 | 12 | 12 |
| Dissatisfied | 6 | 4 | 6 | 5 | 10 |
| Very dissatisfied | 2 | 1 | 2 | 2 | 2 |
| **How informative the educator(s) and guest speakers were** | | | | | |
| Unweighted base = | 1602 | 307 | 197 | 194 | 74 |
| *Satisfied/Very satisfied* | *80* | *87* | *84* | *78* | *67* |
| Very satisfied | 44 | 57 | 56 | 50 | 44 |
| Satisfied | 36 | 30 | 28 | 28 | 23 |
| Neutral | 12 | 5 | 11 | 14 | 15 |
| Dissatisfied | 6 | 4 | 3 | 6 | 9 |
| Very dissatisfied | 3 | 3 | 3 | 2 | 9 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 11 (Continued): Satisfaction with Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **The resources, information sheets, videos and teaching aids used** | | | | | |
| Unweighted base = | 1602 | 309 | 198 | 194 | 74 |
| *Satisfied/Very satisfied* | *73* | *78* | *77* | *73* | *63* |
| Very satisfied | 35 | 49 | 45 | 41 | 28 |
| Satisfied | 38 | 29 | 32 | 32 | 35 |
| Neutral | 18 | 14 | 17 | 21 | 21 |
| Dissatisfied | 7 | 7 | 5 | 5 | 10 |
| Very dissatisfied | 2 | 0 | 2 | 1 | 5 |
| **How useful the classes were for you** | | | | | |
| Unweighted base = | 1606 | 310 | 198 | 195 | 74 |
| *Satisfied/Very satisfied* | *69* | *74* | *73* | *66* | *61* |
| Very satisfied | 33 | 47 | 43 | 41 | 37 |
| Satisfied | 36 | 27 | 30 | 25 | 24 |
| Neutral | 19 | 18 | 20 | 22 | 18 |
| Dissatisfied | 8 | 5 | 4 | 9 | 12 |
| Very dissatisfied | 4 | 4 | 3 | 3 | 9 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

As illustrated in Figure 14 overleaf, most of those who did not attend antenatal classes said this was because it was **not their first pēpē/baby** (66%).

*Went with my first pregnancy and about 85% was irrelevant. Also no coffee group was formed so decided for my other births it wasn’t a necessary class to attend.*

*I did antenatal classes with my first child and felt it wasn’t necessary with my second child.*

*I noticed from my first pregnancy antenatal classes were heavily based on the birth - the perfect birth and how the drugs used in some births negatively affect the baby or milk. So basically making you feel like you're failing your baby if you needed any. No c-section info was covered, [and] both my births were emergency c-sections. Also, minimal post birth info on how to take care of a baby was covered.*

Other respondents did not attend antenatal classes because they had **other commitments** (10%), they **didn’t know enough about the classes (9%)** or they simply **did not want to go** even if it was their first pēpē/baby (9%).

*My LMC didn’t know of any when I asked, and I wasn’t sure about where to find them.*

*I didn’t know I could go twice. I wasn't told. I would've loved to have attended again.*

*I didn't know there was anything like this. My midwife was hopeless - I asked for classes and she said there are none.*

*I didn’t know it was a thing until closer to the end of pregnancy and also felt uncomfortable to go alone.*

*These classes are usually within working hours and throughout my pregnancy up until I went on maternity leave my partner and I both worked full time.*

*I felt I didn’t need to attend as I grew up with younger siblings etc.*

Figure 14: Reasons for not going to Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Don’t know’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority groups (Table 12 overleaf):

* Although it was still the **main** reason for not attending antenatal classes, **Pasifika**, **young mothers and birthing parents** and **disabled** mothers and birthing parents were significantly **less likely** than others to say that they did not attend classes because it was not their first pregnancy.
* Compared with the total sample, **Pasifika** respondents were significantly more likely to say that they did not attend antenatal classes because they had **other commitments** (17%, compared with 10% of all respondents who did not attend classes) or because they **didn’t know enough about them** (14%, compared with 9%).
* **Young** respondents were significantly more likely to say that even though it was their first pēpē/baby, they **did not want to** go to classes (20%, compared with 9% of all respondents who did not attend classes), they had **other commitments** (15%, compared with 10%), they **didn’t know enough about them** (15%, compared with 9%), or they **couldn’t afford it** (9%, compared with 4%).
* **Disabled** mothers and birthing parents were significantly more likely to report that they had not attended antenatal classes because they **didn’t know enough about them** (16%, compared with 9% of all respondents who did not attend classes), or because they **couldn’t afford it** (12%, compared with 4%).

Other statistically significant differences:

* **First-time mothers and birthing parents** who did not attend antenatal classes were significantly more likely to report that, although it was their first pēpē/baby, they simply didn’t want to go to antenatal classes (32%, compared with 9% of all respondents who did not attend classes).

First-time mothers and birthing parents were also more likely to report not going because they didn’t know enough about the classes (what they covered or how to register) (15%), the classes were booked out (15%) or because they had other commitments (16%).

Table 12: Reasons for not going to Hapū wānanga/Pregnancy and Parenting Education/Antenatal classes, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  2740  % | Māori  657  % | Pasifika  731  % | Young  429  % | Disabled  176  % |
| It was not my first pēpē/baby | 66 | 62 | 53 | 33 | 49 |
| I had other commitments | 10 | 12 | 17 | 15 | 11 |
| I didn’t know enough about them | 9 | 12 | 14 | 15 | 16 |
| It was my first pēpē /baby, but I didn’t want to go to classes | 9 | 8 | 11 | 20 | 8 |
| There were no available spaces/they were booked out | 5 | 7 | 3 | 8 | 8 |
| I couldn’t afford it | 4 | 6 | 5 | 9 | 12 |
| There were no classes near me | 4 | 6 | 2 | 4 | 5 |
| I couldn’t find classes that were right for me | 3 | 4 | 4 | 6 | 7 |
| Whānau/family were unable to attend, including other tamariki/children | 2 | 3 | 5 | 3 | 5 |
| Was unable to go due to Covid | 2 | 3 | 2 | 5 | 2 |
| I felt I already knew enough/had enough support | 2 | 1 | 3 | 5 | 3 |
| Just didn’t want to/didn’t feel the need to | 2 | 2 | 3 | 2 | 3 |
| I had my pēpē/baby early so couldn’t go | 1 | 1 | 0 | 1 | 1 |
| Other | 3 | 3 | 3 | 4 | 4 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

## 3.9 Satisfaction with antenatal care overall

All respondents were asked to rate how satisfied they were with various aspects of the antenatal care they received during their pregnancy.

As shown in Figure 15 overleaf, most respondents (at least three-quarters) were ‘satisfied’/’very satisfied’ with all aspects of their care. However, on closer examination we see once again, that whilst the percentages who were ‘satisfied’ with each aspect has increased significantly since 2014, the extent to which respondents report being ‘very satisfied’ has significantly **decreased**.

When both of these are taken into account, the overall ratings for some of these aspects are now **significantly lower** than in 2014. This includes:

* Satisfaction with how well **informed they were of the care they were entitled to** (88% were satisfied/very satisfied with this, compared with 91% in 2014).
* Satisfaction that the people involved in their care were **responsive** to all of their needs (85%, compared with 89%).
* Satisfaction with the care received from **specialists** (85%, compared with 88%).
* Satisfaction that the people involved in their care spent **enough time** with them (85%, compared with 88%).
* Satisfaction that they **knew who would care for them** if their LMC or midwife was not available (77%, compared with 81%).

Figure 15: Satisfaction with antenatal care received

**90%**

That the people involved in your care while you were hapū/pregnant were responsive to all of your needs

**89%**

**90%**

**91%**

How well informed you were of the care you were entitled to while you were hapū/pregnant

That the people involved in your care while you were hapū/pregnant listened to you

The care you received from your LMC or midwife while you were hapū/pregnant

**89%**

**85%**

**88%**

**90%**

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Figure 15 (Continued): Satisfaction with antenatal care

**85%**

**81%**

**77%**

**88%**

**85%**

**88%**

**82%**

The people involved in your care while you were hapū/ pregnant spent enough time with you

That you knew who would care for you if your LMC or midwife was not available

How easy it was for you to get the services that you needed while you were hapū/pregnant

The care you received from any specialists while you were hapū/pregnant

Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 13 overleaf):

* **Māori** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with six of the eight aspects of antenatal care that were measured. This includes for example:
* Satisfaction with the care they received from **specialists** (79%, compared with 85%).
* Satisfaction that the people involved in their care spent enough **time** with them (81%, compared with 85%).
* Satisfaction that the people involved in their care were **responsive** to all of their needs (82%, compared with 85%).
* **Pasifika** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with one of the eight measured aspects of antenatal care:
* How well **informed** they were of the care they were entitled to while hapū/pregnant (83%, compared with 88% of all respondents).
* **Young mothers and birthing parents** were significantly less likely to be ‘satisfied’/’very satisfied’ with five of the eight measured aspects of antenatal care. This includes for example:
* Satisfaction with the care they received from **specialists** (79%, compared with 85%).
* Satisfaction that the people involved in their care spent enough **time** with them (80%, compared with 85%).
* How **easy** it was to get the services they needed (77%, compared with 82%).
* **Disabled** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with seven of the eight aspects of antenatal care that were measured. This includes for example:
* Satisfaction with the care they received from **specialists** (73%, compared with 85% of all respondents).
* Satisfaction that the people involved in their care were **responsive** to all of their needs (71%, compared with 85%).
* How **easy** it was to get the services they needed (67%, compared with 82%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly less ‘satisfied’/’very satisfied’ with the following:
* How well **informed** they were of the care they were entitled to while hapū/pregnant (86%, compared with 88% of all respondents).
* Satisfaction that the people involved in their care spent enough **time** with them (82%, compared with 85%).

Table 13: Satisfaction with antenatal care received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **How well informed you were of the care you were entitled to while you were hapū/pregnant** | | | | | |
| Unweighted base = | 4192 | 937 | 890 | 604 | 242 |
| *Satisfied/Very satisfied* | *88* | *85* | *83* | *84* | *76* |
| Very satisfied | 63 | 65 | 60 | 62 | 50 |
| Satisfied | 25 | 20 | 23 | 22 | 26 |
| Neutral | 7 | 9 | 10 | 11 | 16 |
| Dissatisfied | 3 | 4 | 3 | 2 | 4 |
| Very dissatisfied | 2 | 3 | 4 | 3 | 4 |
| **The care you received from your LMC or midwife while you were hapū/pregnant** | | | | | |
| Unweighted base = | 4282 | 954 | 912 | 617 | 246 |
| *Satisfied/Very satisfied* | *90* | *87* | *89* | *88* | *84* |
| Very satisfied | 70 | 71 | 69 | 72 | 62 |
| Satisfied | 20 | 16 | 20 | 16 | 22 |
| Neutral | 5 | 7 | 6 | 8 | 9 |
| Dissatisfied | 3 | 3 | 2 | 2 | 3 |
| Very dissatisfied | 2 | 3 | 3 | 3 | 4 |
| **The care you received from any specialists while you were hapū/pregnant** | | | | | |
| Unweighted base = | 3614 | 836 | 824 | 540 | 233 |
| *Satisfied/Very satisfied* | *85* | *79* | *83* | *79* | *73* |
| Very satisfied | 53 | 48 | 53 | 49 | 44 |
| Satisfied | 32 | 31 | 30 | 30 | 29 |
| Neutral | 10 | 14 | 11 | 15 | 16 |
| Dissatisfied | 3 | 4 | 3 | 3 | 7 |
| Very dissatisfied | 3 | 3 | 3 | 3 | 4 |
| **That the people involved in your care while you were hapū/pregnant were responsive to all of your needs** | | | | | |
| Unweighted base = | 4237 | 948 | 900 | 608 | 245 |
| *Satisfied/Very satisfied* | *85* | *82* | *83* | *82* | *71* |
| Very satisfied | 56 | 55 | 55 | 56 | 41 |
| Satisfied | 29 | 27 | 28 | 26 | 30 |
| Neutral | 9 | 11 | 11 | 13 | 16 |
| Dissatisfied | 3 | 4 | 3 | 3 | 9 |
| Very dissatisfied | 2 | 3 | 3 | 2 | 4 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 13 (Continued): Satisfaction with antenatal care received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **That the people involved in your care while you were hapū/pregnant listened to you** | | | | | |
| Unweighted base = | 4317 | 957 | 912 | 615 | 248 |
| Satisfied/Very satisfied | 89 | 86 | 88 | 85 | 76 |
| Very satisfied | 60 | 59 | 58 | 55 | 46 |
| Satisfied | 29 | 27 | 30 | 30 | 30 |
| Neutral | 7 | 9 | 7 | 11 | 16 |
| Dissatisfied | 3 | 3 | 2 | 2 | 6 |
| Very dissatisfied | 2 | 2 | 3 | 2 | 2 |
| **The people involved in your care while you were hapū/pregnant spent enough time with you** | | | | | |
| Unweighted base = | 4316 | 959 | 913 | 614 | 249 |
| Satisfied/Very satisfied | 85 | 81 | 82 | 80 | 72 |
| Very satisfied | 54 | 53 | 52 | 51 | 40 |
| Satisfied | 31 | 28 | 30 | 29 | 32 |
| Neutral | 9 | 11 | 12 | 12 | 14 |
| Dissatisfied | 4 | 5 | 3 | 4 | 11 |
| Very dissatisfied | 2 | 2 | 2 | 3 | 2 |
| **How easy it was for you to get the services that you needed while you were hapū/pregnant** | | | | | |
| Unweighted base = | 4317 | 959 | 916 | 618 | 246 |
| Satisfied/Very satisfied | 82 | 79 | 81 | 77 | 67 |
| Very satisfied | 50 | 51 | 50 | 50 | 41 |
| Satisfied | 32 | 28 | 31 | 27 | 26 |
| Neutral | 10 | 11 | 13 | 13 | 19 |
| Dissatisfied | 6 | 6 | 4 | 7 | 11 |
| Very dissatisfied | 2 | 3 | 3 | 2 | 4 |
| **That you knew who would care for you if your LMC or midwife was not available** | | | | | |
| Unweighted base = | 4256 | 946 | 905 | 611 | 241 |
| Satisfied/Very satisfied | 77 | 73 | 79 | 71 | 64 |
| Very satisfied | 48 | 49 | 50 | 46 | 38 |
| Satisfied | 29 | 24 | 29 | 25 | 26 |
| Neutral | 13 | 14 | 13 | 16 | 16 |
| Dissatisfied | 7 | 9 | 5 | 7 | 13 |
| Very dissatisfied | 3 | 4 | 4 | 5 | 7 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

