

# Research New Zealand

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

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## 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).

2. Māori, Pasifika and young mothers and birthing parents recorded levels of satisfaction with their '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%.

3. 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.

4. 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.<sup>1</sup>
5. 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.

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<sup>1</sup> 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.

## 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).

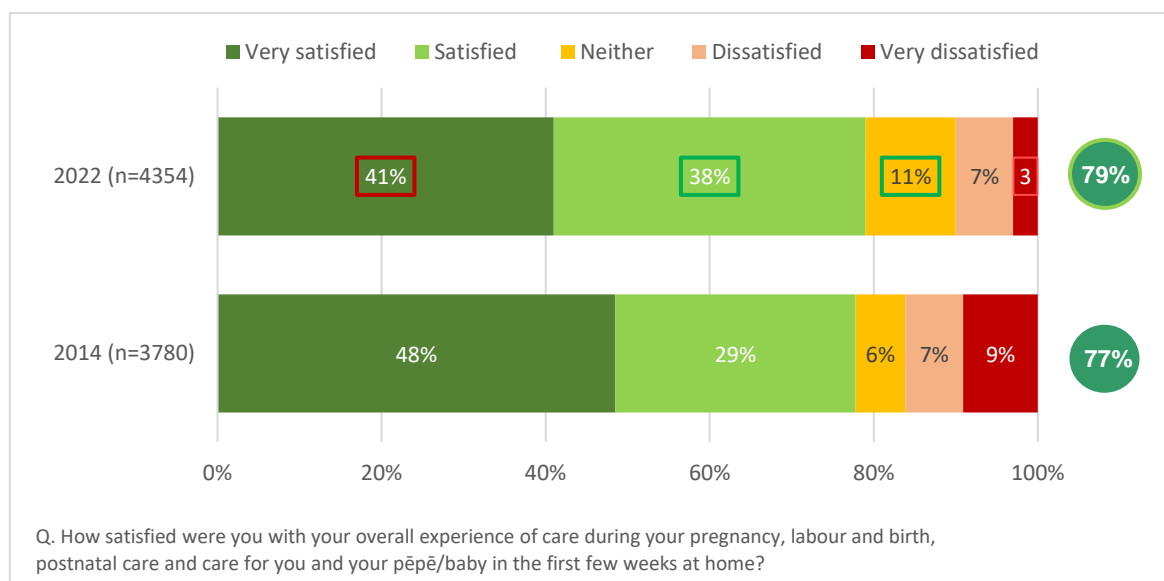
A summary report has also been prepared based on all three technical reports (New Zealanders' Experiences and Perceptions of the Maternity and Perinatal System 2022. A Summary Report).

## 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):

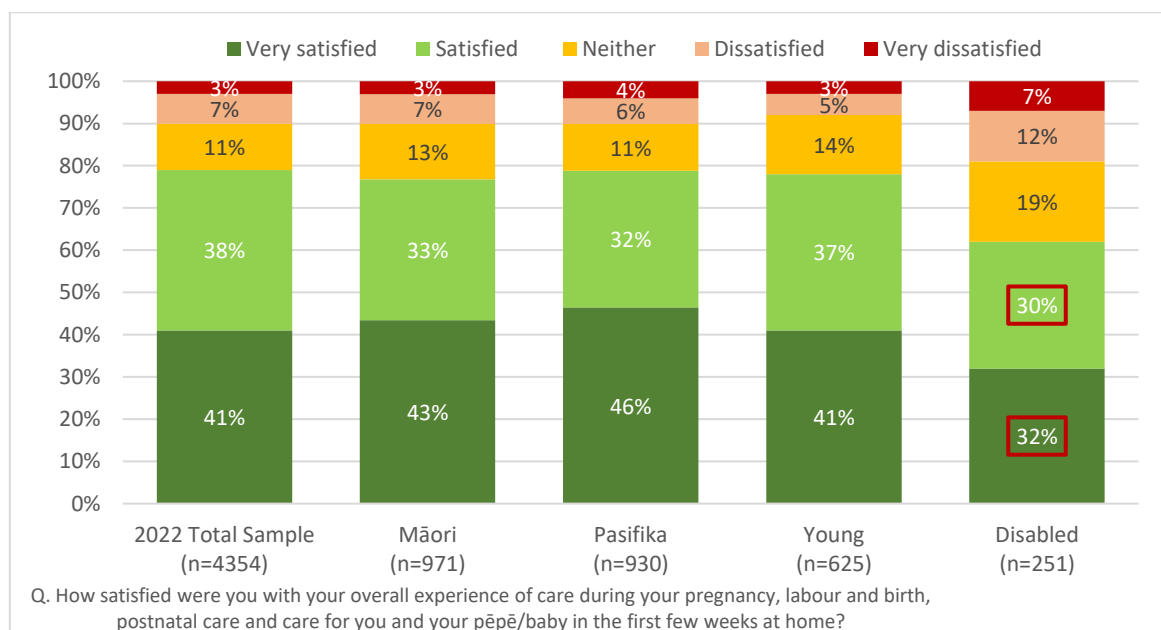
- **Disabled** mothers and birthing parents were significantly **less likely to be ‘very satisfied’** with the care they received. This brings their overall satisfaction rating down to 62% (which is significantly lower than the total sample result of 79%).

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

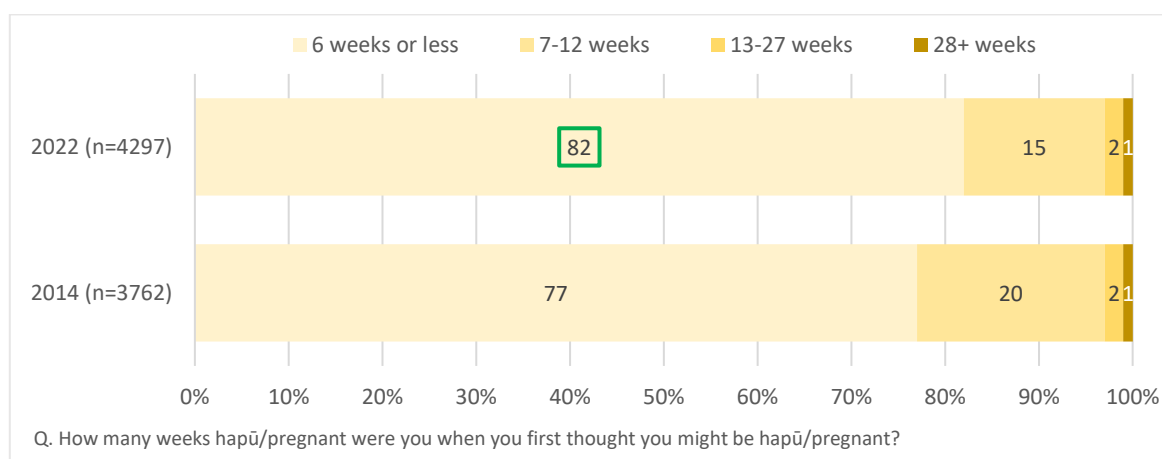
### 3.1 When respondents first suspected they were hapū/pregnant

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 parents were **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.

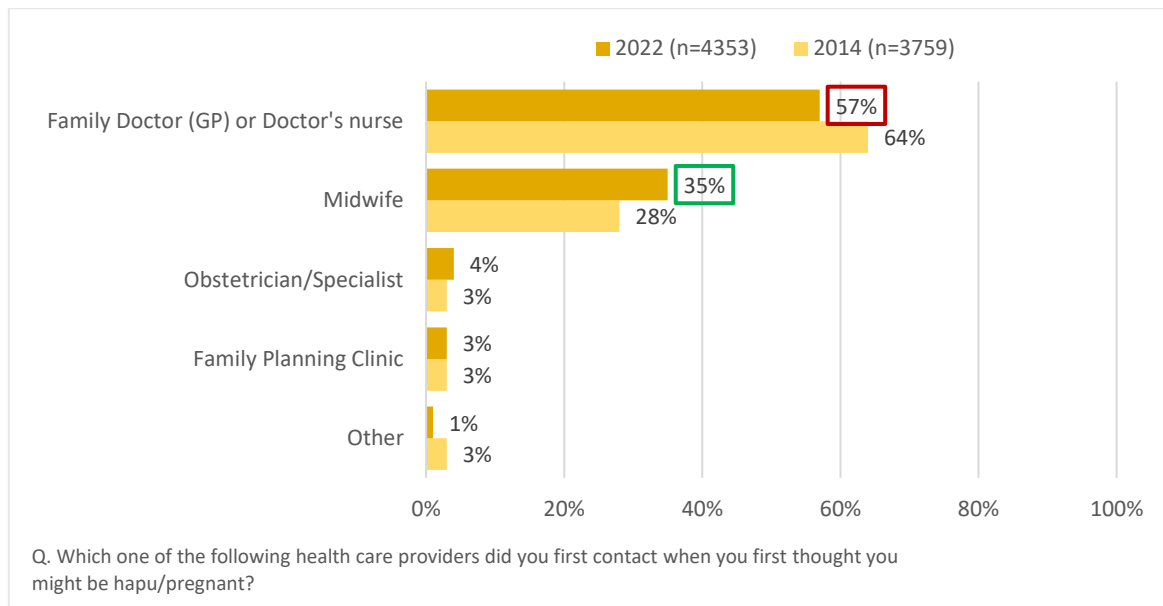
### 3.2 Initial contact with healthcare provider

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

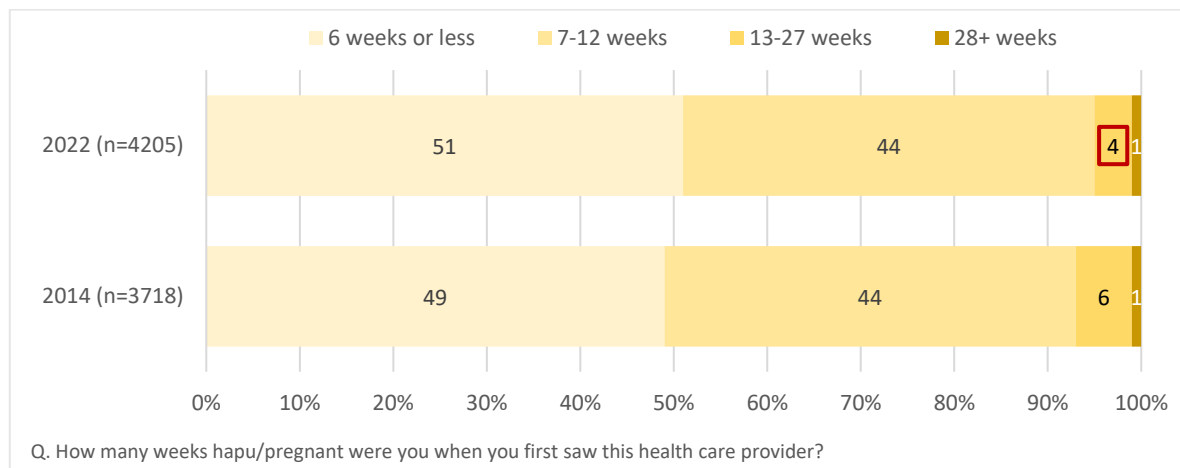
Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Don’t know/Can’t remember’.

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'.

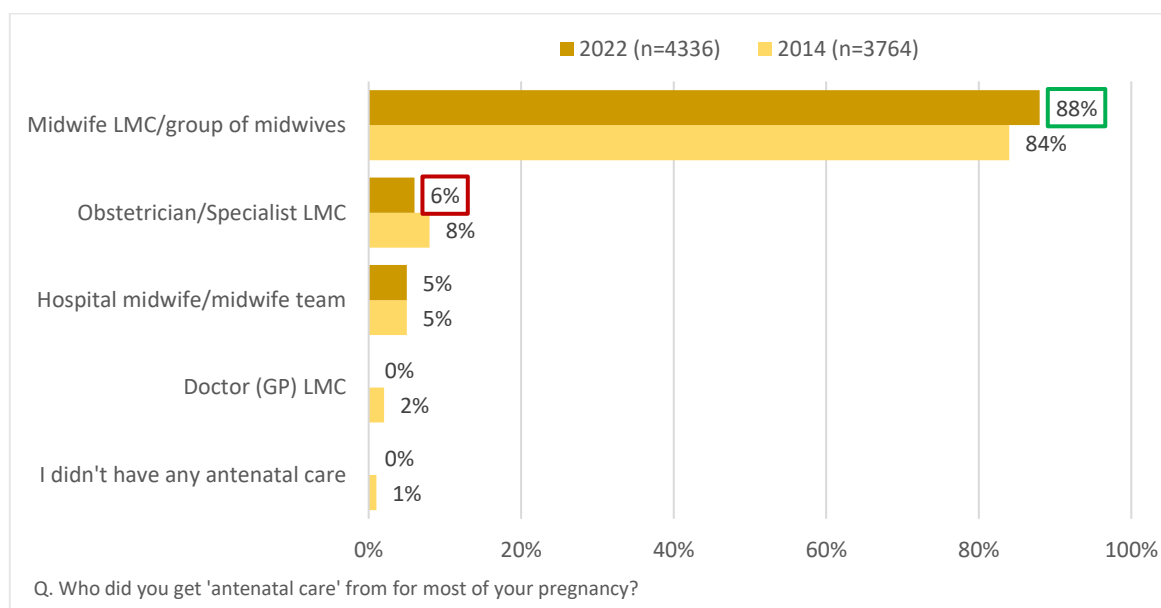
Figures in red are significantly lower when compared to the total sample, while figures in green are significantly higher.