4.0 Care received during labour and birth

## 4.1 Place of birth

As illustrated in Figure 16, most respondents (87%) reported giving birth at a hospital, which is significantly fewer than in 2014 (89%).

Almost one-in-ten (9%) reported that they gave birth at a birthing unit. This result is significantly higher than the 7% recorded in 2014.

As found in 2014, four percent of respondents had a home birth.

Figure 16: Where respondents gave birth

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 14 overleaf):

* Compared to the total sample, **Māori** mothers and birthing parents were significantly **less** likely to report having given birth at a hospital (83%, compared with 87%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly **more** likely to have given birth at a hospital (91%, compared with 87% of the total sample).

Table 14: Where respondents gave birth, by key priority group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4355  % | Māori  971  % | Pasifika  930  % | Young  625  % | Disabled  251  % |
| At home | 4 | 5 | 3 | 3 | 2 |
| At a birthing unit | 9 | 11 | 11 | 11 | 9 |
| At a hospital | 87 | 83 | 86 | 84 | 89 |

Sub-samples are based on respondents who provided a response for this question.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

As mentioned earlier, 87% of respondents reported that they gave birth in a hospital. While two-thirds (69%) had **planned** to give birth at the hospital, 18% had **not**.

These results are significantly different to those recorded in 2014, where 80% had a planned hospital birth and 10% had an unplanned hospital birth (Figure 17).

Figure 17: Where respondents gave birth in relation to their plans

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 15):

* **Māori, young** respondents and **disabled** mothers and birthing parents were significantly more likely to report having an unplanned hospital birth (24%, 26% and 26% respectively, compared with 18% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were also significantly more likely to have had an unplanned hospital birth (24%, compared with 18% of the total sample).

Table 15: Where respondents gave birth in relation to their plans, by key priority group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4342  % | Māori  966  % | Pasifika  927  % | Young  620  % | Disabled  251  % |
| Hospital birth planned | 69 | 59 | 71 | 59 | 63 |
| Hospital birth not planned | 18 | 24 | 15 | 26 | 26 |
| Birthing unit planned | 8 | 10 | 10 | 11 | 7 |
| Birthing unit not planned | 1 | 1 | 0 | 1 | 2 |
| Home birth planned | 3 | 4 | 2 | 2 | 1 |
| Home birth not planned | 1 | 1 | 1 | 2 | 1 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

Respondents were also asked whether where they lived influenced their place of birth (Figure 18). Although most respondents (58%) reported where they gave birth was not influenced by where they lived, one-third (36%) said their decision to give birth in a hospital **was influenced** by where they lived. Another 5% chose to give birth in a birthing unit because of where they lived.

Figure 18: Whether place of birth was influenced by where they lived at the time

Unweighted base n=4340.

Total may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 16):

* **Pasifika** respondentswere significantly more likely to report that their decision to give birth in a hospital was influenced by where they lived at the time (48%, compared with 36% of the total sample).

Table 16: Whether place of birth was influenced by where they lived at the time, by key priority group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4340  % | Māori  964  % | Pasifika  927  % | Young  620  % | Disabled  251  % |
| Hospital birth - not influenced | 51 | 51 | 38 | 47 | 54 |
| Hospital birth - influenced by where respondent lived at time of birth | 36 | 33 | 48 | 38 | 35 |
| Birthing unit - not influenced | 4 | 5 | 3 | 5 | 5 |
| Birthing unit - influenced by where respondent lived at time of birth | 5 | 6 | 8 | 6 | 4 |
| Home birth - not influenced | 3 | 3 | 2 | 3 | 2 |
| Home birth - influenced by where respondent lived at time of birth | 1 | 2 | 1 | 1 | 0 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

## 4.2 Satisfaction with care during labour and birth

As illustrated in Figure 19, 87% of respondents were satisfied with the overall level of care they received from their LMC during their labour and birth. This result is the same as it was in 2014 (also 87%).

However, at 77%, satisfaction with the overall care received from hospital and birthing unit staff during labour and birth is significantly lower than in 2014 (88%).

This drop in satisfaction reflects a significant decrease in the percentage of respondents ‘very satisfied’ with the care received from the hospital and birthing unit staff (decreased from 64% in 2014, to 50% in 2022).

Figure 19: Overall satisfaction with care received during labour and birth

**88%**

**87%**

**87%**

The overall care from hospital/birthing unit staff during labour & birth

The overall care from your LMC during labour & birth

**77%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority-groups (Table 17):

* **Disabled** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received from their **LMC** during the labour and birth (79%, compared with 87% of the total sample).
* **Disabled** mothers and birthing parents were also significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received from the **hospital and birthing unit staff** during their labour and birth (60%, compared with 77% of the total sample).
* Compared with the total sample, **Māori** and **young** respondents were also significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received from **hospital and birthing unit staff** during their labour and birth (73% and 71% respectively, compared with 77% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received from their **LMC** during the labour and birth (84%, compared with 87% of the total sample).

Table 17: Overall satisfaction with antenatal care received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **The overall care from your LMC during your labour and birth** | | | | | |
| Unweighted base = | 3972 | 883 | 826 | 564 | 225 |
| *Satisfied/Very satisfied* | *87* | *86* | *85* | *85* | *79* |
| Very satisfied | 69 | 71 | 66 | 67 | 63 |
| Satisfied | 18 | 15 | 19 | 18 | 16 |
| Neutral | 5 | 7 | 7 | 6 | 11 |
| Dissatisfied | 4 | 3 | 4 | 3 | 5 |
| Very dissatisfied | 3 | 4 | 4 | 5 | 5 |
| **The overall care from hospital/birthing unit staff during your labour and birth** | | | | | |
| Unweighted base = | 4116 | 908 | 891 | 588 | 244 |
| *Satisfied/Very satisfied* | *77* | *73* | *78* | *71* | *60* |
| Very satisfied | 50 | 50 | 54 | 49 | 41 |
| Satisfied | 27 | 23 | 24 | 22 | 19 |
| Neutral | 11 | 13 | 13 | 14 | 16 |
| Dissatisfied | 7 | 7 | 5 | 8 | 14 |
| Very dissatisfied | 5 | 7 | 5 | 7 | 10 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Reflecting the drop in overall satisfaction with the care received during labour and birth, respondents were also significantly less likely to be satisfied with each of nine specific aspects of that care (Figure 20). For example:

* Whilst 87% were ‘satisfied’/’very satisfied’ with their **carers’ skills**, this result is significantly lower than the 90% recorded in 2014 due to a significant decrease in ‘very satisfied’ ratings (from 73% to 64%).
* A similar percentage (86%) were ‘satisfied’/’very satisfied’ with the way in which their **background, culture, beliefs, values and identity** were respected. This result is also significantly lower than the 92% recorded in 2014 due to a drop in ‘very satisfied’ ratings (from 74% to 58%).
* At 75%, the lowest satisfaction ratings were recorded in relation to the **support that was available** immediately following the birth. This is significantly lower than the 81% recorded in 2014, due to a drop in ‘very satisfied’ ratings (from 61% to 49%).

Figure 20: Satisfaction with particular aspects of care received during labour and birth

**88%**

**87%**

**92%**

**86%**

**90%**

**87%**

**81%**

**82%**

The way in which your decisions, views and choices were respected

The available choices as to where you were able to give birth

The way in which your back-ground, culture, beliefs, values & identity were respected

How confident you were in the skills of the people caring for you

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Figure 20 (Continued): Satisfaction with particular aspects of care received during labour and birth

**85%**

**86%**

**79%**

**75%**

**79%**

**80%**

**80%**

The information received about what was happening throughout labour & birth

The support available to you immediately following birth

The location and surroundings where you gave birth

The way in which the people involved in your labour & birth, communicated with you

Any pain relief you received

**81%**

**85%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 18):

* **In comparison to the total sample, Māori** respondents were significantly less likely to be ‘satisfied’/’very satisfied’ with seven of the nine aspects measured in relation to the care received during labour and birth. This includes for example:
* The way in which the people involved in their labour and birth **communicated** with them (75%, compared with 80%).
* The **information** received about what was happening throughout your labour and birth (74%, compared with 79%).
* The **choices** available to them in terms of where they could have the birth (74%, compared with 81% of the total sample).
* The **location and surroundings** where they gave birth (74%, compared with 79%).
* **Pasifika** respondents were significantly less likely to be ‘satisfied’/’very’ satisfied with two of the nine aspects measured:
* How confident they were in the **skills** of the people who cared for them (84%, compared with 87% of the total sample).
* The way in which their **background, culture, beliefs, values and identity** were respected (83%, compared with 86%).
* **Young** respondents were significantly less likely to be ‘satisfied’/’very satisfied’ with six of the nine aspects measured. This includes for example:
* How confident they were in the **skills** of the people who cared for them (83%, compared with 87% of the total sample).
* The way in which the people involved in their labour and birth **communicated** with them (72%, compared with 80%).
* The **information** received about what was happening throughout your labour and birth (73%, compared with 79%).
* **Disabled** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with eight of the nine aspects measured. This includes for example:
* The way in which their **background, culture, beliefs, values and identity** were respected (74%, compared with 86%).
* The choices available to them in terms of **where** they could have the birth (64%, compared with 81% of the total sample).
* The **location and surroundings** where they gave birth (59%, compared with 79%).
* The **support** available to them immediately following the birth (58%, compared with 75%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were also significantly less likely to be ‘satisfied’/’very satisfied’ with eight of the nine aspects measured. This includes for example:
* The **support** available to them immediately following the birth (70%, compared with 75%).
* The **information** received about what was happening throughout your labour and birth (74%, compared with 79%).
* The way in which the people involved in their labour and birth **communicated** with them (75%, compared with 80%).

Table 18: Satisfaction with aspects of care received during labour and birth, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **How confident you were in the skills of the people caring for you** | | | | | |
| Unweighted base = | 4332 | 969 | 925 | 620 | 250 |
| *Satisfied/Very satisfied* | *87* | *84* | *84* | *83* | *78* |
| Very satisfied | 64 | 62 | 60 | 61 | 54 |
| Satisfied | 23 | 22 | 24 | 22 | 24 |
| Neutral | 7 | 8 | 9 | 10 | 13 |
| Dissatisfied | 3 | 4 | 3 | 4 | 5 |
| Very dissatisfied | 2 | 4 | 3 | 3 | 4 |
| **The way in which your background, culture, beliefs, values and identity were respected** | | | | | |
| Unweighted base = | 4092 | 932 | 900 | 596 | 234 |
| *Satisfied/Very satisfied* | *86* | *82* | *83* | *83* | *74* |
| Very satisfied | 58 | 58 | 56 | 56 | 48 |
| Satisfied | 28 | 24 | 27 | 27 | 26 |
| Neutral | 10 | 13 | 13 | 12 | 18 |
| Dissatisfied | 2 | 3 | 2 | 2 | 4 |
| Very dissatisfied | 2 | 3 | 3 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The way in which your decisions, views and choices were respected** | | | | | |
| Unweighted base = | 4305 | 959 | 920 | 618 | 248 |
| *Satisfied/Very satisfied* | *82* | *78* | *79* | *78* | *67* |
| Very satisfied | 54 | 53 | 54 | 49 | 40 |
| Satisfied | 28 | 25 | 25 | 29 | 27 |
| Neutral | 9 | 10 | 12 | 11 | 16 |
| Dissatisfied | 5 | 6 | 5 | 6 | 9 |
| Very dissatisfied | 4 | 6 | 5 | 6 | 7 |
| **The available choices as to where you were able to give birth** | | | | | |
| Unweighted base = | 4199 | 934 | 914 | 608 | 244 |
| *Satisfied/Very satisfied* | *81* | *74* | *79* | *76* | *64* |
| Very satisfied | 50 | 48 | 51 | 49 | 42 |
| Satisfied | 31 | 26 | 28 | 27 | 22 |
| Neutral | 11 | 15 | 12 | 15 | 19 |
| Dissatisfied | 5 | 5 | 5 | 4 | 9 |
| Very dissatisfied | 3 | 6 | 5 | 6 | 8 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

**Table 18 (Continued): Satisfaction with aspects of care received during labour and birth, by key priority groups**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022 Total sample %** | **Māori %** | **Pasifika %** | **Young %** | **Disabled %** |
| **Any pain relief you received** | | | | | |
| Unweighted base = | 3608 | 781 | 783 | 516 | 214 |
| *Satisfied/Very satisfied* | *80* | *80* | *82* | *77* | *68* |
| Very satisfied | 52 | 54 | 52 | 49 | 41 |
| Satisfied | 28 | 26 | 30 | 28 | 27 |
| Neutral | 9 | 10 | 10 | 10 | 13 |
| Dissatisfied | 6 | 5 | 5 | 6 | 8 |
| Very dissatisfied | 5 | 6 | 3 | 7 | 11 |
| **The way in which the people involved in your labour and birth communicated with you** | | | | | |
| Unweighted base = | 4321 | 962 | 923 | 622 | 249 |
| *Satisfied/Very satisfied* | *80* | *75* | *79* | *72* | *66* |
| Very satisfied | 54 | 52 | 54 | 49 | 42 |
| Satisfied | 26 | 23 | 25 | 23 | 24 |
| Neutral | 9 | 11 | 10 | 13 | 16 |
| Dissatisfied | 7 | 8 | 7 | 7 | 9 |
| Very dissatisfied | 5 | 6 | 5 | 7 | 10 |
| **The location and surroundings where you gave birth** | | | | | |
| Unweighted base = | 4307 | 960 | 920 | 613 | 249 |
| *Satisfied/Very satisfied* | *79* | *74* | *79* | *74* | *59* |
| Very satisfied | 46 | 47 | 52 | 47 | 37 |
| Satisfied | 33 | 27 | 27 | 27 | 22 |
| Neutral | 13 | 16 | 12 | 16 | 21 |
| Dissatisfied | 5 | 5 | 4 | 5 | 8 |
| Very dissatisfied | 3 | 5 | 4 | 4 | 11 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

**Table 18 (Continued): Satisfaction with aspects of care received during labour and birth, by key priority groups**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % | |
| **The information you received about what was happening throughout your labour and birth** | | | | | | |
| Unweighted base = | 4301 | 955 | 921 | 617 | | 246 |
| *Satisfied/Very satisfied* | *79* | *74* | *78* | *73* | | *66* |
| Very satisfied | 51 | 50 | 51 | 49 | | 43 |
| Satisfied | 28 | 24 | 27 | 24 | | 23 |
| Neutral | 10 | 12 | 12 | 13 | | 14 |
| Dissatisfied | 7 | 9 | 5 | 7 | | 11 |
| Very dissatisfied | 4 | 5 | 5 | 7 | | 8 |
| **The support available to you immediately following birth** | | | | | | |
| Unweighted base = | 4308 | 956 | 920 | 619 | 245 | |
| *Satisfied/Very satisfied* | *75* | *75* | *77* | *74* | *58* | |
| Very satisfied | 49 | 51 | 53 | 52 | 39 | |
| Satisfied | 26 | 24 | 24 | 22 | 19 | |
| Neutral | 11 | 11 | 11 | 11 | 10 | |
| Dissatisfied | 8 | 7 | 6 | 6 | 19 | |
| Very dissatisfied | 6 | 7 | 5 | 8 | 13 | |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

5.0 Postnatal care in hospital or at a birthing unit

## 5.1 Time in hospital or birthing unit after birth

After giving birth, 43% of respondents reported that they had stayed in a hospital or birthing unit for more than 48 hours (this is significantly fewer than in 2014, when 45% stayed for more than 48 hours) (Figure 21).

Another 29% stayed for 1-2 days (24-48 hours), while 25% spent less than a day in the hospital or birthing unit. This includes 8% who said they left within six hours of giving birth.

A small percentage (3%) did not spend any time at a hospital or birthing unit following the birth of their pēpē/baby at all.

Figure 21: Length of stay in a hospital/birthing unit after giving birth

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 19):

* **Māori** respondents were significantly more likely than other groups to only stay in the hospital/birthing unit for 6-11 hours after giving birth (8%).

Table 19: Length of stay in a hospital/birthing unit after giving birth, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  4351  % | Māori  971  % | Pasifika  928  % | Young  625  % | Disabled  251  % |
| More than 48 hours | 43 | 39 | 38 | 41 | 50 |
| 24-48 hours | 29 | 28 | 30 | 28 | 24 |
| 12-23 hours | 12 | 14 | 13 | 13 | 10 |
| 6-11 hours | 5 | 8 | 6 | 7 | 6 |
| Less than 6 hours | 8 | 8 | 10 | 8 | 8 |
| Did not go to a hospital/birthing unit at all | 3 | 4 | 2 | 3 | 2 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Just over three-quarters (78%) of respondents who spent time in a hospital or birthing unit following the birth of their pēpē/baby said they felt ready to leave when they did (Figure 22). However, this result is significantly lower than in 2014 (83%).

Figure 22: Feeling ready to leave the hospital or birthing unit

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 20):

* **Disabled** mothers and birthing parents were significantly less likely to have felt ready to leave the hospital or birthing unit when they did (68%, compared with 78% of the total sample).

**Disabled** mothers and birthing parents were significantly **more** likely to report that they had left the hospital or birthing unit before they felt ready because they didn’t like it there (15%, compared with 9% of the total sample).

*I felt like I would get more support from my family at home than the midwives and nurses were able to give due to staffing issues.*

*I felt like I wasn't given the support, [I wanted] my husband to be with me and [help with] bathing me or looking after the baby.*

Table 20: Feeling ready to leave the hospital or birthing unit, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  4211  % | Māori  929  % | Pasifika  912  % | Young  604  % | Disabled  246  % |
| Felt ready to leave the hospital/ birthing unit | 78 | 77 | 81 | 80 | 68 |
| I didn't like it there, so I left before I felt ready | 9 | 8 | 7 | 9 | 15 |
| I was discharged/sent home before I felt ready | 9 | 9 | 7 | 8 | 11 |
| I had other responsibilities, so I left before I felt ready | 3 | 4 | 5 | 2 | 5 |
| Baby was still in NICU, but I had to leave | 1 | 1 | 1 | 1 | 2 |
| Other reasons | 0 | 1 | 1 | 1 | 0 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

## 5.2 Satisfaction with care in hospital or birthing unit after birth

Three-quarters (75%) of those who spent time at a hospital or birthing unit after they gave birth were satisfied overall with the care that they received there (Figure 23). This result is significantly lower than the 80% recorded in 2014.

Figure 23: Overall satisfaction with postnatal care at hospital or birthing unit

The overall care received at the hospital/birthing unit after the birth

**80%**

**75%**

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 21):

* **Disabled** mothers and birthing parents were significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received at the hospital or birthing unit after the birth (60%, compared with 75% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly less likely to be ‘satisfied’/’very satisfied’ with the overall care received at the hospital or birthing unit after the birth (71%, compared with 75% of the total sample).

Table 21: Overall satisfaction with postnatal care from hospital/birthing unit, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  4175  % | Māori  922  % | Pasifika  901  % | Young  598  % | Disabled  245  % |
| **The overall care received at the hospital/birthing unit after the birth** | | | | | |
| *Satisfied/Very satisfied* | *75* | *73* | *75* | *74* | *60* |
| Very satisfied | 44 | 47 | 50 | 48 | 38 |
| Satisfied | 31 | 26 | 25 | 26 | 22 |
| Neutral | 12 | 13 | 13 | 11 | 16 |
| Dissatisfied | 8 | 8 | 7 | 8 | 13 |
| Very dissatisfied | 5 | 6 | 6 | 7 | 10 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

As illustrated in Figure 24 overleaf, at least 70% of respondents were satisfied with specific aspects of the care they received at the hospital or birthing unit, including ‘the amount of **privacy** they had’ (78%), the ‘**care and attention** they received from staff’ (71%) and the ‘**help and support** that was available to them during their stay’(70%). However, each of these results are significantly lower than they were in 2014.

At 67%, the lowest level of satisfaction was recorded in relation to ‘being able to have **visitors and support people** with them whenever they wanted’. This result represents the largest drop in satisfaction with regard to hospital or birthing unit care, down from 78% in 2014 and likely reflects the COVID-related restrictions that were in place at the time.

Each of the decreases in satisfaction mentioned above are the result of significantly smaller percentages of respondents being ‘very satisfied’ with each aspect of care. In fact, fewer than one-half reported being ‘very satisfied’ with any of the four aspects measured this year.

* The amount of privacy they had (49% were ‘very satisfied’, compared with 57% in 2014).
* The care and attention received from staff (42%, compared with 51%).
* The help and support available to them during their stay (42%, compared with 52%).
* Being able to have visitors and support people with them whenever they wanted (42%, compared with 58%).

Figure 24: Satisfaction with postnatal care received at the hospital or birthing unit

The amount of privacy you had

The care and attention you got from staff

The help and support that was available to you during your stay

Your visitors/support people being able to be with you whenever you wanted them

**67%**

**78%**

**77%**

**70%**

**76%**

**71%**

**78%**

**80%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 22 overleaf):

* **Pasifika** respondents were significantly less likely to be ‘satisfied’/’very satisfied’ with the amount of **privacy** they had in the hospital or birthing unit (74%, compared with 78% of the total sample).
* **Young** respondents were significantly less likely to be ‘satisfied’/’very satisfied’ with the extent to which their visitors and support people were able to **visit** (61%, compared with 67% of the total sample).
* Reflecting the fact that **disabled** mothers and birthing parents were less likely to be ‘satisfied’/’very satisfied’ with the overall care they received during their stay, they were also less likely to be ‘satisfied’’/very satisfied’ with the individual aspects of care that were measured:
* The amount of **privacy** they had (63% of disabled mothers and birthing parents were ‘satisfied’/’very satisfied’ with this, compared with 78% of all respondents).
* The **care and attention** they got from staff (59%, compared with 71%).
* The **help and support** available to them during their stay (56%, compared with 70%).
* The extent to which **visitors or support people** were able to be with them whenever they wanted them (48%, compared with 67%).