### 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 (84%, 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%).

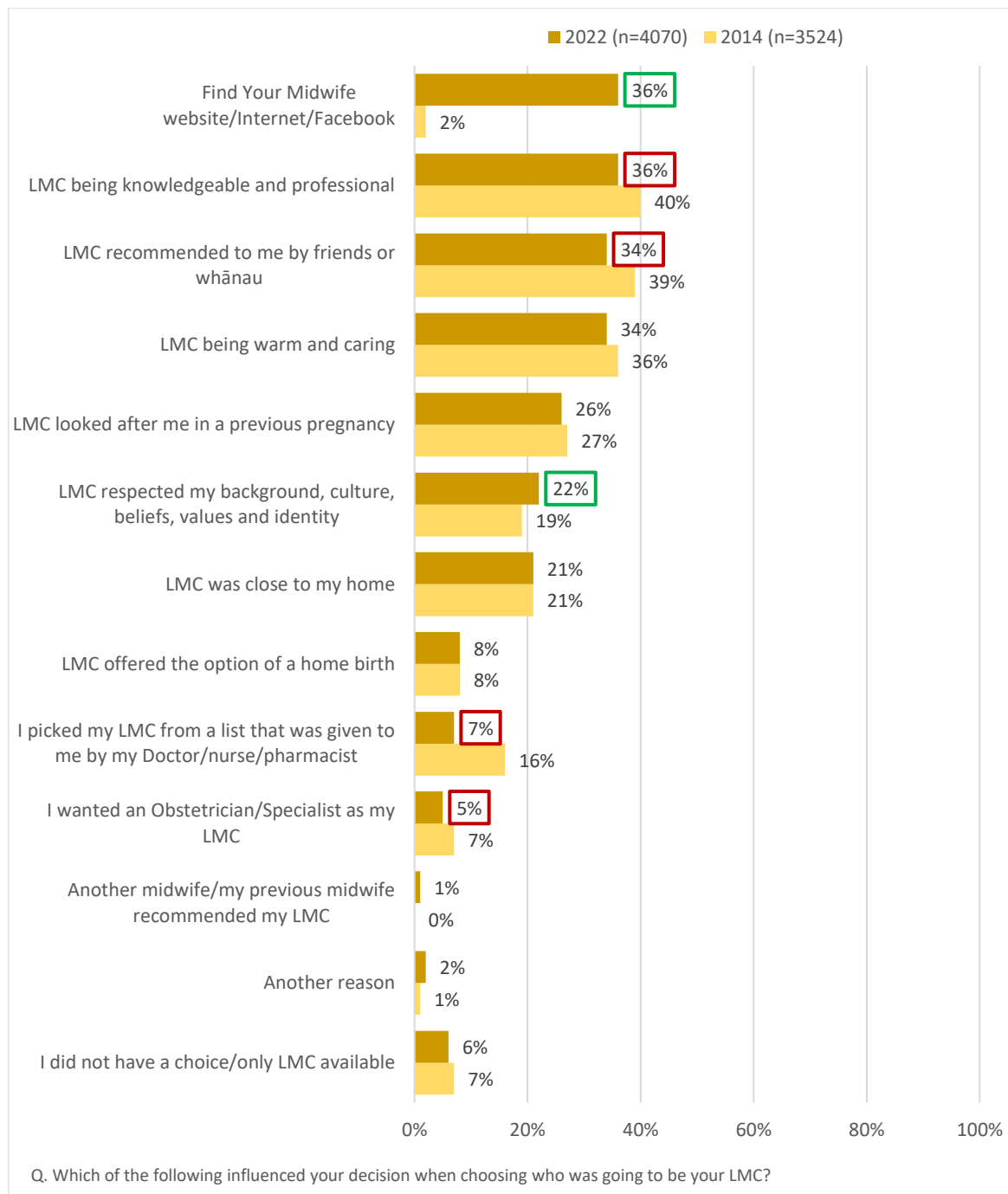
*I wanted a midwife who had worked in the hospital before. My first pregnancy was with a midwife without medical qualifications, and we did not have a very good experience. I wanted someone who was open to explaining things to me, both good and bad and would help prepare for a difficult birth.*

*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'.

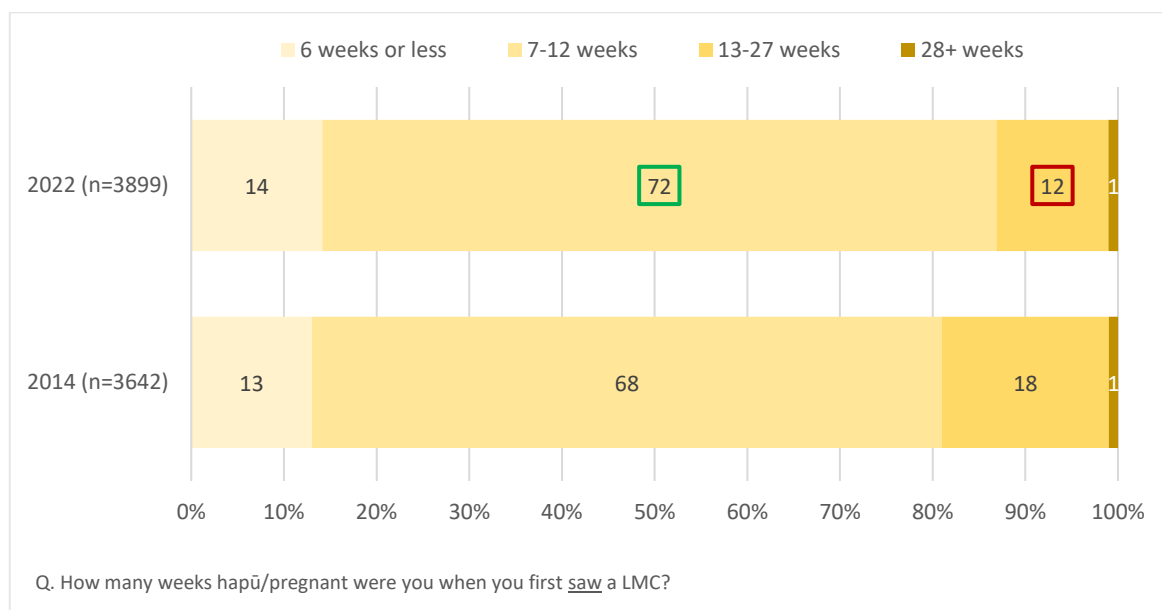
Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

### 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.*

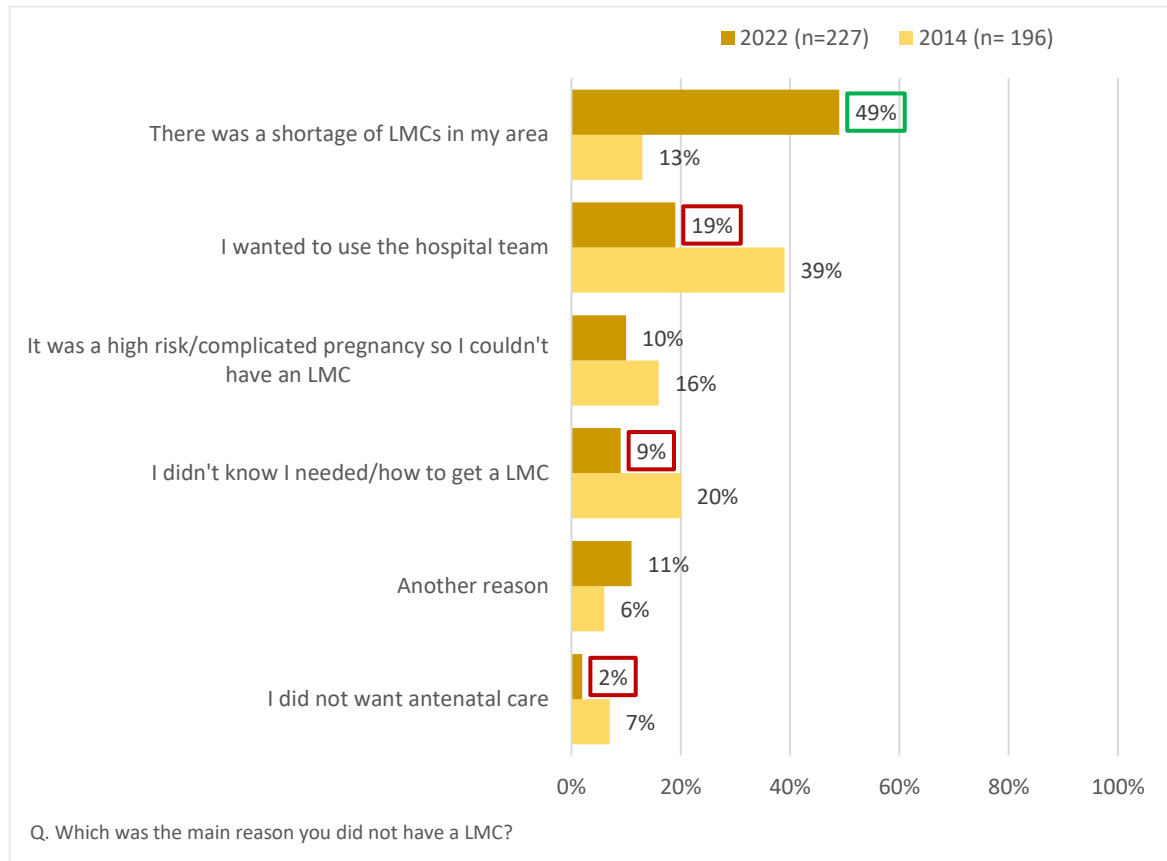
Nineteen percent of respondents who did not have an LMC explained that this was because they wanted to use the hospital midwife team. This is significantly lower than the in 39% recorded in 2014.

*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.

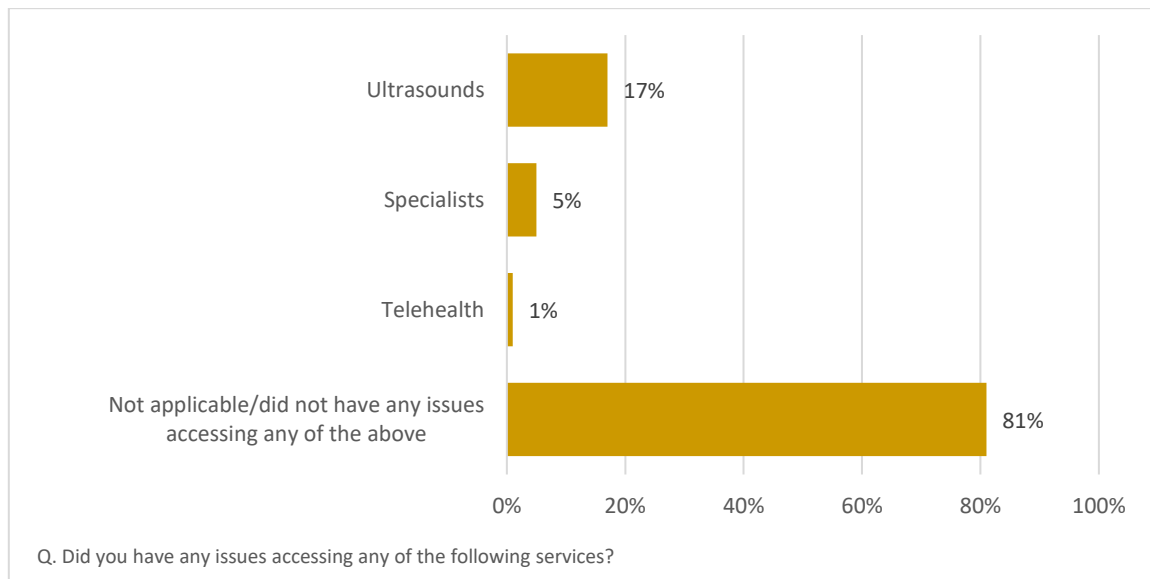
### 3.7 Accessing specific antenatal services

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 whom reported 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.*

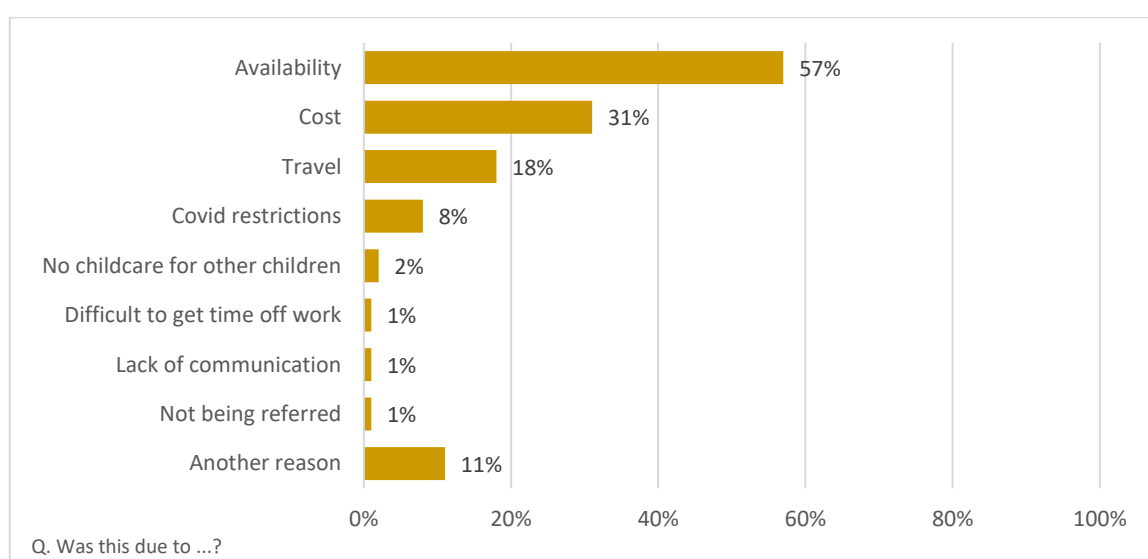
*Cost was so expensive - it was \$120 for a growth scan and almost \$60-80 for a normal scan and I had about four. It was also very hard getting appointments. I worked right through my pregnancy and could hardly ever get appointments after 3pm or first thing in the morning. For my first scans I had to 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.

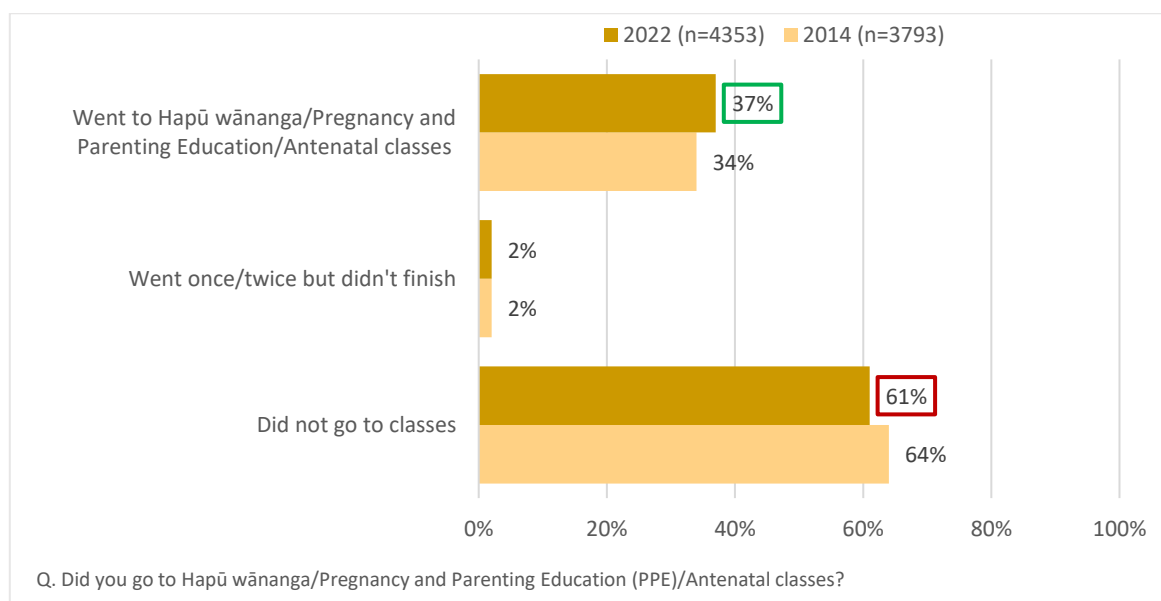
Totals will not sum to 100 percent due to multiple response.