Table 22: Satisfaction with postnatal care received at the hospital/birthing unit, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **The amount of privacy you had** | | | | | |
| Unweighted base = | 4164 | 923 | 897 | 599 | 244 |
| Satisfied/Very satisfied | 78 | 76 | 74 | 76 | 63 |
| Very satisfied | 49 | 52 | 50 | 50 | 41 |
| Satisfied | 29 | 24 | 24 | 26 | 22 |
| Neutral | 10 | 12 | 13 | 13 | 16 |
| Dissatisfied | 6 | 7 | 7 | 6 | 11 |
| Very dissatisfied | 5 | 6 | 6 | 6 | 10 |
| **The care and attention you got from staff** | | | | | |
| Unweighted base = | 4156 | 922 | 895 | 597 | 243 |
| Satisfied/Very satisfied | 71 | 71 | 74 | 70 | 59 |
| Very satisfied | 42 | 46 | 49 | 47 | 34 |
| Satisfied | 29 | 25 | 25 | 23 | 25 |
| Neutral | 14 | 15 | 13 | 15 | 14 |
| Dissatisfied | 9 | 8 | 7 | 8 | 13 |
| Very dissatisfied | 6 | 7 | 6 | 7 | 13 |
| **The help and support that was available to you during your stay** | | | | | |
| Unweighted base = | 4114 | 909 | 885 | 592 | 239 |
| Satisfied/Very satisfied | 70 | 70 | 73 | 70 | 56 |
| Very satisfied | 42 | 45 | 48 | 48 | 35 |
| Satisfied | 28 | 25 | 25 | 22 | 21 |
| Neutral | 13 | 14 | 14 | 14 | 15 |
| Dissatisfied | 10 | 9 | 8 | 9 | 17 |
| Very dissatisfied | 6 | 7 | 5 | 7 | 12 |
| **Your visitors/support people being able to be with you whenever you wanted them** | | | | | |
| Unweighted base = | 3997 | 883 | 876 | 590 | 233 |
| Satisfied/Very satisfied | 67 | 65 | 66 | 61 | 48 |
| Very satisfied | 42 | 45 | 44 | 42 | 30 |
| Satisfied | 25 | 20 | 22 | 19 | 18 |
| Neutral | 12 | 12 | 12 | 14 | 15 |
| Dissatisfied | 10 | 11 | 10 | 9 | 12 |
| Very dissatisfied | 11 | 13 | 12 | 17 | 24 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

6.0 Postnatal care at home

## 6.1 Number of home visits from midwife

The majority of respondents (98%) reported having received at least one home visit from their midwife following the birth of their pēpē/baby (Figure 25). Almost two-thirds (63%) received 1-6 visits and 29% received 7-12 visits.

These results are both significantly different compared with the situation in 2014, where 58% received 1-6 visits and 34% received 7-12.

Figure 25: Number of home visits received from midwives

Sub-samples are based on respondents who provided a response for this question.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

There were no notable differences by key priority groups (Table 23).

Table 23: Number of home visits received from midwives, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  4353  % | Māori  971  % | Pasifika  930  % | Young  624  % | Disabled  250  % |
| No visits | 2 | 4 | 3 | 2 | 4 |
| 1-6 visits | 63 | 59 | 64 | 60 | 61 |
| 7-12 visits | 29 | 31 | 27 | 31 | 26 |
| 13 or more visits | 5 | 6 | 7 | 7 | 8 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Overall, 84% of respondents reported that they had received the right amount of home visits from their midwife following the birth of their pēpē/baby (Figure 26). This result is significantly lower in comparison to 2014 (88%).

Figure 26: Right amount of home visits received

Sub-samples are based on respondents who provided responses for these questions.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 24):

* **Disabled** mothers and birthing parentswere significantly more likely to report that they had not received the right amount of home visits from their midwife following the birth of their pēpē/baby (26%, compared with 15% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly more likely to report that they had not received enough home visits from their midwife after the birth of their pēpē/baby (18%, compared with 15% of the total sample).

Table 24: Right amount of home visits received, by key priority groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4351  % | Māori  969  % | Pasifika  929  % | Young  623  % | Disabled  250  % | |
| Right number of visits | 84 | 83 | 83 | 84 | 73 |
| Not enough visits | 15 | 16 | 15 | 15 | 26 |
| Too many visits | 1 | 1 | 2 | 1 | 1 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

As mentioned earlier, the percentage of respondents who reported receiving 1-6 home visits following the birth is significantly lower than it was in 2014 (Figure 27). Significantly fewer respondents also felt that 1-6 visits was ‘the right amount’ (79%, compared with 83% in 2014).

Figure 27: Whether or not respondents received the right amount of home visits for them

Sub-samples are based on respondents who provided responses for these questions.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

## 6.2 Satisfaction with care received from midwife during pēpē/baby’s first few weeks

Most respondents (88%) were ‘satisfied’/’very satisfied’ with the overall care received from their midwife during pēpē/baby’s first few weeks. This result is almost identical to the overall result recorded in 2014 (89%) (Figure 28).

However, on closer examination, it is evident that the extent to which respondents reported being ‘very satisfied’ with the overall care has significantly decreased (65%, compared with 72% in 2014).

Figure 28: Satisfaction with overall care received from midwife at home

**89%**

**88%**

The overall care received from your midwife during pēpē/baby’s first few weeks

Statistically significant differences by key priority groups (Table 25):

* **Disabled** mothers and birthing parents were significantly less satisfied overall with the care they received from their midwife at home (82%, compared with 88% of the total sample).

Table 25: Satisfaction with overall care received from midwife at home, by key priority groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4308  % | Māori  955  % | Pasifika  922  % | Young  623  % | Disabled  244  % | |
| *Satisfied/Very satisfied* | *88* | *87* | *89* | *88* | *82* |
| Very satisfied | 65 | 67 | 68 | 68 | 62 |
| Satisfied | 23 | 20 | 21 | 20 | 20 |
| Neutral | 7 | 8 | 6 | 8 | 9 |
| Dissatisfied | 3 | 2 | 2 | 1 | 5 |
| Very dissatisfied | 2 | 2 | 3 | 3 | 4 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

To gain a better understanding of respondents’ overall satisfaction with the care received from their midwife at home in the first few weeks following the birth, 10 individual aspects of care were measured.

As illustrated in Figure 29 overleaf, at least 80% were ‘satisfied’/’very satisfied’ with each of those aspects. However, the three following aspects recorded significantly **lower** results compared with 2014:

* The way in which their background, culture, beliefs, values and identify were **respected** (91%, compared with 93% in 2014).
* The **information** received about what care their pēpē/baby was entitled to (83%, compared with 89% in 2014).
* **Physical checks** of the mother and birthing parent following the birth (80%, compared with 93% in 2014). At 80%, this particular aspect of care received the lowest satisfaction. It also recorded the largest drop in terms of ‘very satisfied’ ratings (55% were ‘very satisfied’, down from 76% in 2014).

Figure 29: Satisfaction with postnatal care received at home

That your midwife

listened to you

The advice from your midwife on caring for

your pēpē/baby

The way in which your decisions, views and choices were respected

The way in which your background, culture, beliefs, values and identity were respected

Physical checks of your pēpē/baby from your midwife

**90%**

**91%**

**89%**

**90%**

**90%**

**91%**

**93%**

**91%**

**93%**

**94%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Figure 29 (Continued): Satisfaction with postnatal care received at home

Physical checks of you from your midwife

The information you received about what care your pēpē/baby was entitled to

Mental health checks from your midwife

The advice from your midwife on caring for

yourself

That your midwife was responsive to all of

your needs

**93%**

**83%**

**89%**

**80%**

**83%**

**88%**

**87%**

**88%**

**87%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 26 overleaf):

* The only significant differences in this regard were amongst **disabled** mothers and birthing parents who were significantly less ‘satisfied’/’very satisfied’ in relation to all 10 aspects of care. The largest differences were noted in relation to the following:
* **Information** received about what care their pēpē/baby was entitled to (68% of disabled mothers and birthing parents were ‘satisfied’/’very satisfied’ with this, compared with 83% of the total sample).
* The midwife’s **responsiveness** to their needs (75%, compared with 87%).
* The way in which **respondents’ decisions, views and choices** were respected (81%, compared with 91%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly ‘less satisfied’/’very satisfied’ in relation to seven of the 10 aspects of care. The largest differences were noted in relation to the following:
* The way in which **respondents’ decisions, views and choices** were respected (88% of first-time mothers and birthing parents were ‘satisfied’/’very satisfied’ with this, compared with 91% of the total sample).
* **Mental health checks** from the midwife (80%, compared with 83%).

Table 26: Satisfaction with postnatal care received at home, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **The information you received about what care your pēpē/baby was entitled to** | | | | | | |
| Unweighted base = | 4312 | 960 | 923 | 619 | 248 |
| Satisfied/Very satisfied | 83 | 81 | 81 | 81 | 68 |
| Very satisfied | 49 | 53 | 50 | 52 | 43 |
| Satisfied | 34 | 28 | 31 | 29 | 25 |
| Neutral | 12 | 11 | 12 | 12 | 20 |
| Dissatisfied | 4 | 5 | 3 | 3 | 8 |
| Very dissatisfied | 2 | 2 | 4 | 3 | 4 |
| **That your midwife listened to you** | | | | | | |
| Unweighted base = | 4334 | 965 | 925 | 623 | 250 |
| Satisfied/Very satisfied | 90 | 88 | 88 | 88 | 81 |
| Very satisfied | 66 | 67 | 66 | 69 | 58 |
| Satisfied | 24 | 21 | 22 | 19 | 23 |
| Neutral | 6 | 7 | 8 | 7 | 10 |
| Dissatisfied | 3 | 3 | 2 | 3 | 4 |
| Very dissatisfied | 2 | 2 | 3 | 3 | 4 |
| **That your midwife was responsive to all of your needs** | | | | | | |
| Unweighted base = | 4327 | 965 | 919 | 622 | 250 |
| Satisfied/Very satisfied | 87 | 85 | 86 | 86 | 75 |
| Very satisfied | 64 | 65 | 64 | 68 | 58 |
| Satisfied | 23 | 20 | 22 | 18 | 17 |
| Neutral | 7 | 9 | 9 | 8 | 13 |
| Dissatisfied | 4 | 4 | 2 | 3 | 5 |
| Very dissatisfied | 2 | 2 | 4 | 3 | 6 |
| **The way in which your background, culture, beliefs, values and identity were respected** | | | | | | |
| Unweighted base = | 4098 | 930 | 891 | 590 | 236 |
| Satisfied/Very satisfied | 91 | 87 | 89 | 89 | 84 |
| Very satisfied | 66 | 67 | 64 | 68 | 63 |
| Satisfied | 25 | 20 | 25 | 21 | 21 |
| Neutral | 7 | 9 | 8 | 8 | 11 |
| Dissatisfied | 1 | 2 | 1 | 1 | 3 |
| Very dissatisfied | 1 | 1 | 3 | 2 | 2 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 26 (Continued): Satisfaction with postnatal care received at home, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **The way in which your decisions, views and choices were respected** | | | | | | |
| Unweighted base = | 4319 | 961 | 917 | 619 | 247 |
| Satisfied/Very satisfied | 91 | 88 | 87 | 88 | 81 |
| Very satisfied | 65 | 67 | 63 | 66 | 61 |
| Satisfied | 26 | 21 | 24 | 22 | 20 |
| Neutral | 6 | 8 | 8 | 7 | 12 |
| Dissatisfied | 2 | 3 | 2 | 2 | 4 |
| Very dissatisfied | 2 | 2 | 3 | 3 | 3 |
| **The advice from your midwife on caring for your pēpē/baby** | | | | | | |
| Unweighted base = | 4300 | 952 | 922 | 620 | 245 |
| Satisfied/Very satisfied | 91 | 90 | 91 | 90 | 84 |
| Very satisfied | 65 | 68 | 66 | 70 | 61 |
| Satisfied | 26 | 22 | 25 | 20 | 23 |
| Neutral | 6 | 6 | 5 | 7 | 8 |
| Dissatisfied | 2 | 2 | 1 | 2 | 5 |
| Very dissatisfied | 2 | 2 | 3 | 2 | 3 |
| **The advice from your midwife on caring for yourself** | | | | | | |
| Unweighted base = | 4317 | 956 | 922 | 624 | 246 |
| Satisfied/Very satisfied | 87 | 87 | 87 | 85 | 81 |
| Very satisfied | 61 | 64 | 64 | 66 | 55 |
| Satisfied | 26 | 23 | 23 | 19 | 26 |
| Neutral | 8 | 8 | 7 | 8 | 9 |
| Dissatisfied | 3 | 3 | 1 | 2 | 7 |
| Very dissatisfied | 2 | 3 | 4 | 4 | 9 |
| **Mental health checks from your midwife** | | | | | | |
| Unweighted base = | 4297 | 951 | 917 | 618 | 246 |
| Satisfied/Very satisfied | 83 | 81 | 82 | 82 | 75 |
| Very satisfied | 58 | 60 | 59 | 60 | 54 |
| Satisfied | 25 | 21 | 23 | 22 | 21 |
| Neutral | 10 | 10 | 11 | 10 | 9 |
| Dissatisfied | 4 | 5 | 3 | 4 | 7 |
| Very dissatisfied | 3 | 4 | 4 | 5 | 9 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 26 (Continued): Satisfaction with postnatal care received at home, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **Physical checks of you from your midwife** | | | | | | |
| Unweighted base = | 4230 | 938 | 911 | 605 | 243 |
| *Satisfied/Very satisfied* | *80* | *79* | *81* | *79* | *73* |
| Very satisfied | 55 | 58 | 59 | 59 | 52 |
| Satisfied | 25 | 21 | 22 | 20 | 21 |
| Neutral | 11 | 11 | 11 | 12 | 13 |
| Dissatisfied | 5 | 6 | 3 | 4 | 6 |
| Very dissatisfied | 4 | 4 | 4 | 5 | 9 |
| **Physical checks of your pēpē/baby from your midwife** | | | | | | |
| Unweighted base = | 4299 | 951 | 925 | 621 | 245 |
| *Satisfied/Very satisfied* | *94* | *92* | *91* | *93* | *88* |
| Very satisfied | 71 | 73 | 70 | 74 | 66 |
| Satisfied | 23 | 19 | 21 | 19 | 22 |
| Neutral | 4 | 5 | 5 | 5 | 8 |
| Dissatisfied | 1 | 2 | 1 | 0 | 2 |
| Very dissatisfied | 1 | 2 | 3 | 2 | 2 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

## 6.3 Satisfaction with access to providers during pēpē/baby’s first few weeks

In addition to any postnatal care provided by midwives, respondents were also asked about the accessibility of other providers, namely WellChild Tamariki Ora or Whānau Āwhina Plunket providers, and any specialists.

As illustrated in Figure 30, respondents were significantly less satisfied with the accessibility of both types of providers than they were in 2014.

* 65% were ‘satisfied’/’very satisfied’ with the accessibility of any specialists that they or their pēpē/baby needed to see (compared with 79% in 2014).
* 56% were ‘satisfied’/’very satisfied’ with their WellChild Tamariki Ora or Whānau Āwhina Plunket provider (compared with 82% in 2014).

Figure 30: Satisfaction with accessibility of other service providers

How accessible your WellChild Tamariki Ora or Whānau Āwhina Plunket provider was

How accessible any specialists were that you or your pëpē/baby needed to see

**82%**

**56%**

**79%**

**65%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 27):

* **Pasifika** respondents were significantly more likely to be ‘satisfied’/’very satisfied’ with how accessible their WellChild Tamariki Ora or Whānau Āwhina Plunket provider was (60%, compared with 56% of the total sample).
* **Disabled** mothers and birthing parentswere significantly less likely to be ‘satisfied’/’very satisfied’ with the accessibility of any specialists that they or their pēpē needed to see (52%, compared with 65%).

Table 27: Satisfaction with accessibility of other service providers, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2022  Total sample  % | Māori  % | Pasifika  % | Young  % | Disabled  % |
| **How accessible your WellChild Tamariki Ora or Whānau Āwhina Plunket provider was** | | | | | |
| Unweighted base = | 4206 | 940 | 883 | 604 | 245 |
| *Satisfied/Very satisfied* | *56* | *58* | *60* | *54* | *50* |
| Very satisfied | 29 | 33 | 34 | 33 | 28 |
| Satisfied | 27 | 25 | 26 | 21 | 22 |
| Neutral | 18 | 18 | 18 | 19 | 18 |
| Dissatisfied | 16 | 14 | 13 | 14 | 16 |
| Very dissatisfied | 10 | 11 | 10 | 13 | 16 |
| **How accessible any specialists were that you or your pëpē/baby needed to see** | | | | | |
| Unweighted base = | 3369 | 777 | 777 | 512 | 209 |
| *Satisfied/Very satisfied* | *65* | *61* | *67* | *64* | *52* |
| Very satisfied | 33 | 34 | 37 | 37 | 25 |
| Satisfied | 32 | 27 | 30 | 27 | 27 |
| Neutral | 19 | 21 | 21 | 23 | 26 |
| Dissatisfied | 10 | 11 | 6 | 7 | 13 |
| Very dissatisfied | 6 | 6 | 6 | 7 | 9 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

7.0 Information and costs

## 7.1 Topics discussed with LMC

Respondents who had an LMC were asked to recall what specific topics of information they had discussed with them. As illustrated in Figure 31, 92% recalled discussing place of birth options with their LMC.

Most (91%) also reported that they had discussed immunisations/vaccinations for themselves with their LMC, whilst 86% discussed immunisations/vaccinations for the pēpē/baby.

At least 80% also reported having discussed other key topics including alcohol/drugs, smoking, sleeping on their side during the last trimester, safe sleeping, food and exercise and patterns of pēpē/baby’s movement.

Significantly fewer mothers/birthing parents recalled having a conversation with their LMC about the importance of not shaking the pēpē/baby (63%).

Figure 31: Topics LMC discussed with respondents

Unweighted base (n=4097).

Sub-samples are based on respondents who provided a response for this question.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority-groups (Table 28):

* **Māori, Pasifika** and **young** respondents were significantly more likely to report that their LMC had discussed smoking (85%), drinking alcohol or taking recreational drugs (84%) and shaken pēpē/baby prevention (72%) with them.
* **Pasifika** respondents were also more likely to report having discussed food and exercise (90%) and safe sleeping/SUDI (86%) with their LMC (compared with 86% and 82% respectively, of the total sample).
* **Young** respondents were more likely to report that their LMC discussed immunisations/vaccinations for their pēpē/baby (89%, compared with 86% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly more likely to report that their LMC discussed sleeping on your side during the last trimester (84%, compared with 81% of the total sample).

Table 28: Topics LMC discussed with respondents, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unweighted base =** | **2022**  **Total sample**  **4097**  **%** | **Māori**  **909**  **%** | **Pasifika**  **847**  **%** | **Young**  **575**  **%** | **Disabled**  **232**  **%** |
| Immunisations/vaccinations for yourself | 91 | 89 | 91 | 89 | 88 |
| Immunisations/vaccinations for your pēpē/baby | 86 | 87 | 88 | 89 | 85 |
| Patterns of pēpē/baby's movement | 86 | 86 | 85 | 87 | 82 |
| Food and exercise | 86 | 87 | 90 | 88 | 83 |
| Safe sleeping/SUDI | 82 | 85 | 86 | 86 | 79 |
| Sleeping on your side during the last trimester | 81 | 81 | 81 | 82 | 81 |
| Smoking | 80 | 85 | 86 | 87 | 82 |
| Drinking alcohol/taking recreational drugs | 80 | 84 | 85 | 86 | 78 |
| Shaken pēpē/baby prevention | 63 | 72 | 73 | 73 | 65 |
| None of the above | 2 | 2 | 3 | 2 | 3 |

Sub-samples are based on respondents who provided a response for this question.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

## 7.2 Information sources

As shown in Figure 32, respondents sourced information about the services for pregnancy, birth and caring for new-borns from a variety of sources, although the most commonly mentioned sources were ‘LMCs or other healthcare providers’ (79%) and ‘friends and whānau/family’ (73%).

Just over one-third (36%) reported having sourced information from ‘books or brochures’. This result is significantly lower than in 2014 (60%). Also lower, were the percentages using Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes (27%, down from 31% in 2014) and telephone helplines (8%, down from 14%).

Perhaps reflecting the lower percentage of paper-based sources, many respondents in 2022 reported having sourced their information electronically; 59% searched for information on the Internet (e.g. through Google), 40% used specific websites or apps and 35% received information through social media.

Figure 32: Sources of information about pregnancy, birth and caring for new-borns

Unweighted base (n=4097).

Sub-samples are based on respondents who provided a response for this question.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority-groups (Table 29):

* Compared with the total sample, **Māori** respondents were significantly less likely to report having sourced information about pregnancy, birth and caring for new-borns via an internet search (53%) or through specific websites or apps (33%). They were also significantly less likely to have sourced information through books or brochures (30%) or to have used a telephone helpline (5%).
* **Pasifika** respondents were also significantly less likely to report having sourced information about pregnancy, birth and caring for new-borns via an internet search (53%) or through specific websites or apps (32%). Reflecting their lower attendance rates, they were also significantly less likely to report having sourced information through an antenatal class (13%, compared with 25% of the total sample).
* **Young** respondents were also significantly less likely to report having sourced information about pregnancy, birth and caring for new-borns via an internet search (52%), through specific websites or apps (34%), through antenatal classes (20%), or via a telephone helpline (5%).
* **Disabled** mothers and birthing parents were significantly less likely to report having received information about pregnancy, birth and caring for new-borns from their LMC or another healthcare provider (72%, compared with 79% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly more likely to get their information about pregnancy, birth and caring for new-borns from friends and whānau/family (79%), the internet (65%), specific websites/apps (45%), books/brochures (41%), social media (39%) and/or antenatal classes (38%).

Table 29: Sources of information about pregnancy, birth and caring for new-borns, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4352  % | Māori  971  % | Pasifika  929  % | Young  624  % | Disabled  251  % |
| LMC or another healthcare provider | 79 | 75 | 76 | 76 | 72 |
| Friends and whānau/family | 73 | 73 | 70 | 74 | 72 |
| The internet (e.g. Google) | 59 | 53 | 53 | 52 | 54 |
| Books or brochures | 36 | 30 | 34 | 31 | 30 |
| Websites or apps | 40 | 33 | 32 | 34 | 42 |
| Social media (e.g. Facebook) | 35 | 37 | 32 | 39 | 37 |
| Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes | 25 | 23 | 13 | 20 | 20 |
| A telephone helpline | 8 | 5 | 8 | 5 | 7 |
| Plunket | 1 | 1 | 0 | 1 | 0 |
| Other sources | 1 | 0 | 1 | 0 | 1 |
| Did not get or look for any information | 3 | 4 | 4 | 4 | 4 |

Sub-samples are based on respondents who provided a response for this question.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

As mentioned earlier, 40% of respondents reported having sourced information about pregnancy, birth and caring for new-borns via websites or apps. Figure 33 shows the specific sites and apps that were used in this regard.

Over one-half (56%) reported having visited the Te Whatu Ora website, while 44% used the What to Expect app/website and one-third (32%) used the Baby Centre – Pregnancy Tracker app.

Almost one-in-five (18%) used the Māmā Aroha breastfeeding app, followed by pregnancy tracker apps’ Ovia (15%) and The Bump (14%).

Figure 33: Websites/apps used for information about pregnancy, birth and caring for new-borns

Unweighted base (n=1681).

Sub-sample based on respondents who used an app/website, who provided a response for this question and excludes those who said, ‘Can’t remember’.

Total will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority groups (Table 30):

* Compared with the total sample, **Pasifika** respondents were significantly more likely to report having used the Baby Centre – Pregnancy Tracker app (42%, compared with 32% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly more likely to report having used the Find Your Midwife website (62%, compared with 56% of the total sample) and the What to Expect app (52%, compared with 44% of the total sample).