### 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.

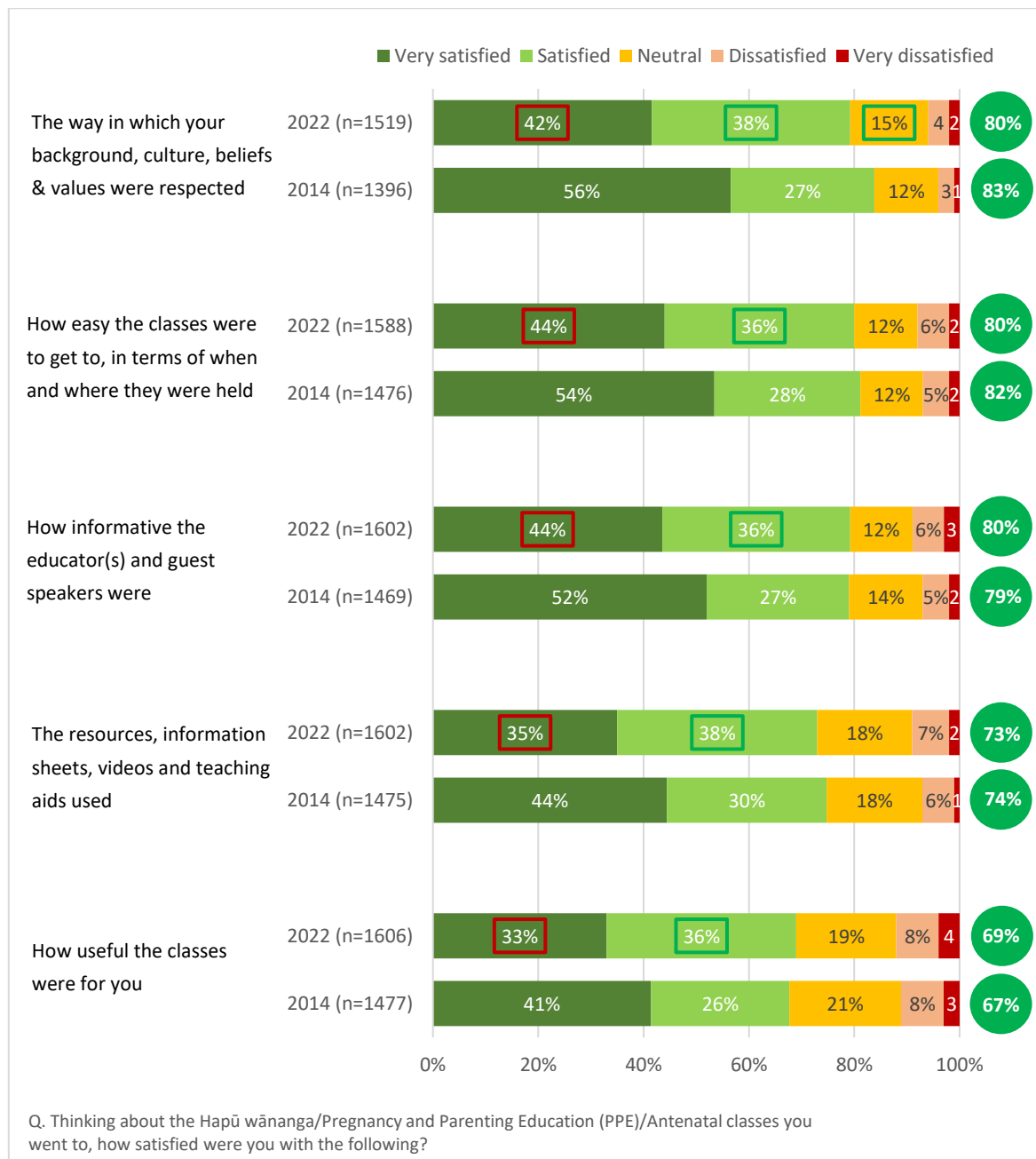
As illustrated in Figure 13 overleaf, 80% of respondents who attended antenatal classes were 'satisfied' or 'very satisfied' with 'the way in which their background, culture, beliefs and values were respected' in those classes, 'how easy they were to get to' and 'how informative' they were.

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**



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 %
<b>The way in which your background, culture, beliefs and values were respected</b>					
Unweighted base =	1519	307	188	186	71
<i>Satisfied/Very satisfied</i>	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
<b>How easy the classes were to get to, in terms of when and where they were held</b>					
Unweighted base =	1588	309	196	192	74
<i>Satisfied/Very satisfied</i>	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
<b>How informative the educator(s) and guest speakers were</b>					
Unweighted base =	1602	307	197	194	74
<i>Satisfied/Very satisfied</i>	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 %
<b>The resources, information sheets, videos and teaching aids used</b>					
Unweighted base =	1602	309	198	194	74
<i>Satisfied/Very satisfied</i>	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
<b>How useful the classes were for you</b>					
Unweighted base =	1606	310	198	195	74
<i>Satisfied/Very satisfied</i>	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.*

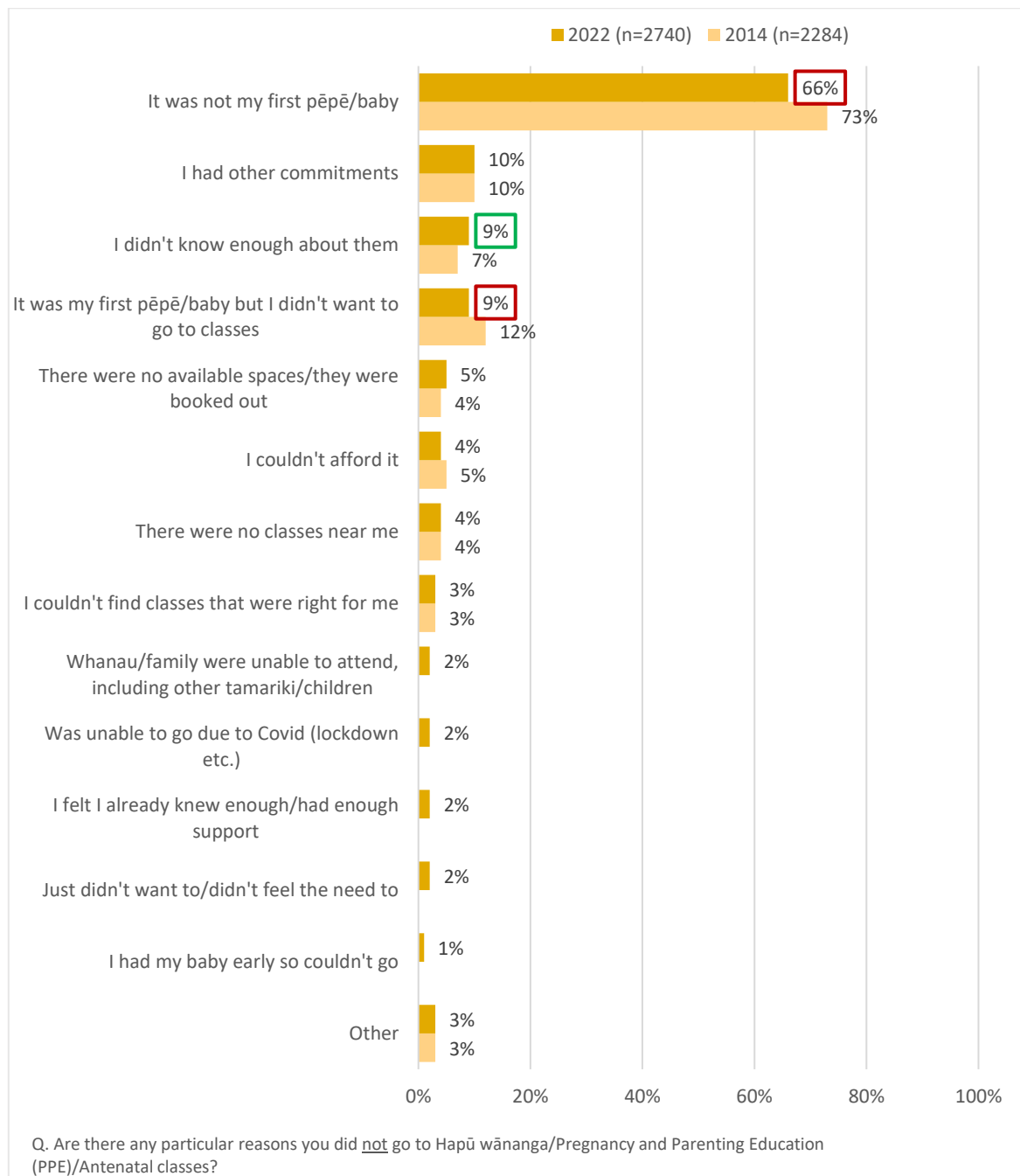
*I didn't know there was anything like this. My midwife was hopeless - I asked for classes and she said there are none.*

*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 %	Pasifik a 731 %	Youn g 429 %	Disable d 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

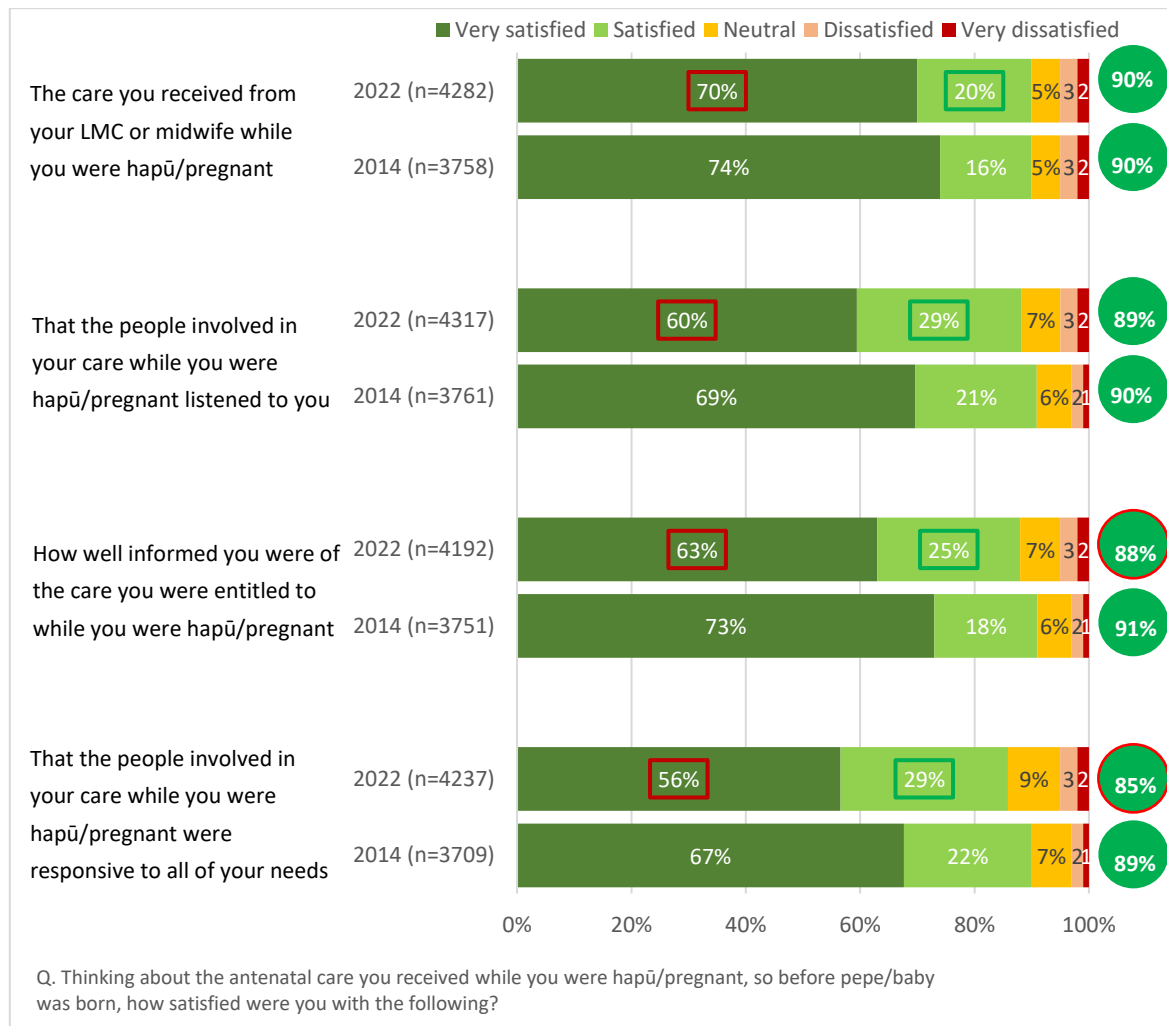
All respondents were asked to rate how satisfied they were with various aspects of the antenatal care they received during their pregnancy.

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**



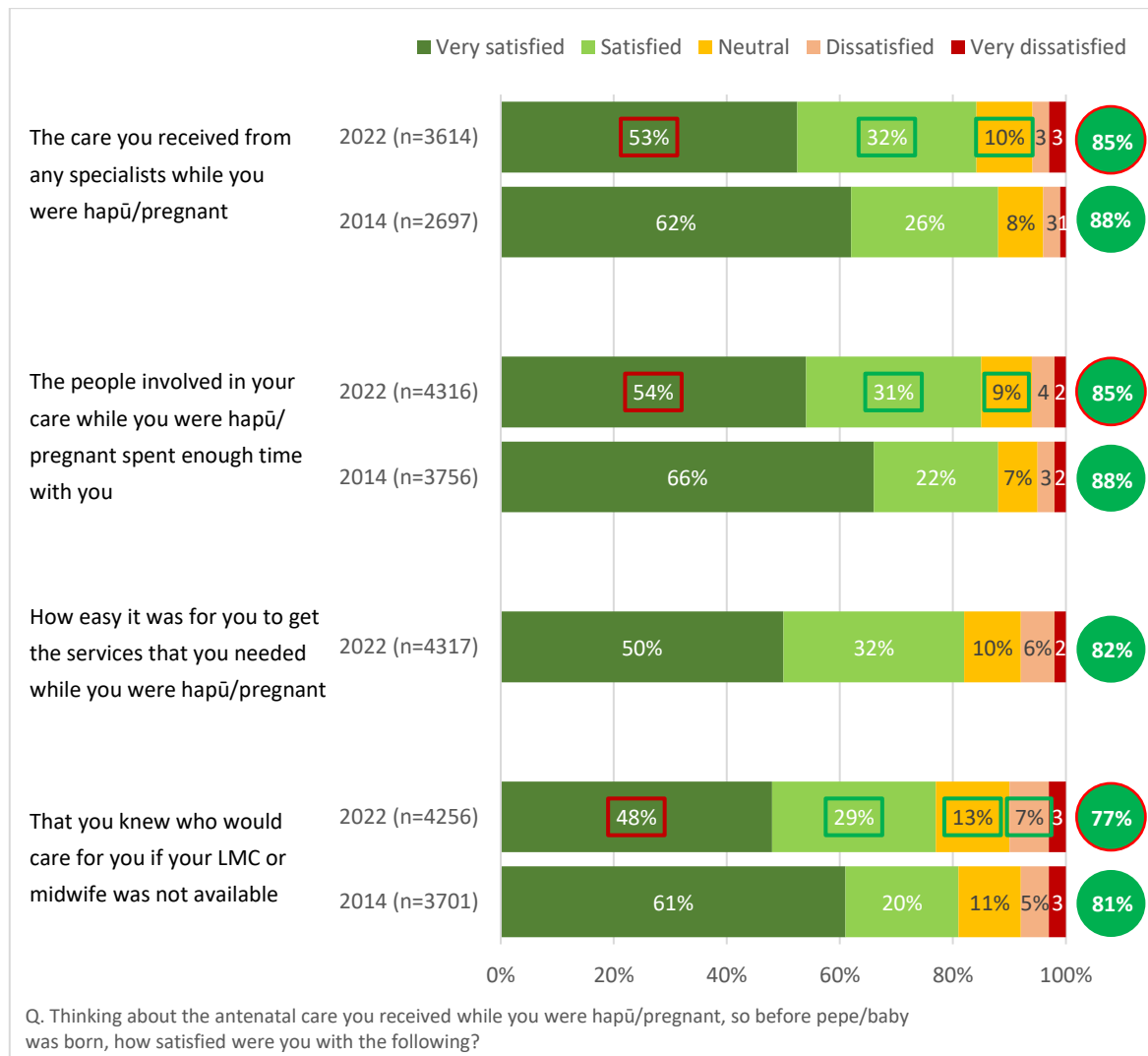
Sub-samples are based on respondents who provided a response for this question and excludes respondents who said, 'Not applicable'.

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**



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 %
<b>How well informed you were of the care you were entitled to while you were hapū/pregnant</b>					
Unweighted base =	4192	937	890	604	242
<i>Satisfied/Very satisfied</i>	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
<b>The care you received from your LMC or midwife while you were hapū/pregnant</b>					
Unweighted base =	4282	954	912	617	246
<i>Satisfied/Very satisfied</i>	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
<b>The care you received from any specialists while you were hapū/pregnant</b>					
Unweighted base =	3614	836	824	540	233
<i>Satisfied/Very satisfied</i>	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
<b>That the people involved in your care while you were hapū/pregnant were responsive to all of your needs</b>					

Unweighted base =	4237	948	900	608	245
<i>Satisfied/Very satisfied</i>	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 %
<b>That the people involved in your care while you were hapū/pregnant listened to you</b>					
Unweighted base =	4317	957	912	615	248
<i>Satisfied/Very satisfied</i>	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
<b>The people involved in your care while you were hapū/pregnant spent enough time with you</b>					
Unweighted base =	4316	959	913	614	249
<i>Satisfied/Very satisfied</i>	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
<b>How easy it was for you to get the services that you needed while you were hapū/pregnant</b>					
Unweighted base =	4317	959	916	618	246
<i>Satisfied/Very satisfied</i>	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
<b>That you knew who would care for you if your LMC or midwife was not available</b>					

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

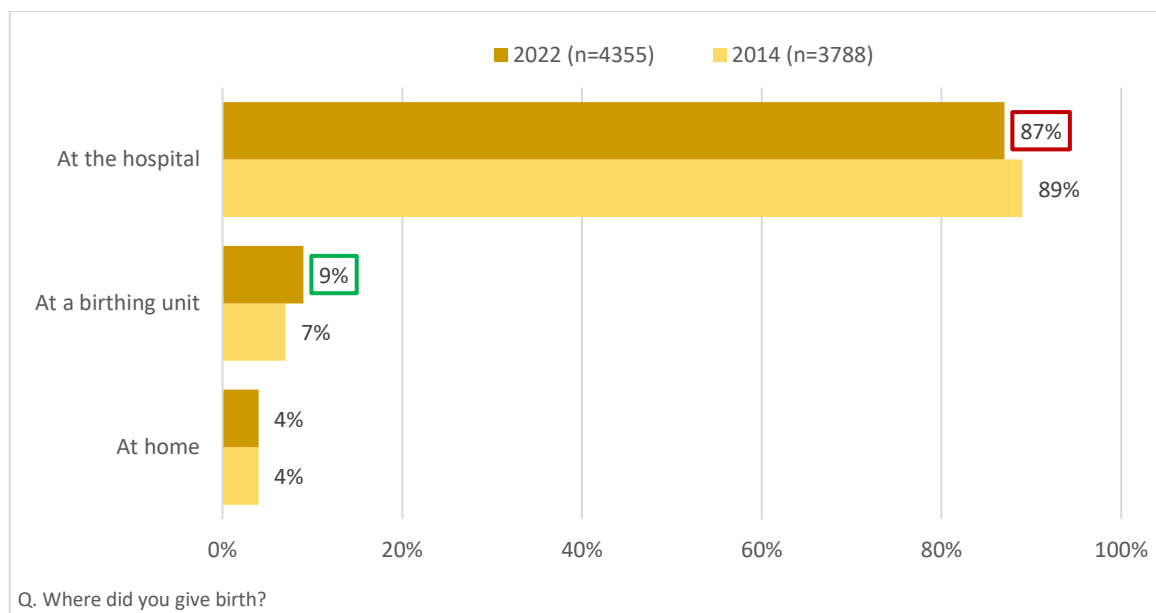
### 4.1 Place of birth

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.

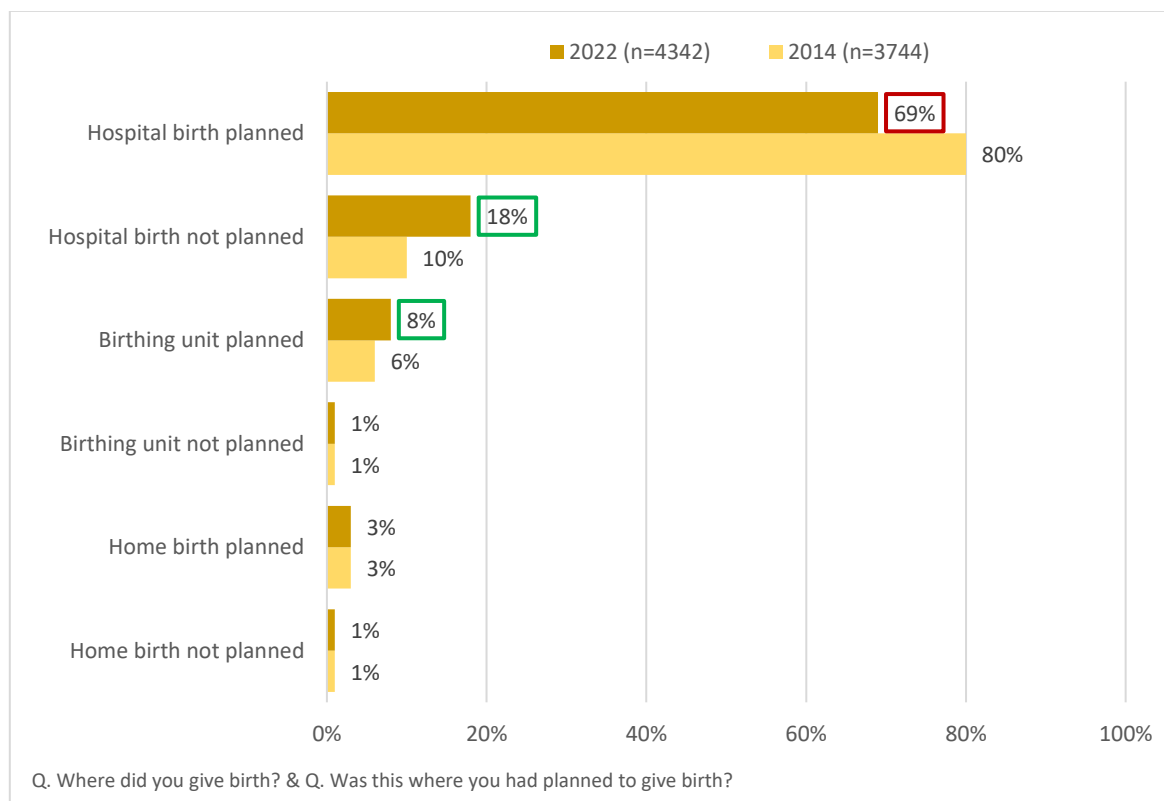
Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

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 %	Pasifik a 927 %	You ng 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'.

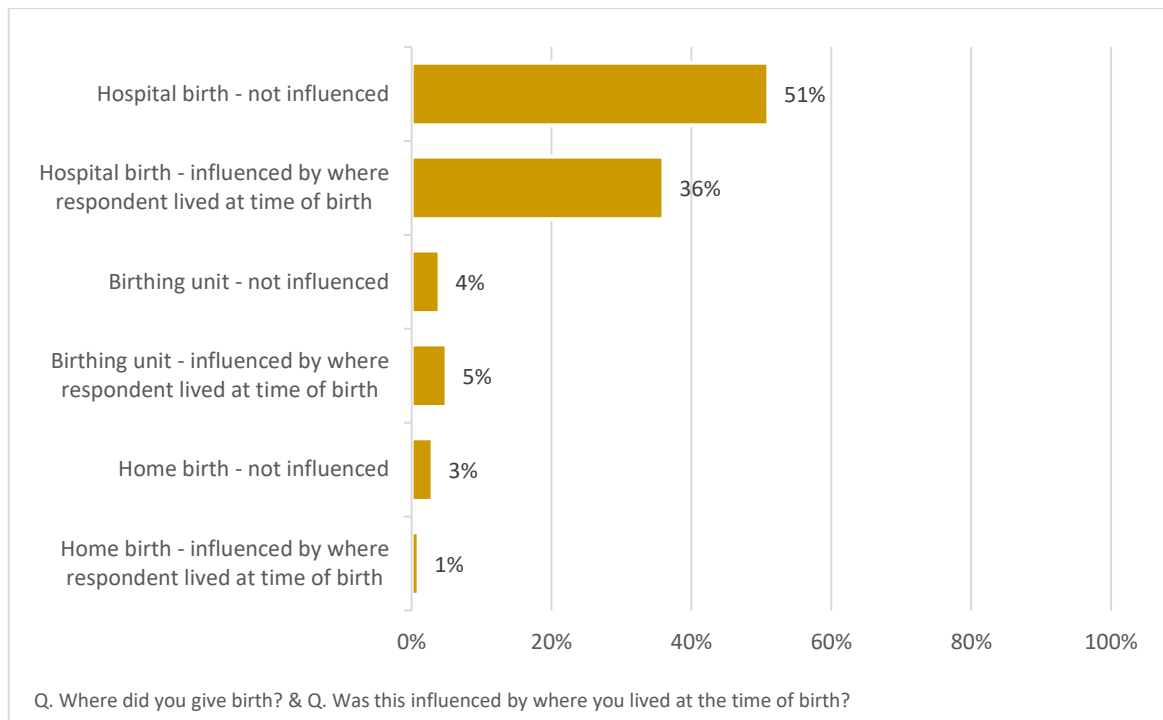
Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

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** respondents were 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 %	Pasifik a 927 %	Youn g 620 %	Disable d 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

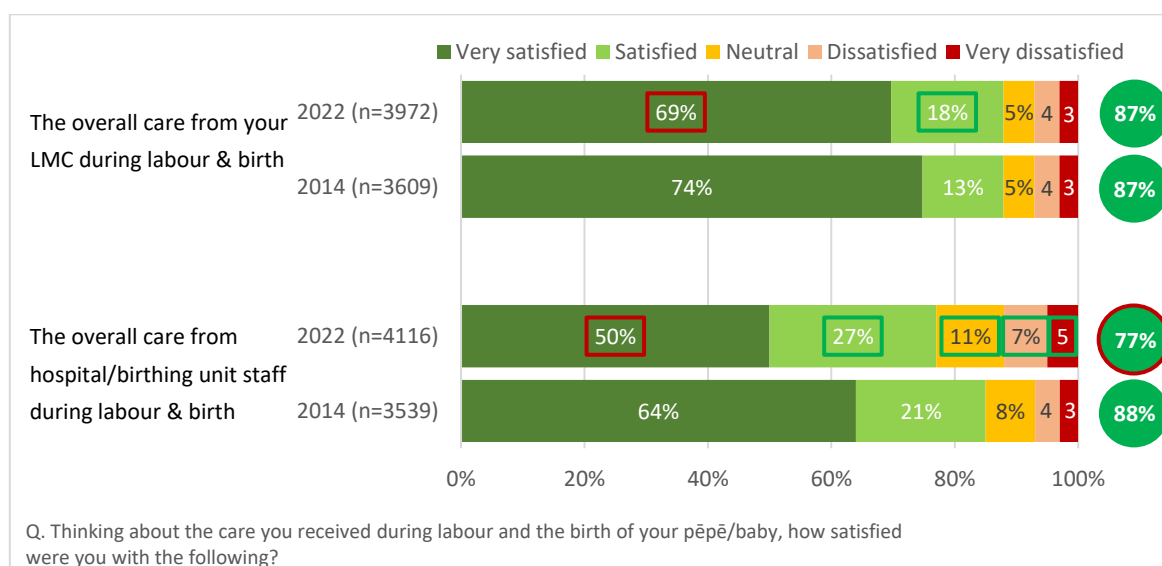
As illustrated in Figure 19, 87% of respondents were satisfied with the overall level of care they received

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**



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 %
<b>The overall care from your LMC during your labour and birth</b>					
Unweighted base =	3972	883	826	564	225
<i>Satisfied/Very satisfied</i>	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
<b>The overall care from hospital/birthing unit staff during your labour and birth</b>					
Unweighted base =	4116	908	891	588	244
<i>Satisfied/Very satisfied</i>	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.