Table 30: Websites/apps used for information about pregnancy, birth and caring for new-borns, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  1681  % | Māori  318  % | Pasifika  298  % | Young  199  % | Disabled  100  % |
| Te Whatu Ora web | 56 | 56 | 51 | 52 | 50 |
| Māmā Aroha breastfeeding app | 18 | 20 | 13 | 19 | 16 |
| Find your midwife website | 56 | 61 | 55 | 65 | 61 |
| What to Expect app/website | 44 | 48 | 37 | 50 | 40 |
| BabyCenter - Pregnancy Tracker app | 32 | 35 | 42 | 23 | 24 |
| Ovia - Pregnancy Tracker app | 15 | 13 | 13 | 17 | 22 |
| The Bump - Pregnancy Tracker app | 14 | 14 | 16 | 16 | 20 |
| Babble NZ Neonatal Family app | 1 | 1 | 3 | 2 | 2 |
| Oh baby app | 9 | 9 | 9 | 8 | 10 |
| Mokopuna Ora app | 2 | 4 | 3 | 3 | 4 |
| Caring for a new born - Health Navigator NZ | 13 | 11 | 18 | 13 | 10 |
| Plunket website | 3 | 2 | 4 | 2 | 5 |
| Flo app | 2 | 2 | 2 | 1 | 2 |
| Wonder Weeks app | 2 | 2 | 2 | 2 | 1 |
| Pregnancy + app | 1 | 3 | 2 | 4 | 4 |
| Social media apps | 1 | 1 | 1 | 0 | 2 |
| Little ones app | 1 | 0 | 0 | 0 | 0 |
| Breastfed NZ | 1 | 1 | 0 | 1 | 1 |
| Other websites/apps | 8 | 9 | 4 | 5 | 8 |

Sub-samples are based on respondents who provided a response for this question.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

## 7.3 Satisfaction with information quality

Respondents were asked to rate how satisfied they were with the quality of information received about various topics relating to pregnancy, birth and caring for new-borns. As illustrated in Figure 34 overleaf, many respondents (71% to 85%) were satisfied/very satisfied overall with the quality of that information.

There were, however, some differences in this regard compared with the 2014 results, with respondents in 2022 significantly **less** likely to report being satisfied/very satisfied with information received on the following topics:

* **Antenatal screening** (85% satisfaction, compared with 88% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 58% in 2014 to 46% in 2022.
* **Giving birth** (83% satisfaction, compared with 88% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 59% in 2014 to 45% in 2022.
* **Screening for new-borns** (81% satisfaction, compared with 86% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 57% in 2014 to 42% in 2022.
* **Safe sleeping** (86% satisfaction, compared with 90% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 64% in 2014 to 47% in 2022.
* **Breast feeding/chest feeding** (81% satisfaction, compared with 86% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 55% in 2014 to 41% in 2022.
* **Parenting skills** (74% satisfaction, compared with 78% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 49% in 2014 to 39% in 2022.
* **WellChild Tamariki Ora/Whānau Āwhina Plunket Services** (71% satisfaction, compared with 85% in 2014). This reflects a significant drop in ‘very satisfied’ ratings with this topic, from 55% in 2014 to 33% in 2022.

Figure 34: Satisfaction with the quality of information received

**78%**

**73%**

**72%**

Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes

Screening tests for

newborns

Caring for pēpē/baby

How the services for hapū/pregnant women/people work

What to do when you

first found out you

were hapü/pregnant

Giving birth

Antenatal screening for Down syndrome & other conditions

**85%**

**79%**

**80%**

**79%**

**81%**

**80%**

**86%**

**81%**

**88%**

**83%**

**88%**

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Figure 34 (Continued): Satisfaction with the quality of information received

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

**71%**

**85%**

**86%**

**89%**

WellChild Tamariki Ora/ Whānau Āwhina Plunket Services

Parenting skills

Breastfeeding/ chestfeeding

Food and exercise for both you and your pēpē/baby

Immunisations/ vaccinations

Not drinking alcohol/ or taking recreational drugs

Stopping smoking

Safe sleeping/SUDI

Shaken pēpē/baby

**78%**

**74%**

**81%**

**76%**

**78%**

**80%**

**90%**

**86%**

**88%**

**89%**

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals may not sum to 100 percent due to rounding.

Statistically significant differences by key priority groups (Table 31):

* **Māori** respondents reported significantly **lower** satisfaction with the information they received in relation to **antenatal classes** (67%, compared with 72% of the total sample) and **giving birth** (79%, compared with 83%).

However, **Māori** respondents were significantly **more likely** to report being ‘**very satisfied’** with information on the following topics:

* Caring for pēpē/baby.
* Breastfeeding/chest feeding.
* Shaken pēpē/baby.
* Parenting skills.
* WellChild Tamariki Ora/Whānau Āwhina Plunket Services.
* Food and exercise for them and their pēpē.
* **Pasifika** respondents reported significantly **lower** satisfaction with the information they received in relation to **antenatal screening** (81%, compared with 85% of the total sample) and **immunisations and vaccinations** (86%, compared with 89%).

**Pasifika** respondents were significantly **more likely** to report being ‘**very satisfied’** with information on the following topics:

* What to do when they first found out they were hapū/pregnant.
* Caring for pēpē/baby.
* Breastfeeding/chest feeding.
* Shaken pēpē/baby.
* Parenting skills.
* WellChild Tamariki Ora/Whānau Āwhina Plunket Services.
* Food and exercise for them and their pēpē/baby.
* **Young** respondents reported significantly **lower** satisfaction with the information they received in relation to **antenatal screening** (81%, compared with 85% of the total sample) and **giving birth** (79%, compared with 83%).

**Young** respondents were significantly **more likely** to report being ‘**very satisfied’** with information on the following topics:

* Giving birth.
* Screening tests for new-borns.
* Caring for pēpē/baby.
* Breast feeding/chest feeding.
* Safe sleeping/SUDI.
* Shaken pēpē/baby.
* Parenting skills.
* WellChild Tamariki Ora/Whānau Āwhina Plunket Services.
* Immunisations and vaccinations.
* Stopping smoking.
* Information about not drinking alcohol or taking recreational drugs.
* Food and exercise for them and their pēpē/baby.
* **Disabled** mothers/birthing parents were significantly less satisfied with the information they received on **every** topic. For example:
* Antenatal classes (57%, compared with 72% of the total sample).
* Screening tests for new-borns (66%, compared with 81%).
* WellChild Tamariki Ora/Whānau Āwhina Plunket Services (58%, compared with 71%).
* Breastfeeding/chest feeding (61%, compared with 76%).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly less satisfied with the information they received about the following topics:
* Giving birth (80% were satisfied/very satisfied, compared with 83%).
* Screening tests for new-borns (78%, compared with 81%).
* What to do when they first found out they were hapū/pregnant (77%, compared with 80%).
* Caring for pēpē/baby (75%, compared with 79%).
* How antenatal services work (75%, compared with 79%).
* Breastfeeding/chest feeding (70%, compared with 76%).
* WellChild Tamariki Ora/Whānau Āwhina Plunket Services (68%, compared with 71%).

Table 31: Satisfaction with quality of information received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **Immunisations/vaccinations** | | | | | |
| Unweighted base = | 4199 | 927 | 893 | 604 | 241 |
| Satisfied/Very satisfied | 89 | 86 | 86 | 86 | 77 |
| Very satisfied | 49 | 52 | 53 | 57 | 44 |
| Satisfied | 40 | 34 | 33 | 29 | 33 |
| Neutral | 8 | 11 | 10 | 12 | 16 |
| Dissatisfied | 2 | 2 | 2 | 2 | 5 |
| Very dissatisfied | 1 | 1 | 2 | 1 | 1 |
| **Not drinking alcohol/ or taking recreational drugs** | | | | | |
| Unweighted base = | 2833 | 672 | 722 | 505 | 172 |
| Satisfied/Very satisfied | 88 | 87 | 86 | 88 | 79 |
| Very satisfied | 52 | 57 | 55 | 61 | 49 |
| Satisfied | 36 | 30 | 31 | 27 | 30 |
| Neutral | 10 | 11 | 11 | 11 | 18 |
| Dissatisfied | 1 | 1 | 1 | 0 | 0 |
| Very dissatisfied | 1 | 1 | 2 | 1 | 2 |
| **Safe sleeping/SUDI** | | | | | |
| Unweighted base = | 4196 | 919 | 893 | 599 | 242 |
| Satisfied/Very satisfied | 86 | 86 | 88 | 84 | 79 |
| Very satisfied | 47 | 53 | 53 | 54 | 42 |
| Satisfied | 39 | 33 | 35 | 30 | 37 |
| Neutral | 10 | 10 | 9 | 12 | 14 |
| Dissatisfied | 3 | 3 | 2 | 3 | 5 |
| Very dissatisfied | 1 | 1 | 2 | 1 | 2 |
| **Stopping smoking** | | | | | |
| Unweighted base = | 2551 | 639 | 704 | 486 | 166 |
| Satisfied/Very satisfied | 86 | 85 | 86 | 86 | 78 |
| Very satisfied | 51 | 54 | 54 | 59 | 47 |
| Satisfied | 35 | 31 | 32 | 27 | 31 |
| Neutral | 12 | 13 | 11 | 13 | 18 |
| Dissatisfied | 1 | 1 | 1 | 0 | 3 |
| Very dissatisfied | 1 | 1 | 2 | 1 | 2 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 31 (Continued): Satisfaction with quality of information received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **Antenatal screening for Down syndrome and other conditions** | | | | | | |
| Unweighted base = | 4154 | 913 | 876 | 588 | 239 |
| Satisfied/Very satisfied | 85 | 83 | 81 | 81 | 79 |
| Very satisfied | 46 | 47 | 47 | 49 | 44 |
| Satisfied | 39 | 36 | 34 | 32 | 35 |
| Neutral | 11 | 13 | 13 | 15 | 15 |
| Dissatisfied | 3 | 3 | 3 | 1 | 3 |
| Very dissatisfied | 1 | 1 | 2 | 2 | 4 |
| **Giving birth** | | | | | | |
| Unweighted base = | 4187 | 919 | 888 | 595 | 242 |
| Satisfied/Very satisfied | 83 | 79 | 80 | 79 | 69 |
| Very satisfied | 45 | 47 | 47 | 52 | 39 |
| Satisfied | 38 | 32 | 33 | 27 | 30 |
| Neutral | 12 | 14 | 12 | 14 | 19 |
| Dissatisfied | 4 | 5 | 5 | 5 | 7 |
| Very dissatisfied | 1 | 3 | 3 | 2 | 5 |
| **Screening tests for new-borns** | | | | | | |
| Unweighted base = | 4187 | 921 | 882 | 592 | 240 |
| Satisfied/Very satisfied | 81 | 78 | 78 | 78 | 66 |
| Very satisfied | 42 | 45 | 46 | 49 | 37 |
| Satisfied | 39 | 33 | 32 | 29 | 29 |
| Neutral | 13 | 14 | 13 | 15 | 21 |
| Dissatisfied | 4 | 5 | 6 | 5 | 8 |
| Very dissatisfied | 1 | 2 | 3 | 2 | 5 |
| **Shaken pēpē/baby** | | | | | | |
| Unweighted base = | 4056 | 899 | 875 | 588 | 240 |
| Satisfied/Very satisfied | 80 | 81 | 81 | 79 | 72 |
| Very satisfied | 43 | 50 | 50 | 50 | 41 |
| Satisfied | 37 | 31 | 31 | 29 | 31 |
| Neutral | 14 | 13 | 12 | 13 | 18 |
| Dissatisfied | 4 | 4 | 5 | 5 | 5 |
| Very dissatisfied | 2 | 2 | 2 | 3 | 5 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 31 (Continued): Satisfaction with quality of information received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **What to do when you first found out you were hapū/pregnant** | | | | | | |
| Unweighted base = | 4127 | 894 | 879 | 591 | 237 |
| Satisfied/Very satisfied | 80 | 78 | 80 | 79 | 67 |
| Very satisfied | 37 | 41 | 43 | 42 | 33 |
| Satisfied | 43 | 37 | 37 | 37 | 34 |
| Neutral | 14 | 15 | 13 | 15 | 21 |
| Dissatisfied | 4 | 5 | 4 | 5 | 8 |
| Very dissatisfied | 2 | 2 | 3 | 2 | 4 |
| **Caring for pēpē/baby** | | | | | | |
| Unweighted base = | 4155 | 917 | 878 | 595 | 238 |
| Satisfied/Very satisfied | 79 | 79 | 80 | 79 | 65 |
| Very satisfied | 41 | 47 | 49 | 52 | 35 |
| Satisfied | 38 | 32 | 31 | 27 | 30 |
| Neutral | 14 | 14 | 13 | 15 | 19 |
| Dissatisfied | 5 | 5 | 4 | 3 | 11 |
| Very dissatisfied | 2 | 2 | 3 | 3 | 5 |
| **How the services for hapū/pregnant mothers/birthing parents work** | | | | | | |
| Unweighted base = | 4168 | 906 | 882 | 591 | 237 |
| Satisfied/Very satisfied | 79 | 77 | 77 | 76 | 64 |
| Very satisfied | 39 | 40 | 42 | 43 | 35 |
| Satisfied | 40 | 37 | 35 | 33 | 29 |
| Neutral | 15 | 15 | 15 | 19 | 22 |
| Dissatisfied | 5 | 5 | 5 | 4 | 7 |
| Very dissatisfied | 2 | 2 | 3 | 2 | 7 |
| **Food and exercise for both you and your pēpē/baby** | | | | | | |
| Unweighted base = | 4134 | 918 | 885 | 600 | 234 |
| Satisfied/Very satisfied | 78 | 78 | 80 | 78 | 65 |
| Very satisfied | 41 | 46 | 49 | 50 | 38 |
| Satisfied | 37 | 32 | 31 | 28 | 27 |
| Neutral | 15 | 15 | 14 | 17 | 22 |
| Dissatisfied | 5 | 6 | 4 | 3 | 9 |
| Very dissatisfied | 2 | 2 | 3 | 2 | 4 |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

Table 31 (Continued): Satisfaction with quality of information received, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022**  **Total sample**  **%** | **Māori**  **%** | **Pasifika**  **%** | **Young**  **%** | **Disabled**  **%** |
| **Breastfeeding/chest feeding** | | | | | | |
| Unweighted base = | 4173 | 911 | 887 | 598 | 239 |
| Satisfied/Very satisfied | 76 | 76 | 79 | 75 | 61 |
| Very satisfied | 41 | 46 | 48 | 48 | 35 |
| Satisfied | 35 | 30 | 31 | 25 | 26 |
| Neutral | 12 | 14 | 13 | 15 | 18 |
| Dissatisfied | 7 | 6 | 4 | 6 | 11 |
| Very dissatisfied | 4 | 4 | 4 | 5 | 10 |
| **Parenting skills** | | | | | | |
| Unweighted base = | 4170 | 915 | 886 | 600 | 239 | |
| Satisfied/Very satisfied | 74 | 74 | 77 | 75 | 63 | |
| Very satisfied | 39 | 45 | 48 | 48 | 35 | |
| Satisfied | 35 | 29 | 29 | 27 | 28 | |
| Neutral | 16 | 14 | 15 | 15 | 17 | |
| Dissatisfied | 7 | 8 | 5 | 7 | 11 | |
| Very dissatisfied | 3 | 3 | 3 | 3 | 9 | |
| **Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes** | | | | | | |
| Unweighted base = | 3799 | 857 | 805 | 567 | 223 | |
| Satisfied/Very satisfied | 72 | 67 | 70 | 71 | 57 | |
| Very satisfied | 33 | 35 | 36 | 37 | 29 | |
| Satisfied | 39 | 32 | 34 | 34 | 28 | |
| Neutral | 19 | 20 | 20 | 19 | 27 | |
| Dissatisfied | 7 | 8 | 6 | 6 | 9 | |
| Very dissatisfied | 3 | 4 | 4 | 3 | 7 | |
| **WellChild Tamariki Ora/ Whānau Āwhina Plunket Services** | | | | | | |
| Unweighted base = | 4188 | 926 | 889 | 601 | 240 | |
| Satisfied/Very satisfied | 71 | 72 | 74 | 70 | 58 | |
| Very satisfied | 33 | 39 | 41 | 43 | 33 | |
| Satisfied | 38 | 33 | 33 | 27 | 25 | |
| Neutral | 20 | 18 | 16 | 22 | 26 | |
| Dissatisfied | 6 | 6 | 5 | 4 | 9 | |
| Very dissatisfied | 3 | 4 | 4 | 4 | 8 | |

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals may not sum to 100 percent due to rounding.

## 7.4 Paying for pregnancy-related services

All respondents were asked to identify which if any pregnancy-related services they paid for (Figure 35). Overall, 86% of respondents reported having paid for at least one pregnancy-related service. This result is significantly higher than the 71% recorded in 2014.

In terms of the specific services, most (80%) reported having paid for an ultrasound scan. This is a significantly higher percentage than in 2014 (57%). Also significantly higher than in 2014, are the percentages who reported having to pay to attend antenatal classes (15%, compared with 11%) or extra visits to their doctor in relation to their pregnancy (15%, compared with 13%).

Figure 35: Pregnancy-related services paid for

Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result.

Totals will not sum to 100 percent due to multiple response.

Statistically significant differences by key priority-groups (Table 32):

* **Māori** respondents were significantly more likely to report that they either did not receive, or pay for, any of the listed pregnancy services (20%, compared with 14% of the total sample).

They were also significantly less likely to report having paid for an ultrasound (74%, compared with 80% of the total sample) or for Hapū wānanga/PPE/Antenatal classes (7%, compared with 15% of the total sample).

* **Pasifika** respondents were also significantly more likely to report that they either did not receive, or pay for, any of the listed pregnancy services (22%, compared with 14% of the total sample).

They were also significantly less likely to report having paid for an ultrasound (72%, compared with 80% of the total sample) or for Hapū wānanga/PPE/Antenatal classes (5%, compared with 15% of the total sample).

However, they were significantly more likely to report having to pay for a visit to their doctor or Family Planning Clinic for a pregnancy test (19%, compared with 15% of the total sample).

* **Young** respondents were significantly less likely to report having paid for Hapū wānanga/PPE/Antenatal classes (8%, compared with 15% of the total sample).
* **Disabled** mothers and birthing parents were also significantly less likely to report having paid for Hapū wānanga/PPE/Antenatal classes (9%, compared with 15% of the total sample) or for obstetrician/specialist visits (4%, compared with 10%).

They were, however, significantly more likely to report having paid for visits to their doctor about their pregnancy (for reasons other than a pregnancy test) (23%, compared with 15% of the total sample).

Other statistically significant differences:

* **First-time mothers and birthing parents** were significantly more likely to report having paid for Hapū wānanga/PPE/Antenatal classes (19%, compared with 15% of the total sample).

They were also significantly more likely to report having to pay for a visit to their doctor or Family Planning Clinic for a pregnancy test (27%, compared with 15% of the total sample).

Table 32: Pregnancy-related services paid for, by key priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unweighted base = | 2022  Total sample  4352  % | Māori  970  % | Pasifika  928  % | Young  623  % | Disabled  251  % |
| Ultrasound scan(s) | 80 | 74 | 72 | 76 | 78 |
| Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal Classes | 15 | 7 | 5 | 8 | 9 |
| Other visits to your doctor about your pregnancy | 15 | 14 | 15 | 18 | 23 |
| A visit to your doctor or a Family Planning Clinic for a pregnancy test | 15 | 17 | 19 | 16 | 20 |
| Obstetrician or Specialist visits | 10 | 8 | 5 | 2 | 4 |
| Midwife services | 2 | 2 | 2 | 3 | 1 |
| Blood/screening tests | 1 | 1 | 0 | 0 | 1 |
| Other services paid for | 2 | 2 | 1 | 1 | 2 |
| I did not pay for/have any of these services | 14 | 20 | 22 | 18 | 18 |

Sub-samples are based on respondents who provided a response for this question.

Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

Totals will not sum to 100 percent due to multiple response.

Appendix A: Methodology

The 2022 Survey of Whānau/Families’ Experience of the Maternity System was completed in **five** stages as follows:

1. **Stage 1: Research development**

This stage commenced with the formation of an Expert Advisory Group (EAG) and obtaining ethics approval from the Health and Disability Ethics Committee (HDEC) in 2021. The EAG members represented the diverse perspective of stakeholders within the maternity sector:

* Dr Lesley Dixon of the New Zealand College of Midwives.
* Jade Chase, Chief Advisor Pae Ora - Māori Health, Ministry of Health.
* Tish Taihia, Clinical Midwife Manager Ngā Hau Mangere Birthing Centre, representing the Pasfika community.
* Melanie Tarrant and Pania Mitchell from Sands NZ.
* Dr George Parker, representing the rainbow community.

As part of this stage, we reviewed and redesigned the 2014 survey questionnaire (and invitation letters and other communication materials) to ensure they were fit-for-purpose, before cognitively testing them.

**Cognitive pre-testing**

Cognitive pre-testing of the questionnaire and invitation letter for the 2022 Survey of Whānau and Families’ Experience of the Maternity System was completed using Belson’s double-back method. Twelve mothers and birthing parents participated in this testing which was completed between 26 and 30 November 2021.

These respondents identified as Māori, Pasifika, European and Asian; young mothers and birthing parents; disabled people; and included a member of the LGBTQ+ community. Some also noted that they generally have difficulty in relation to their level of literacy. The sample included a cross-section of first-time mothers/birthing parents (including twins), those with other children and those who had also lost a pēpē/baby.

On average, respondents took 15-20 minutes to complete the survey questionnaire, with most commenting that the questioning was clear, and they could easily move through the logically ordered sections which reflected their maternity journey.

As a result of the cognitive pre-testing, minor wording changes were made to the questionnaire and invitation letter.

A copy of the final survey questionnaire, the Participant Information Sheet, survey invitation letter and email reminder may be found in Appendix B.

**Sampling strategy**

This stage also involved finalising the sampling strategy. Given the lower-than-expected response to the 2014 Maternity Services Consumer Satisfaction Survey, Māori, Pasifika and young mothers and birthing parents, were over-sampled for the 2022 Survey of Whānau and Families’ Experience of the Maternity System.

The original intention was to draw a sample of mothers/birthing parents based on those who had given birth between November 2020 and February 2021. However, there were issues matching the data in the National Maternity Collection and in the data warehouse since the Primary Maternity Notice was implemented in late November 2021. Therefore, the decision was made to sample all mothers/birthing parents who had given birth between January and November 2021.

1. **Stage 2: Pilot**

Before fully launching the 2022 Survey of Whānau and Families’ Experience of the Maternity System, a pilot was conducted between 13 June and 11 July 2022 as follows:

* The pilot simulated the survey process and involved a random sample of n=500 mothers/birthing parents, with Māori, Pasifika and young mothers and birthing parents being over-sampled. A sub-sample of n=100 of each of the three priority groups was selected and an additional n=200 mothers/birthing parents aged 25 years or older of any ethnicity except Māori or Pasifika.

These potential respondents were initially sent a survey pack, which included a personalised survey invitation letter (printed on Health New Zealand’s interim letterhead), an information sheet and a paper copy of the survey questionnaire. The letter also gave them the opportunity to complete the survey online (by providing the survey URL and a personalised log-on and password) or by telephone.

One week later (on 20June 2022), a reminder postcard was sent to all respondents. The postcard thanked those who had already completed the survey and encouraged those who had not yet completed the survey, to do so.

Potential respondents who had not completed the survey by 23 June 2022 were then followed up by telephone (where a telephone number was available). As no telephone numbers were provided with the original sample, the sample was tele-matched through a third-party provider. However, the tele-match rate was particularly low at 8% (i.e. 42 of 500); one-half of the 2014 tele-matching rate of 16%.

The overall response rate for the pilot was 10% (i.e. 49 of 500); significantly lower than the 21% recorded for the 2014 pilot. This comprised 26 paper returns and 23 online returns (i.e. no respondent completed the survey by telephone). The response rate for each of the priority groups was between 5% and 7%, with 19% for all other respondents.

Based on the results of the pilot, the major recommendations made and accepted by Te Whatu Ora, affecting the methodology for the survey, were as follows:

* Use alternative contact information available via Te Whatu Ora; specifically email addresses and telephone contact numbers.
* Promote the survey on the social media platforms used by Te Whatu Ora and its consumer groups and include a link to the survey on Research New Zealand’s website.

1. **Stage 3: Full launch**

The 2022 Survey of Whānau and Families’ Experience of the Maternity System was fully launched on 12 August 2022 and by the close-off date of 4 October 2022, responses had been received from n=4,355 respondents. This was after three phases of reminder activity (two email reminders and one text reminder), telephone follow-up calls and the incentive of being entered into a prize draw for one of five gift vouchers.

As is the standard practice, this research was conducted on an informed consent basis. The first question in the online and paper versions of the questionnaire asked respondents to confirm their informed consent before commencing with the survey. Respondents who were contacted by telephone were asked for their consent by the interviewer at the time of recruitment.

Of the n=4,355 surveys completed by mothers and birthing parents, the majority completed the survey online (n=3,511), while n=561 completed the survey on paper and n=283 by telephone (Table 33 overleaf).

Substantial responses were received form all priority groups:

* n=971 Māori mothers and birthing parents.
* n=930 Pasifika mothers and birthing parents.
* n=625 young mothers and birthing parents.
* n=251 disabled mothers and birthing parents.

A demographic description of the achieved sample can be found in Table 34.