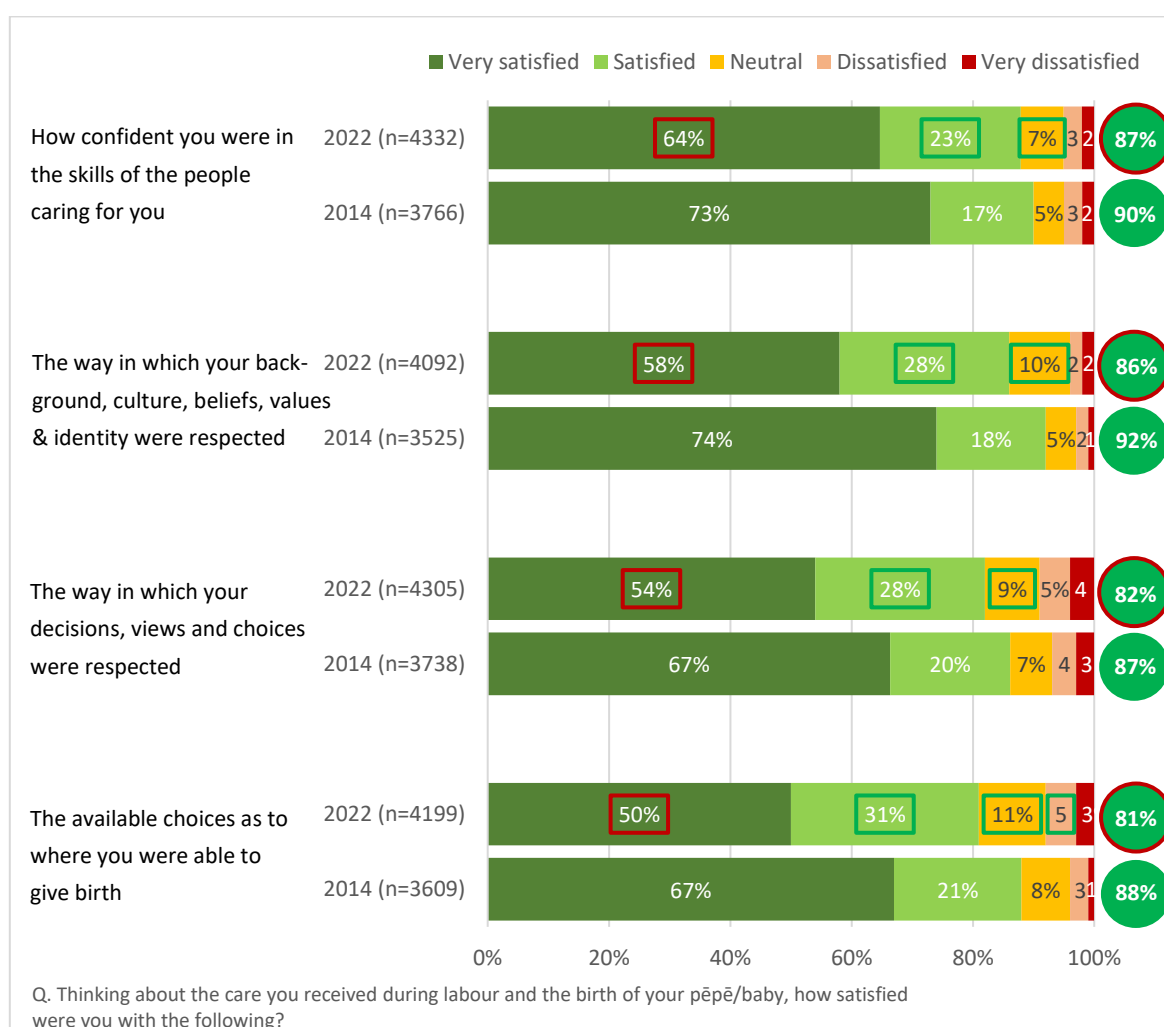
Totals may not sum to 100 percent due to rounding.

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**

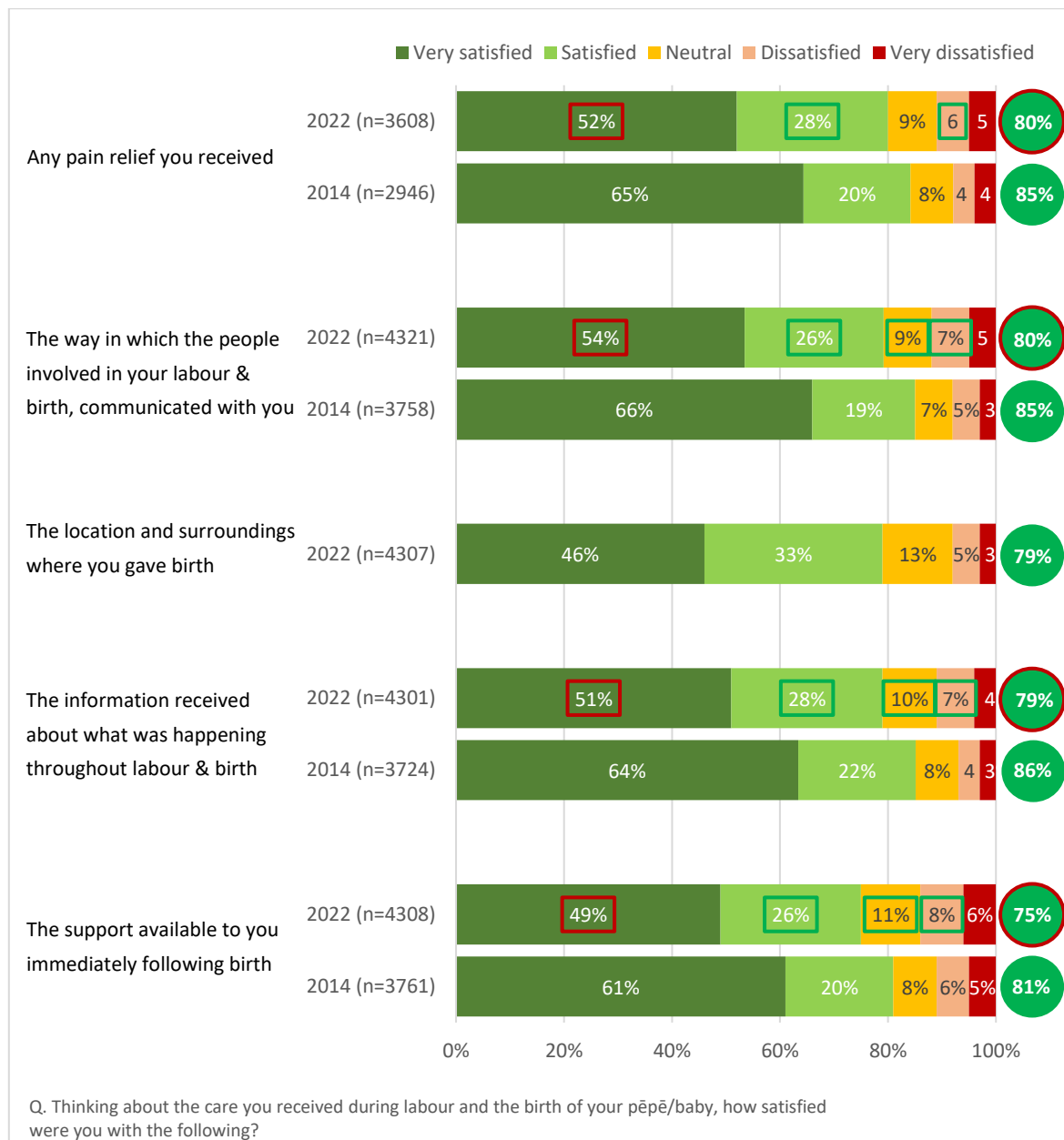


Sub-samples are based on respondents who provided a response for this question and excludes those who said, ‘Not applicable’.

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**



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 %
<b>How confident you were in the skills of the people caring for you</b>					
Unweighted base =	4332	969	925	620	250
<i>Satisfied/Very satisfied</i>	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
<b>The way in which your background, culture, beliefs, values and identity were respected</b>					
Unweighted base =	4092	932	900	596	234
<i>Satisfied/Very satisfied</i>	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

<b>The way in which your decisions, views and choices were respected</b>					
Unweighted base =	4305	959	920	618	248
<i>Satisfied/Very satisfied</i>	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
<b>The available choices as to where you were able to give birth</b>					
Unweighted base =	4199	934	914	608	244
<i>Satisfied/Very satisfied</i>	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 %
<b>Any pain relief you received</b>					
Unweighted base =	3608	781	783	516	214
<i>Satisfied/Very satisfied</i>	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
<b>The way in which the people involved in your labour and birth communicated with you</b>					
Unweighted base =	4321	962	923	622	249
<i>Satisfied/Very satisfied</i>	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
<b>The location and surroundings where you gave birth</b>					
Unweighted base =	4307	960	920	613	249
<i>Satisfied/Very satisfied</i>	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 %
<b>The information you received about what was happening throughout your labour and birth</b>					
Unweighted base =	4301	955	921	617	246
<i>Satisfied/Very satisfied</i>	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
<b>The support available to you immediately following birth</b>					
Unweighted base =	4308	956	920	619	245
<i>Satisfied/Very satisfied</i>	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

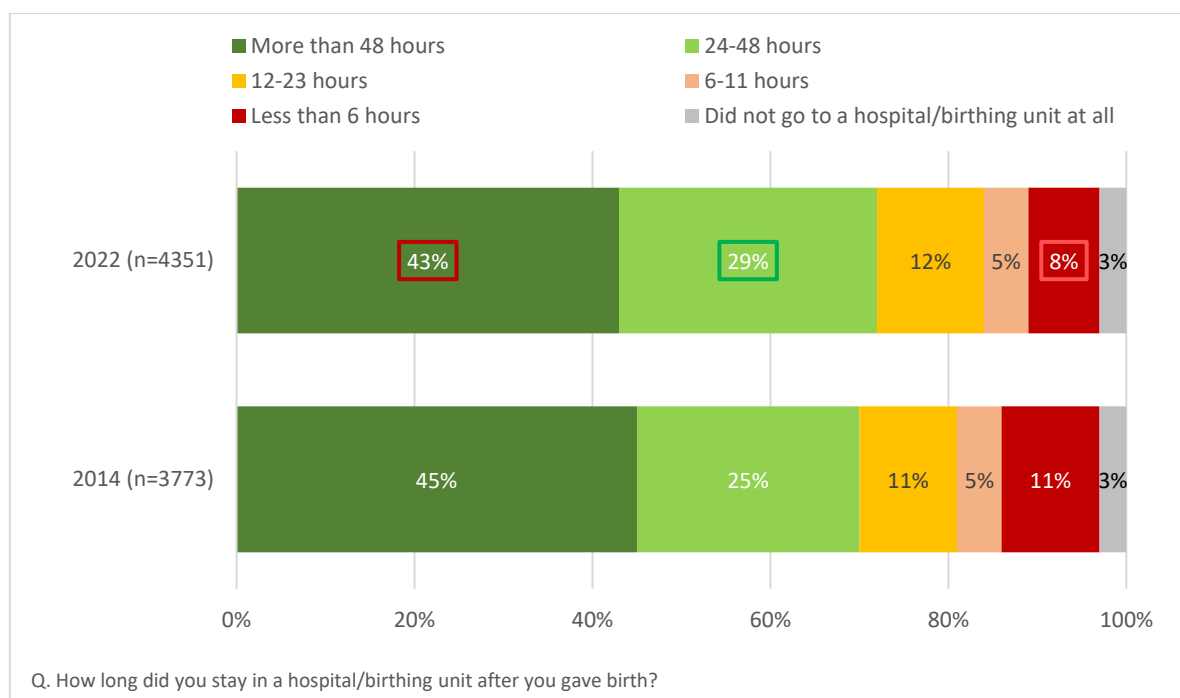
### 5.1 Time in hospital or birthing unit after birth

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**

	<b>2022 Total sample 4351 %</b>	<b>Māori 971 %</b>	<b>Pasifika 928 %</b>	<b>Young 625 %</b>	<b>Disabled 251 %</b>
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

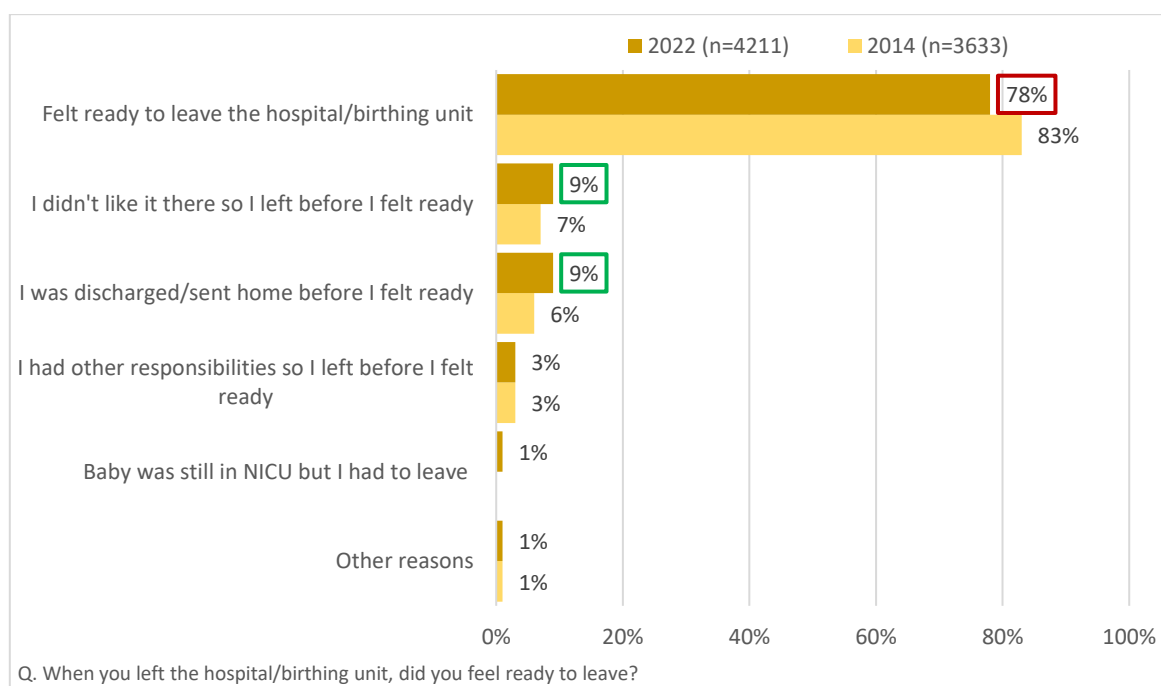
Sub-samples are based on respondents who provided a response for this question and excludes those who said, 'Not applicable'.

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**

	<b>2022 Total sample 4211 %</b>	<b>Māori 929 %</b>	<b>Pasifika 912 %</b>	<b>Young 604 %</b>	<b>Disabled 246 %</b>
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.

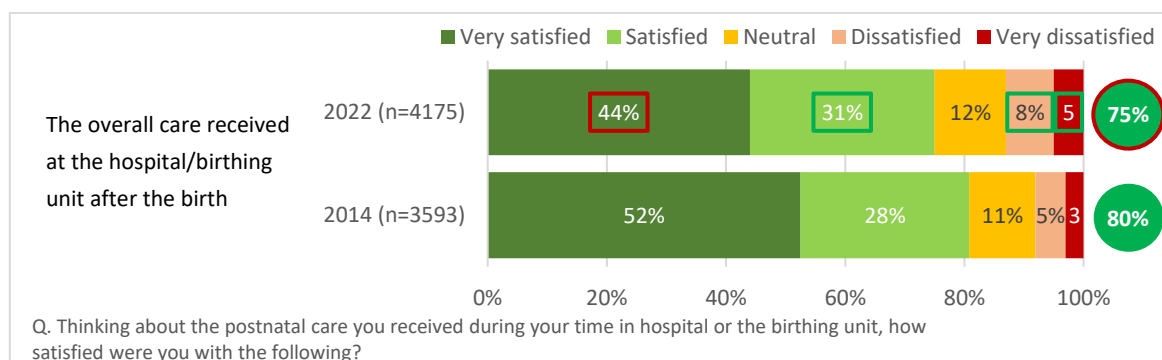
Totals may not sum to 100 percent due to rounding.



## 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**



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**

	<b>2022 Total sample 4175 %</b>	<b>Māori 922 %</b>	<b>Pasifika 901 %</b>	<b>Young 598 %</b>	<b>Disabled 245 %</b>
<b>The overall care received at the hospital/birthing unit after the birth</b>					
<i>Satisfied/Very satisfied</i>	75	73	75	74	<b>60</b>
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.

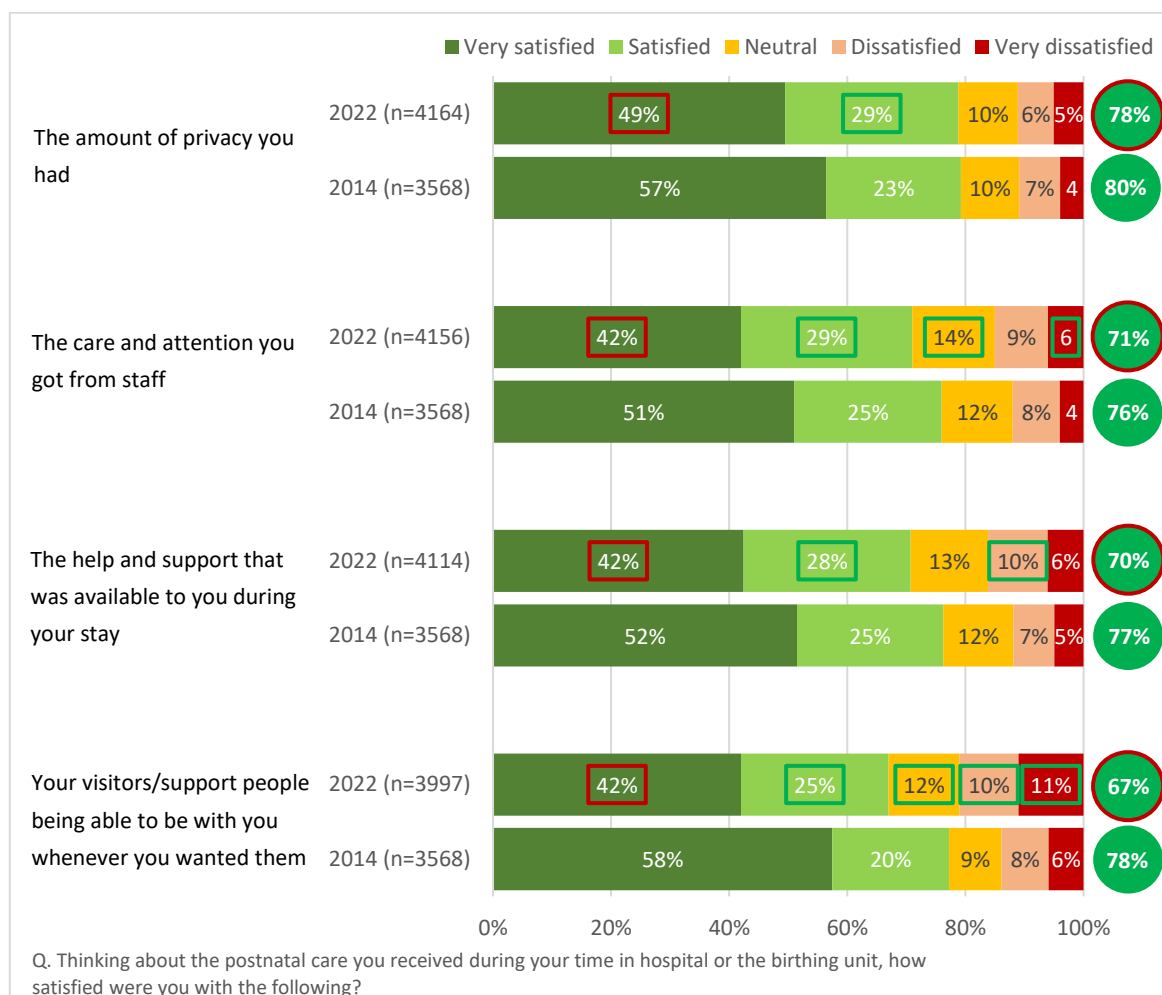
At 67%, the lowest level of satisfaction was recorded in relation to 'being able to have **visitors and support people** with them whenever they wanted'. This result represents the largest drop in satisfaction with regard to hospital or birthing unit care, down from 78% in 2014 and likely reflects the 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**



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 %
<b>The amount of privacy you had</b>					
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
<b>The care and attention you got from staff</b>					
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
<b>The help and support that was available to you during your stay</b>					
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
<b>Your visitors/support people being able to be with you whenever you wanted them</b>					
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.

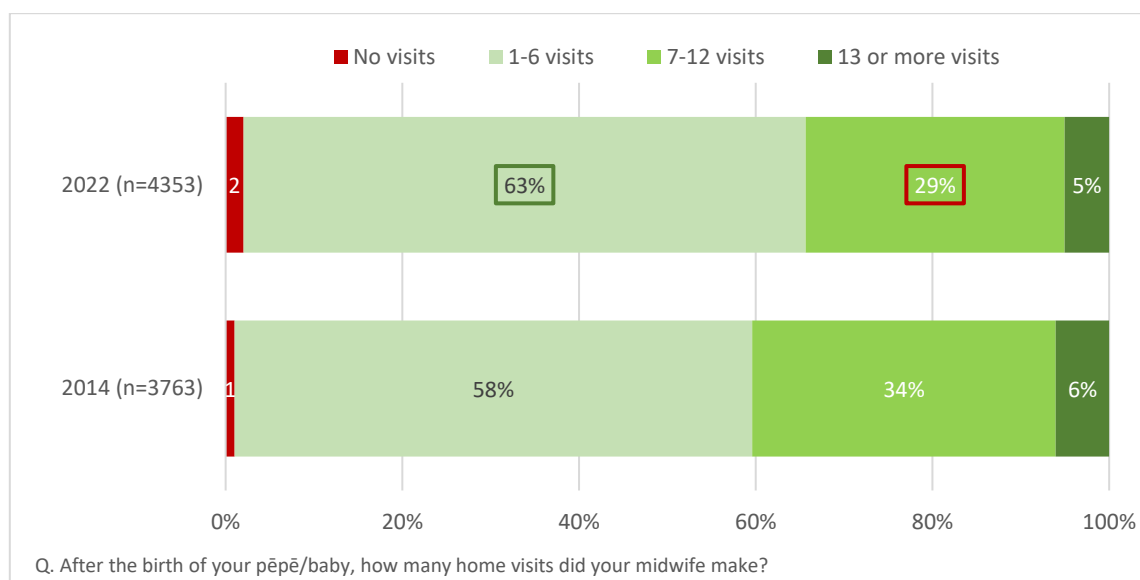
## 6.0 Postnatal care at home

### 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**

	<b>2022 Total sample 4353 %</b>	<b>Māori 971 %</b>	<b>Pasifika 930 %</b>	<b>Young 624 %</b>	<b>Disabled 250 %</b>
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

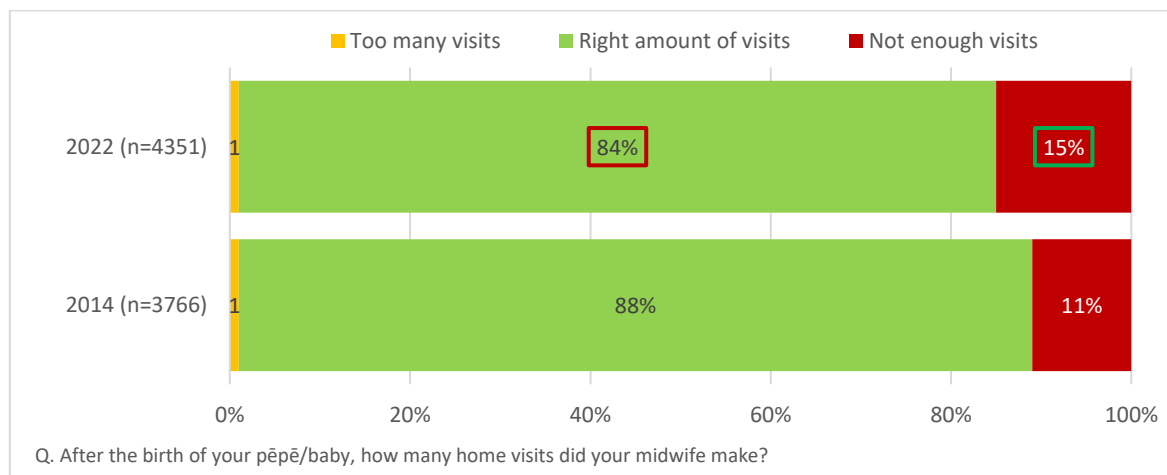
Sub-samples are based on respondents who provided a response for this question and excludes those who said, 'Not applicable'.

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 parents were 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'.

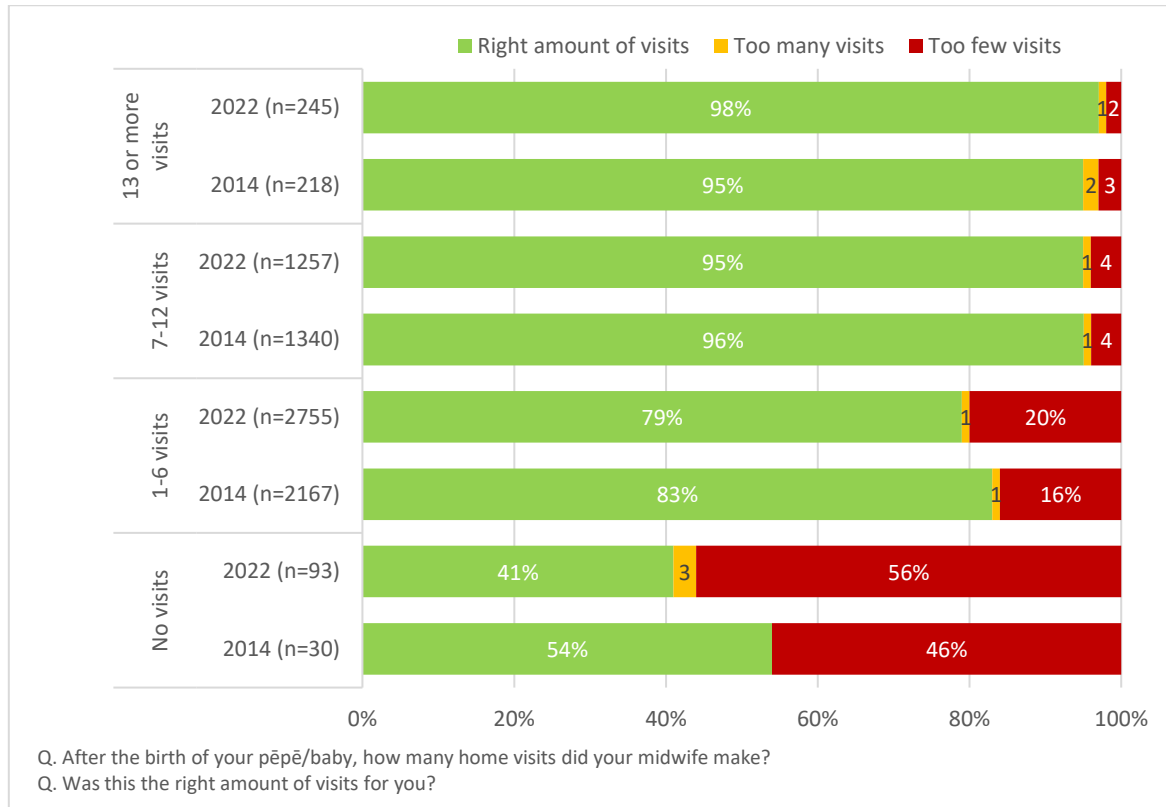
Figures in red are significantly lower when compared to the total sample, figures in green are significantly higher when compared to the total sample.

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**



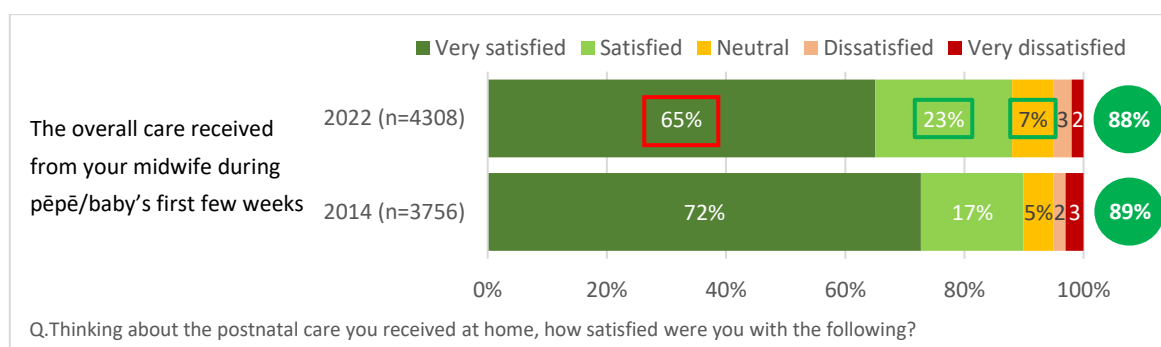
Sub-samples are based on respondents who provided responses for these questions. Results outlined in red denote a significantly lower result compared to 2014, while results outlined in green denote a significantly higher result. Totals may not sum to 100 percent due to rounding.

## 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**



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 %
<i>Satisfied/Very satisfied</i>	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**

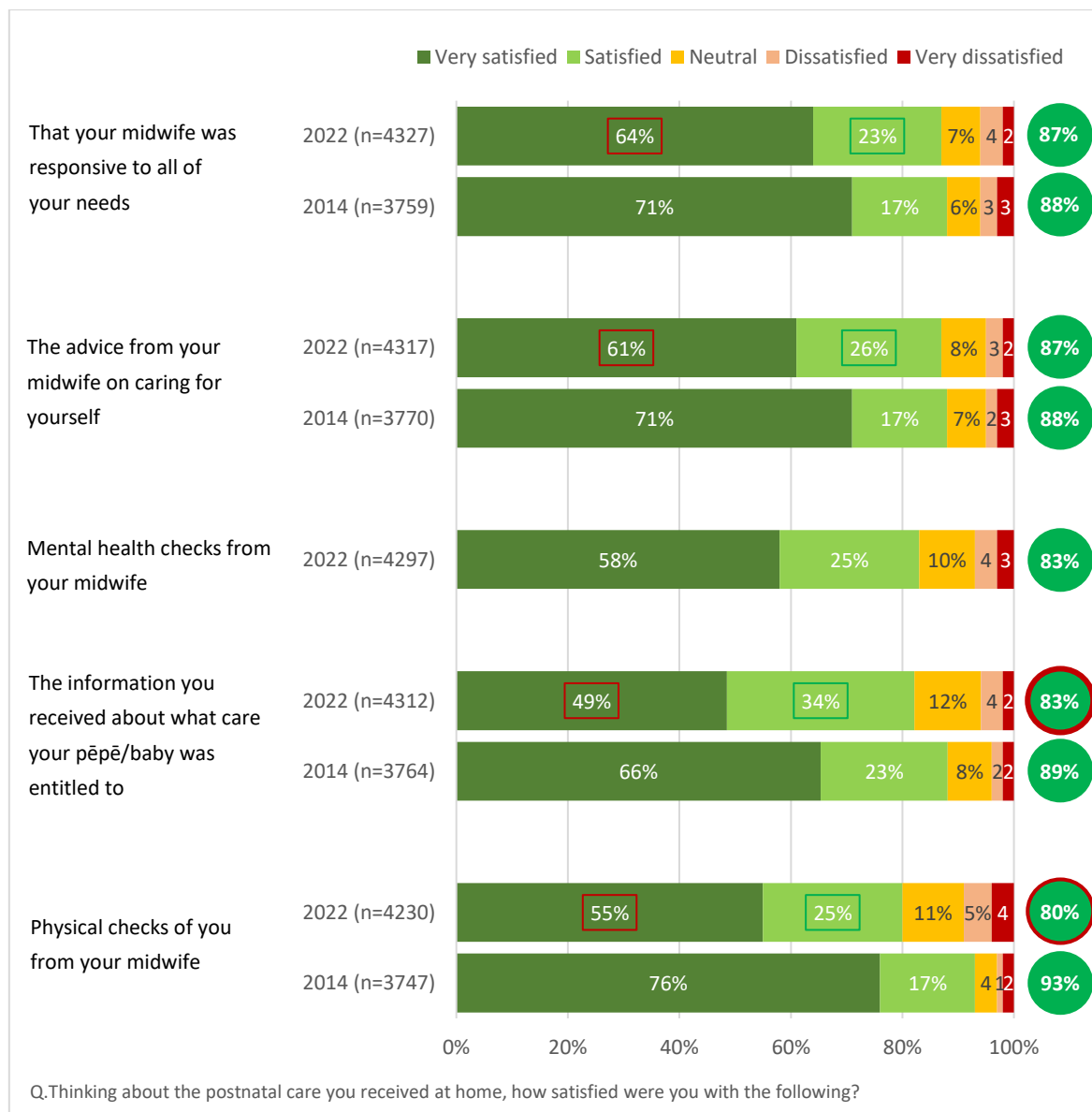


Sub-samples are based on respondents who provided a response for this question and excludes those who said, 'Not applicable'.