Table 33: Survey response by priority groups

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total** | **Māori** | **Pasifika** | **Young** | **Disabled people** |
| Invited to take part in the survey\* | 12,001 | 3,323 | 3,261 | 2,963 | - |
| **Survey completed:** |  |  |  |  |  |
| Online | 3,511 | 756 | 771 | 492 | 205 |
| On paper | 561 | 122 | 498 | 57 | 17 |
| By telephone | 283 | 93 | 187 | 76 | 29 |
| **Total completed** | **4,355** | **971** | **930** | **625** | **251** |
| **Participation rate\*\*** | **36%** | **29%** | **29%** | **21%** | **-** |

\*The numbers of Māori and Pasifika invited to take part in the survey are based on ethnicity data provided by Te Whatu Ora, whereas the numbers of Māori and Pasifika who completed the survey are based on self-reported ethnicity.

\*\*Participation rate is calculated as the number of completed surveys divided by the number of invitations sent out.

Please note that the responses by age, ethnicity and disability status are not mutually exclusive. For example, a mother/birthing parent could have been counted as both Māori and a disabled person.

Table 34: Demographic profile of respondents

|  |  |
| --- | --- |
| Unweighted base = | 2022  Achieved sample  4355  % |
| **Age** |  |
| 24 and under | 14 |
| 25-29 | 27 |
| 29-34 | 36 |
| 35-44 | 22 |
| **Ethnicity\*** |  |
| NZ European | 63 |
| Māori | 21 |
| Pacific | 11 |
| West Asian | 9 |
| East Asian | 10 |
| European | 2 |
| Middle Eastern/Latin American/African | 1 |
| Other | 1 |
| **Gender** |  |
| Identified as female | 98 |
| Identified as male | 2 |
| Identified as non-binary/gender diverse | <1 |
| **Disability** |  |
| Yes | 6 |
| No | 94 |
| **First time mother/birthing parent** |  |
| Yes | 48 |
| No | 52 |

\*Total will not sum to 100 percent due to multiple response.

1. **Stage 4: Processing**

As an interim step, before the survey results were analysed, the survey data was processed as follows:

* The paper responses to the 2022 Survey of Whānau and Families’ Experience of the Maternity System were initially checked, edited (using agreed protocols) and then data entered into our system. A ‘master’ dataset was then created by combining these responses with responses received online and the interviews completed by telephone.
* Where possible, ‘other specify’ answers to questions were coded using the existing code frame to these questions, and adding new codes where needed.
* All verbatim responses were depersonalised of names, places or situations which might directly or indirectly identify a respondent.
* Finally, the data was **weighted** (using parameters supplied by Te Whatu Ora), to correct for the oversampling of the three priority groups.

1. **Stage 5: Analysis & Reporting**

Where possible, the results of the 2022 Survey of Whānau and Families’ Experience of the Maternity System have been analysed and reported:

* By total sample.
* By the priority groups:
* For analysis and reporting purposes, a ‘total response’ approach was used for ethnicity. This means that if a mother/birthing parent identified as being of both Māori and Pacific ethnicity then they were included in both categories.
* Also included in the body of this report are any statistically significant differences between first-time mothers/birthing parents and the total sample. However, as this particular group of respondents was not identified as one of the key priority groups, their results are mentioned in the text only and not included in the figures or tables.
* In comparison to the 2014 survey.

In addition, regression analysis was conducted in order to identify what factors explain mothers and birthing parents’ overall satisfaction with the maternity and perinatal care they received (i.e. what most influences or ‘drives’ overall satisfaction).

Table 35 shows the results of this regression analysis and identifies the two variables that most account for the satisfaction of overall care:

* The overall care received from a respondent’s midwife during pēpē/baby’s first few weeks.
* The overall care received at the hospital/birthing unit after the birth of pēpē/baby.

The β-value indicates the extent to which a unit improvement (i.e. 1.0) in one of these variables will have on satisfaction.

Table 35: Regression analysis

|  |  |  |
| --- | --- | --- |
|  | β-value | Significance |
| The overall care you received from your midwife during pēpē/baby´s first few weeks (Q31) | 0.128 | 0.024 |
| The overall care you received at the hospital/birthing unit after the birth of your pēpē/baby (Q27) | 0.124 | 0.019 |
| How confident you were in the skills of the people caring for you (Q24) | 0.106 | 0.004 |
| That the people involved in your care while you were hapū/pregnant were responsive to all of your needs (Q13) | 0.098 | 0.015 |
| Information about food and exercise for both you and your pēpē/baby (Q36) | 0.090 | 0.016 |
| Information about breastfeeding/chest feeding (Q36) | 0.083 | 0.017 |
| How accessible any specialists were that you or your pēpē/baby needed to see (Q32) | 0.074 | 0.011 |

**Accuracy**

The following table shows the maximum margin of error for the total sample and priority groups after weighting (Table 36).

Table 36: Maximum margin of error by priority groups

|  |  |  |
| --- | --- | --- |
|  | Total No. | Maximum margin of error % |
| Māori | 971 | +/-3.17 |
| Pasifika | 930 | +/-3.39 |
| Young mothers and birthing parents | 625 | +/-4.19 |
| Disabled mothers/birthing parents | 251 | +/-6.59 |
| **Total** | **4,355** | **+/- 1.58** |

\*Note: Response rate excludes the ‘return to senders’.

### \*\*Please note that the responses by age, ethnicity and disability status are not mutually exclusive. For example, a mother or birthing parent could have been counted as both Māori and under 25.

Appendix B: Questionnaire, survey invitation letter and Participant Information Sheet

Dear/Tēnā koe «FirstName»

**Survey of Whānau/Families’ Experience of the Maternity System**

You are invited to take part in a survey about your experience of New Zealand’s maternity system. This survey is for women/people whose pēpē/baby was born in 2021.

***What does taking part involve?***

You can complete the survey, in under 15 minutes:

**On paper**

When you have finished, send it to Research NZ using the freepost envelope provided.

**By telephone**

An interviewer may call you to arrange a time to do the survey over the phone, or you can call Research NZ directly on 0800 273 732.

**Online**

Step 1: Go to [www.researchnz.com](http://www.researchnz.com)

Step 2: Click on **Current Surveys**

Step 3: Choose **Survey of Whānau/ Families’ Experience of the Maternity System**

Step 4: Enter your **Survey Access Code:** «PIN»

**OR** scan the **QR code** to go straight to the start of the survey and enter your **Survey Access Code**: «PIN»

It is FREE to complete the survey online – your data use charges are covered by Health New Zealand’s Sponsored Data Initiative.

To help make sure all whānau/families get the best maternity care in the future, we would like to know about the care you and your pēpē/baby received while you were hapū/pregnant, when giving birth and in the weeks that followed.

We want to know about your full experience – **good or bad** – so that we can make improvements to the maternity system where they are needed the most.

As a thank you, if you complete the survey, you will go in the draw to win 1 of 5 **$200 Baby on the Move vouchers**.

So that you can provide open and honest feedback, we have asked Research New Zealand to conduct this survey on our behalf.

Taking part in this survey is completely voluntary and **confidential**. If you choose to take part, you will not be personally identified in any way when the results are reported.

Please read the enclosed participant information sheet for more information about the survey, how the results will be used and who to contact if you have any questions.

Yours sincerely/Nāku noa, nā

Mark Powell

**Acting Group Manager**

**Community Health System Improvement and Innovation**

Participant Information Sheet

2022 Survey of Whānau/Families’ Experience of the Maternity System

You are invited to take part in the **2022 Survey of Whānau/Families’ Experience of the Maternity System**.

Whether or not you take part is your choice. If you don’t want to take part, you don’t have to give a reason. If you do want to take part now, but change your mind at any point, that’s okay, you can pull out of the survey at any time.

The following information is here to help you decide if you’d like to take part.

**What is the purpose of the survey?**

This survey is being funded by Health New Zealand (the Ministry of Health).

The results of this survey will be used by Health New Zealand (the Ministry of Health) to make sure the maternity care services provided to women/people in Aotearoa New Zealand are of the highest possible standard. The results will help identify any areas that need to be improved, to better support whānau/families in the future.

The survey updates similar surveys completed in previous years and therefore will help evaluate whether recent changes to care services have had the desired impact or whether further changes need to be made.

The completion of the survey is endorsed by the New Zealand College of Midwives and supported by various consumer organisations, including those specifically providing services to Māori and Pasifika peoples.

**Why and how have you been selected?**

Your name and contact details were randomly selected from your hospital and/or Lead Maternity Carer records held by Health New Zealand (the Ministry of Health). These records show that you gave birth to a pēpē/baby in 2021.

**What types of questions will you be asked?**

The survey will include questions in the following areas:

* The level of care you expected to receive and whether your needs were met to your satisfaction.
* What was good and what could have been better.
* Whether or not you received the information you wanted and had all your questions answered to your satisfaction.
* Whether you had any problems getting the services you needed, including the cost of these services.

**What’s involved in completing the survey?**

First and most important of all, completing the survey is **completely voluntary**, **anonymous**,and **confidential**.

However, if you choose to complete the survey:

* **No preparation** will be required.
* It will only take about **15 minutes to complete**.
* You will have the **choice** of completing it on paper, online or via a scheduled telephone appointment with an interviewer.
* You are welcome to have a **support person** with you while you complete the survey.
* You **will not have to answer** any questions if you don’t want to.
* You will be able to **stop at any time**, restart or decide **not** **to continue**.
* At **no** stage will you be asked to provide any personal information.

**What will happen to the information you provide?**

A very small team of researchers at Research New Zealand are the only people who will be able to see your individual survey responses. Any information relating to you personally (e.g. your name) will be removed from the survey data and deleted from their records when the survey period ends. This means the final dataset that contains everyone’s survey answers will be completely anonymous.

This final dataset containing everyone’s survey answers will be analysed by the researchers based on broad groups of people defined, for example, by their age or ethnicity. As mentioned above, you will **not** be identified – either directly or indirectly – in any analysis and reporting.

This final (anonymous) survey dataset will be stored securely by the researchers, indefinitely, in a secure government approved local cloud-based storage system, and access to this will be strictly controlled in accordance with their Code of Practice.

**Do I need to take part in the survey?**

No it’s your choice – participation is completely voluntary. If you don’t want to be contacted, please call Research New Zealand on 0800 273 732 and quote this reference number: «IDNO»

**Who are the researchers?**

Research New Zealand ([www.researchnz.com](http://www.researchnz.com)) has been employed by Health New Zealand (the Ministry of Health) to manage this survey on its behalf. Research New Zealand managed the previous surveys.

For the purposes of carrying out the current survey, they are an ‘agent’ of Health New Zealand (the Ministry of Health), and under the New Zealand Privacy Act 2020, have been given the information they need to contact you. When the survey is finished (see above), they will delete this information from their computer system, as is required by their Code of Practice.

**Has this research received ethics approval?**

Yes, the New Zealand Health & Disability Ethics Committee ([www.ethics.health.govt.nz](http://www.ethics.health.govt.nz)) has provided ethics approval for the surveys.

**What are your rights?**

You have the right to ask for a copy of the information that you have provided in completing the survey.

You also have the right to ask that any information you disagree with to be corrected, and you have the right to ask that all of your survey responses be deleted if that is what you want to happen.

**Can you find out about the results of the survey?**

Yes, Health New Zealand (the Ministry of Health) will publish the report on its website, and Research New Zealand will email a summary of the results to anyone who requests this.

Do you have any other questions or concerns?

If you have any other questions or concerns, please contact Sarah Buchanan, Senior Researcher, Research New Zealand ([Sarah.M.Buchanan@researchnz.com](mailto:Sarah.M.Buchanan@researchnz.com)) or 0800 273 732. If Sarah cannot answer your query, she will refer you to the appropriate member of Health New Zealand (the Ministry of Health) to deal with your query.

If you would like to talk to someone who isn’t directly involved in the survey, you can contact an independent health and disability advocate:

Phone: 0800 555 050

Fax: 0800 2 SUPPORT (0800 2787 7678)

Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz)

Website: <https://www.advocacy.org.nz>

You can also contact the Health and Disability Ethics Committee (HDEC) that approved this survey (Ref number: 2021 EXP 11335) on:

Phone: 0800 ETHIC

Email: hdecs@health.govt.nz

1. These two stages have been identified as correlating the most highly with overall satisfaction, as a result of a regression analysis. Refer to Appendix A for details. [↑](#footnote-ref-2)