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**



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**

	<b>2022 Total sample %</b>	<b>Māori %</b>	<b>Pasifika %</b>	<b>Young %</b>	<b>Disabled %</b>
<b>The information you received about what care your pēpē/baby was entitled to</b>					
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
<b>That your midwife listened to you</b>					
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
<b>That your midwife was responsive to all of your needs</b>					
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
<b>The way in which your background, culture, beliefs, values and identity were respected</b>					
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**

	<b>2022 Total sample %</b>	<b>Māori %</b>	<b>Pasifika %</b>	<b>Young %</b>	<b>Disabled %</b>
<b>The way in which your decisions, views and choices were respected</b>					
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
<b>The advice from your midwife on caring for your pēpē/baby</b>					
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
<b>The advice from your midwife on caring for yourself</b>					
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
<b>Mental health checks from your midwife</b>					
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**

	<b>2022 Total sample %</b>	<b>Māori %</b>	<b>Pasifika %</b>	<b>Young %</b>	<b>Disabled %</b>
<b>Physical checks of you from your midwife</b>					
Unweighted base =	4230	938	911	605	243
<i>Satisfied/Very satisfied</i>	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
<b>Physical checks of your pēpē/baby from your midwife</b>					
Unweighted base =	4299	951	925	621	245
<i>Satisfied/Very satisfied</i>	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.

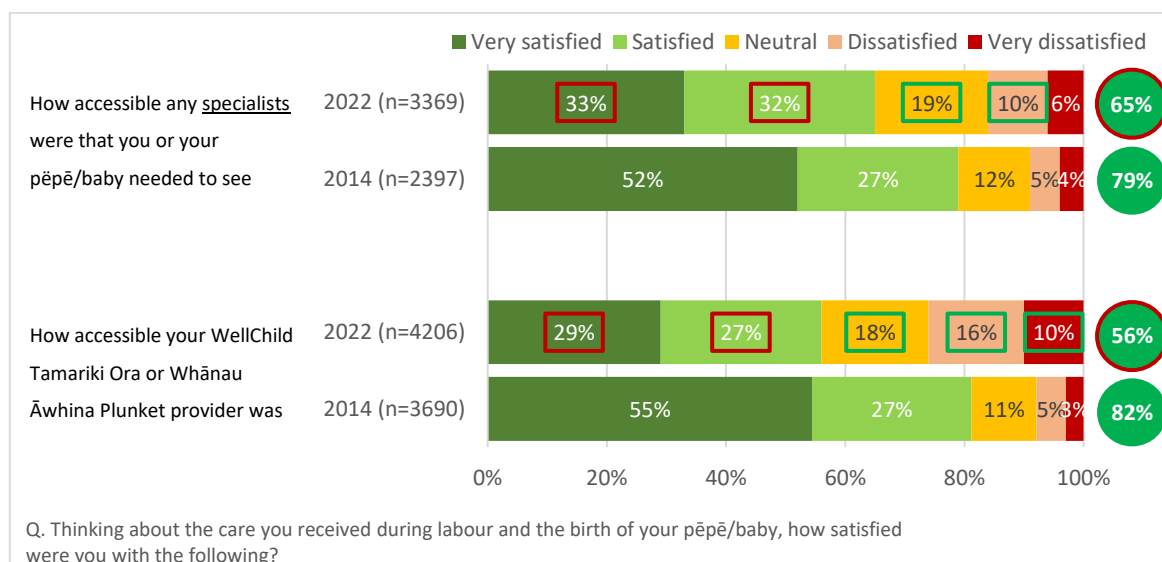
### 6.3 Satisfaction with access to providers during pēpē/baby’s first few weeks

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**



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 parents were 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 %
<b>How accessible your WellChild Tamariki Ora or Whānau Āwhina Plunket provider was</b>					
Unweighted base =	4206	940	883	604	245
<i>Satisfied/Very satisfied</i>	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
<b>How accessible any specialists were that you or your pēpē/baby needed to see</b>					
Unweighted base =	3369	777	777	512	209
<i>Satisfied/Very satisfied</i>	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

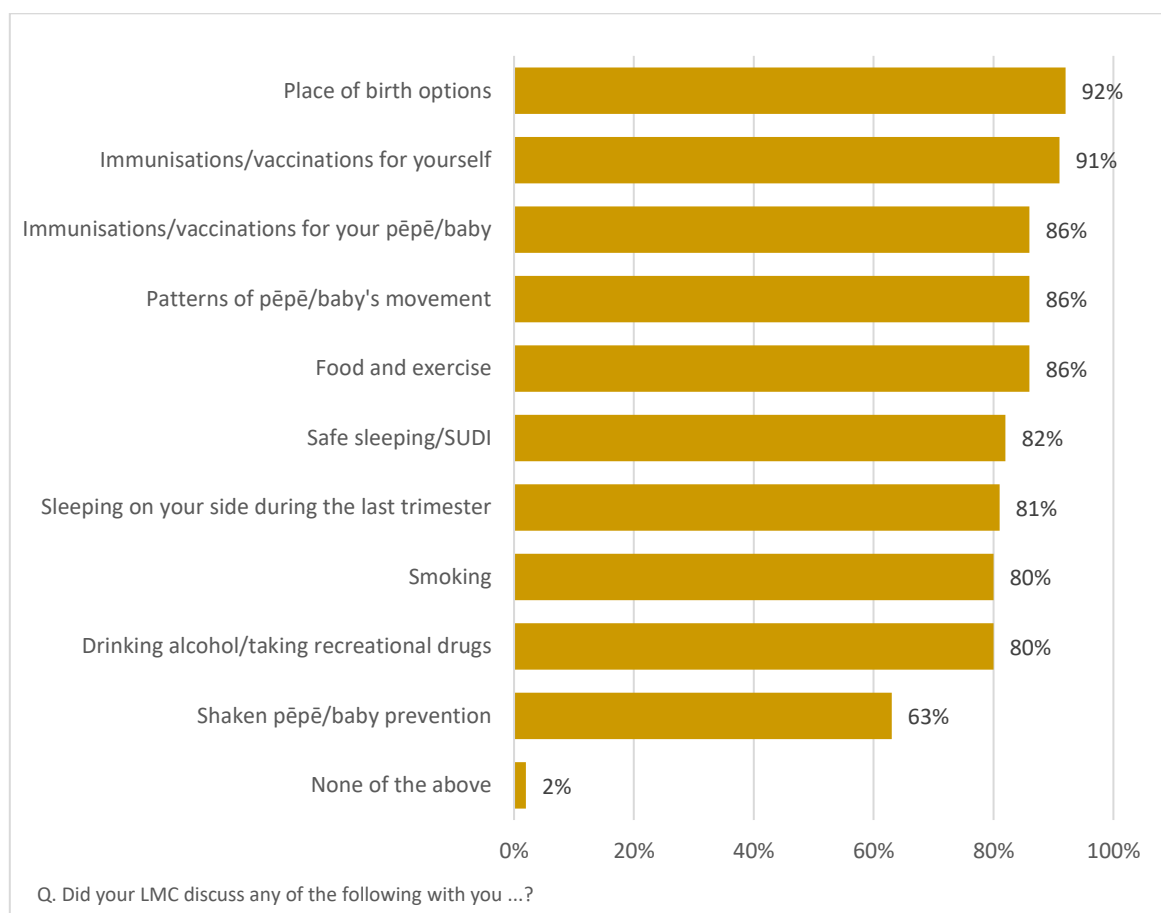
Respondents who had an LMC were asked to recall what specific topics of information they had discussed with them. As illustrated in Figure 31, 92% recalled discussing place of birth options with their LMC.

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**

<b>Unweighted base =</b>	<b>2022 Total sample 4097 %</b>	<b>Māori 909 %</b>	<b>Pasifik a 847 %</b>	<b>Young 575 %</b>	<b>Disabl e 232 %</b>
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.

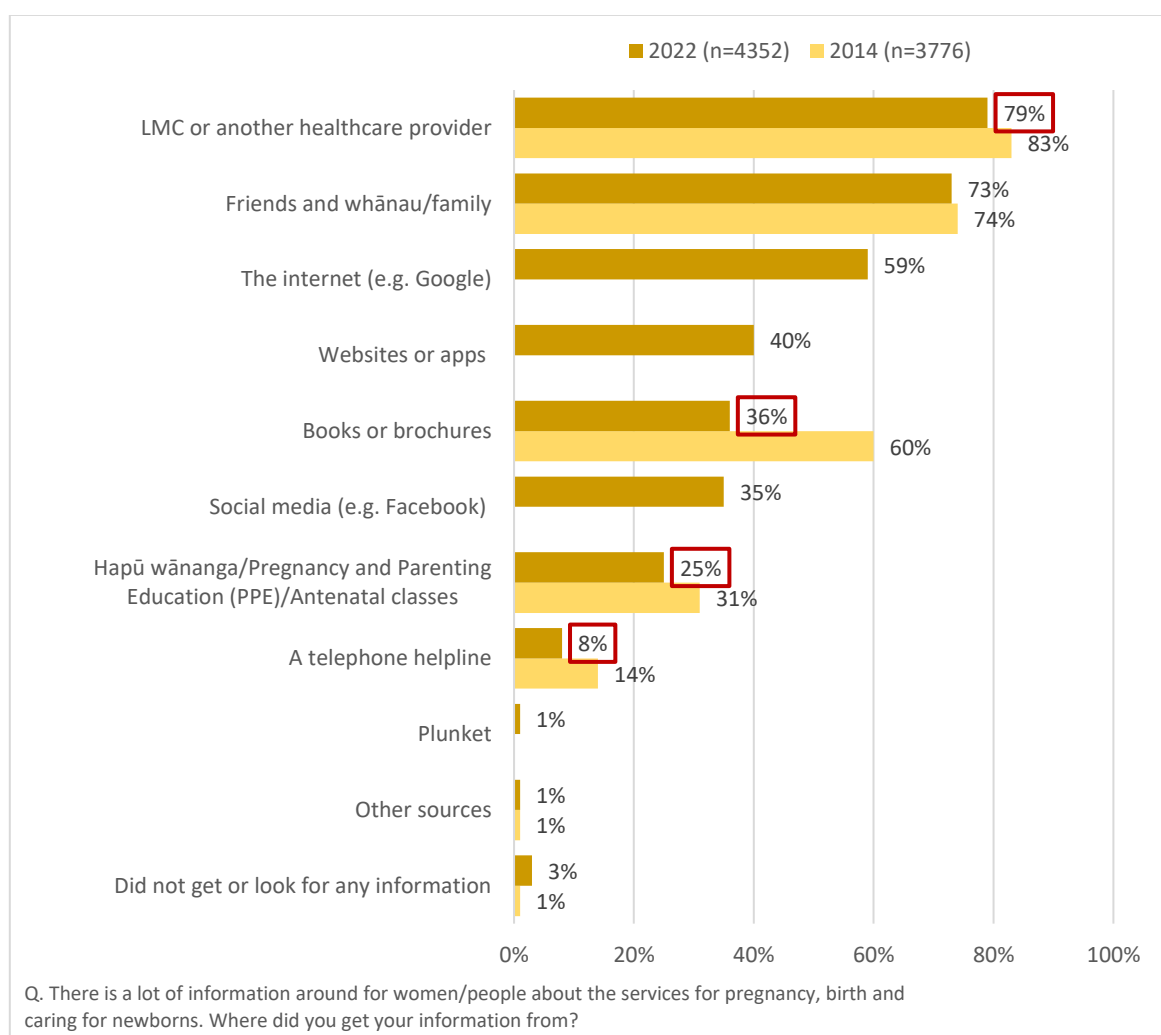
## 7.2 Information sources

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.

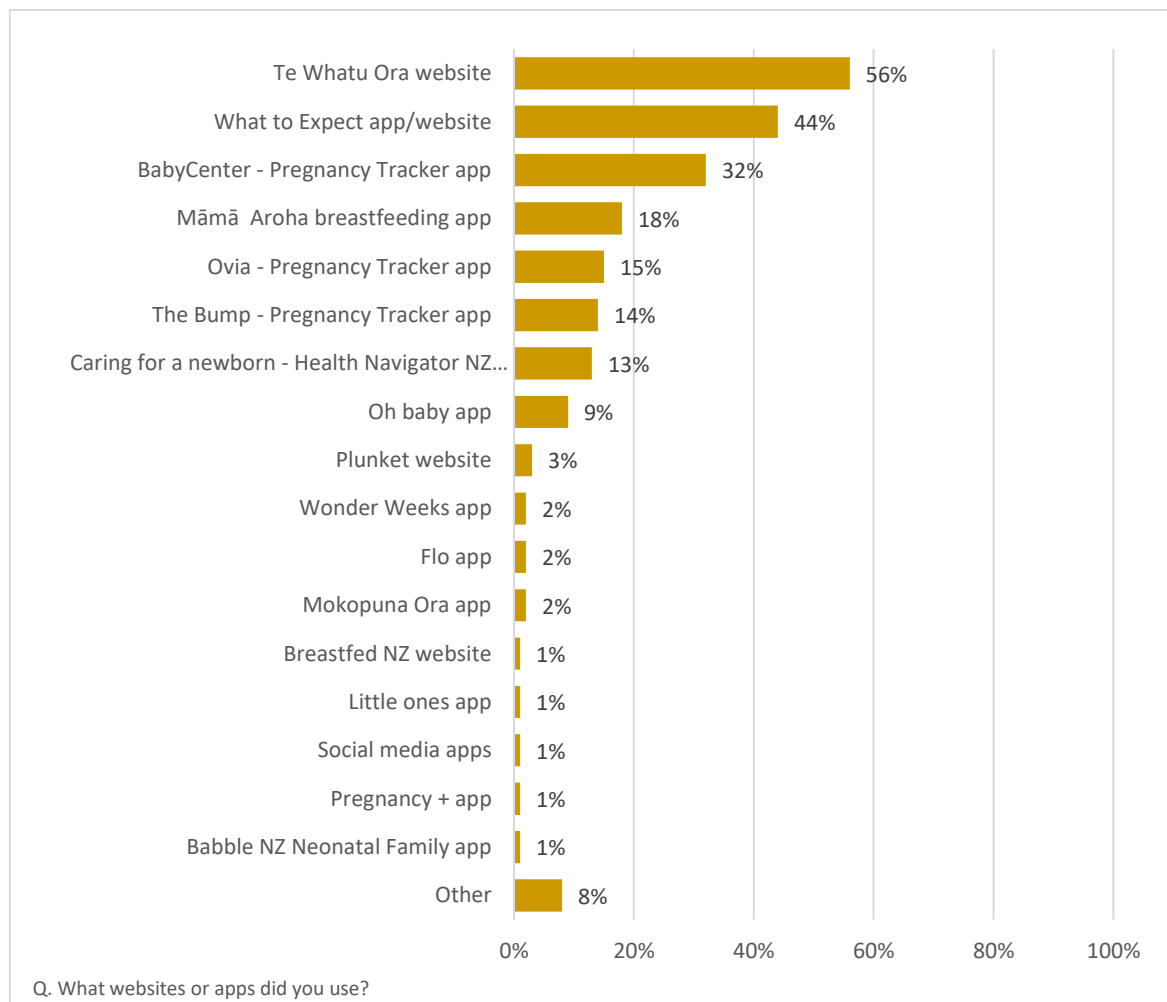


As mentioned earlier, 40% of respondents reported having sourced information about pregnancy, birth and caring for new-borns via websites or apps. Figure 33 shows the specific sites and apps that were used in this regard.

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.

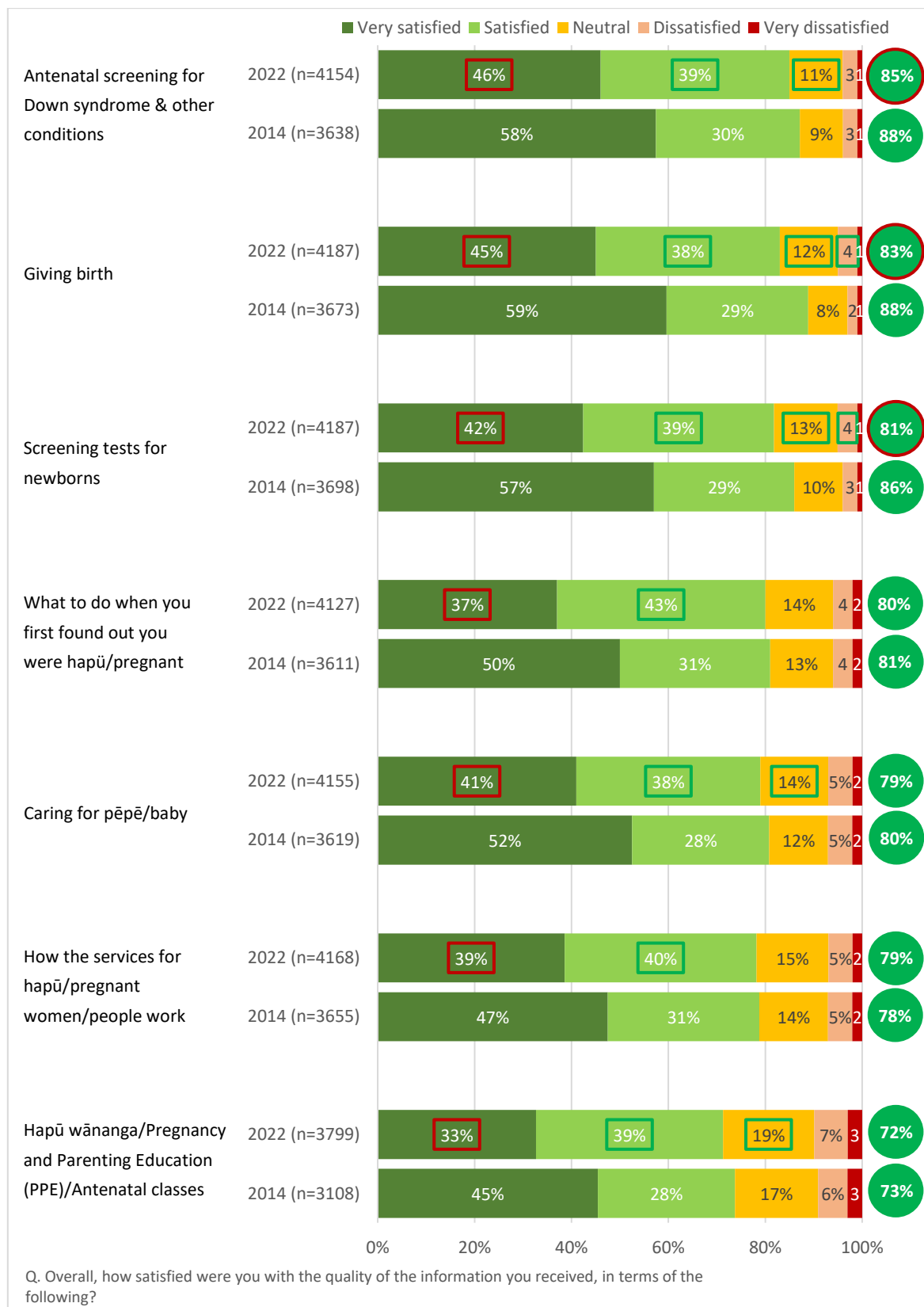
### 7.3 Satisfaction with information quality

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**

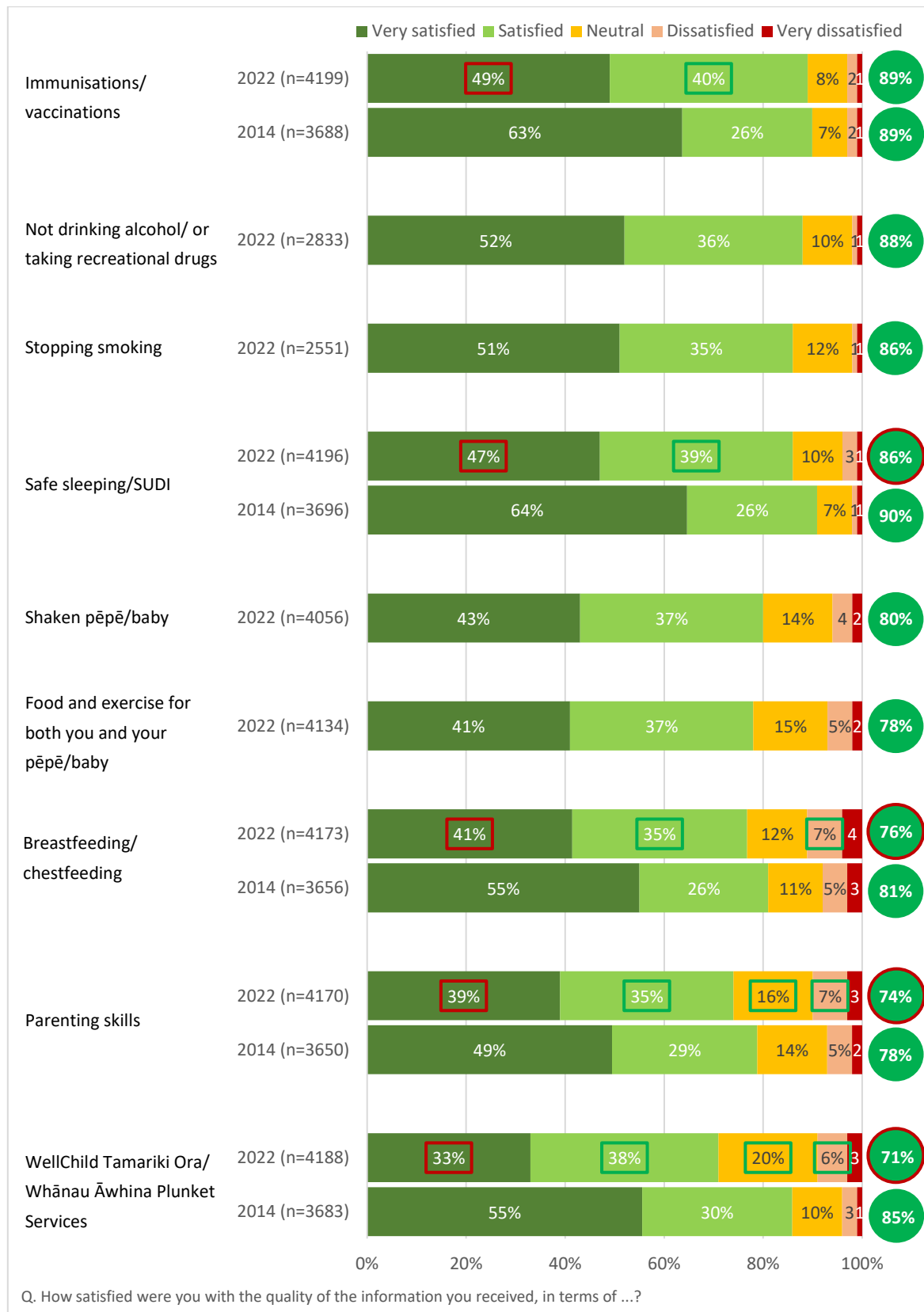


Sub-samples are based on respondents who provided a response for this question and excludes those who said, 'Not applicable'.

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'.

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**

	<b>2022 Total sample %</b>	<b>Māori %</b>	<b>Pasifika %</b>	<b>Young %</b>	<b>Disabled %</b>
<b>Immunisations/vaccinations</b>					
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
<b>Not drinking alcohol/ or taking recreational drugs</b>					
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
<b>Safe sleeping/SUDI</b>					

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
<b>Stopping smoking</b>					
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 %
<b>Antenatal screening for Down syndrome and other conditions</b>					
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
<b>Giving birth</b>					
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
<b>Screening tests for new-borns</b>					

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
<b>Shaken pēpē/baby</b>					
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 %
<b>What to do when you first found out you were hapū/pregnant</b>					
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
<b>Caring for pēpē/baby</b>					
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
<b>How the services for hapū/pregnant mothers/birthing parents work</b>					

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
<b>Food and exercise for both you and your pēpē/baby</b>					
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 %
<b>Breastfeeding/chest feeding</b>					
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
<b>Parenting skills</b>					
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
<b>Hapū wānanga/Pregnancy and Parenting Education (PPE)/Antenatal classes</b>					

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
<b>WellChild Tamariki Ora/ Whānau Āwhina Plunket Services</b>					
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.

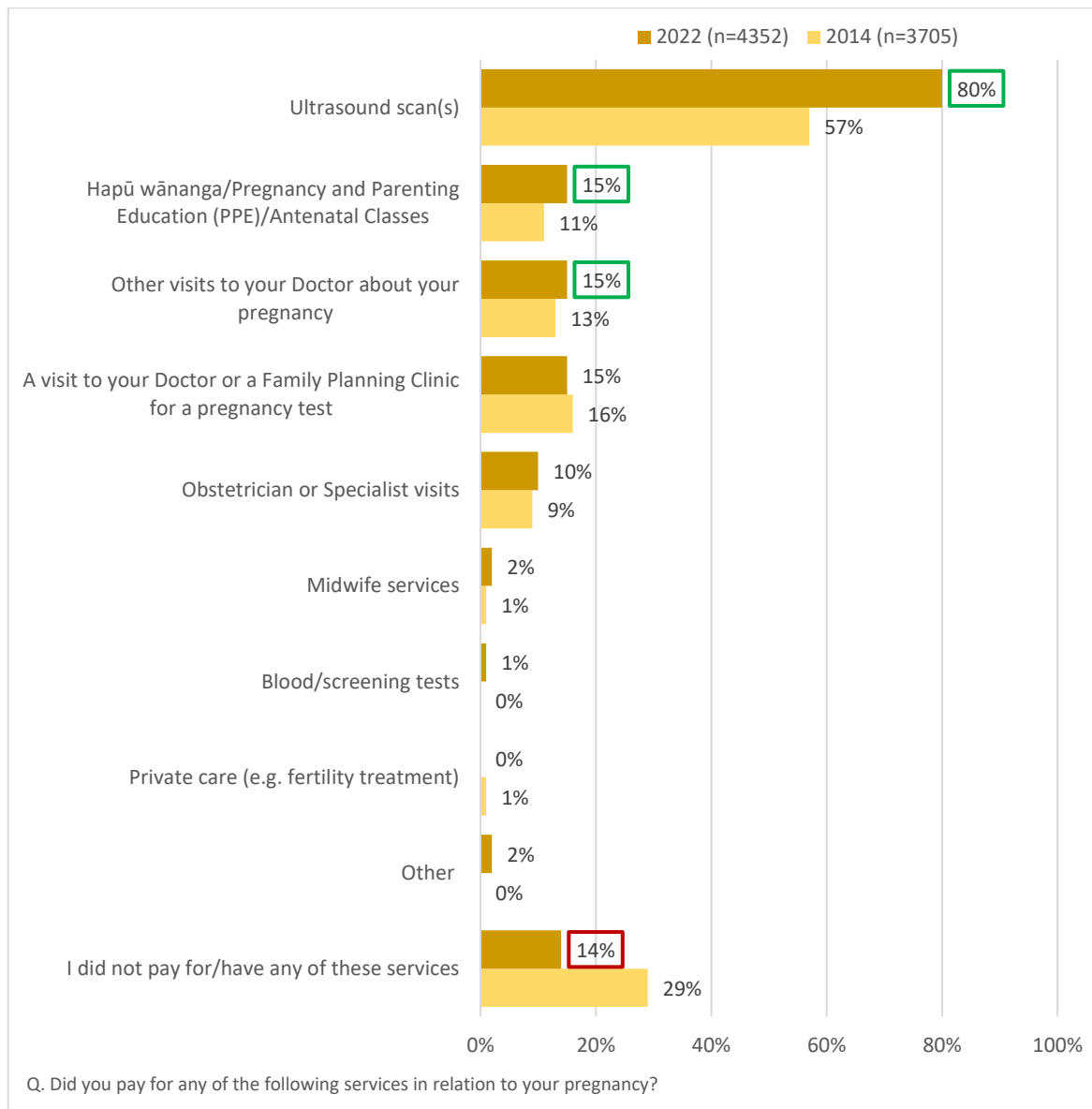
Totals may not sum to 100 percent due to rounding.

## 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.

## 2. 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 20 June 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.

### 3. 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 from 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**

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

\*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**

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

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

#### 4. 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.

#### 5. 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  $\beta$ -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**

	$\beta$ -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
<b>Total</b>	<b>4,355</b>	<b>+/- 1.58</b>

\*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

### *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.

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.

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](mailto:hdecs@health.govt.nz)