Your experiences of NHS pelvic health care during and after pregnancy

[INSERT LMS NAME] are currently working to improve the pelvic health care that you receive from the NHS during and after pregnancy. Pelvic health problems may include leaking of urine (pee) and/or stool (poo), prolapse (bulging or swelling), injuries and infection in the area between the vagina and anus, pelvic girdle pain (pain in the pelvic area and/or back) and abdominal rectus diastasis (tummy muscle separation).

To make sure that the care we offer meets your needs, we would like to hear about your experiences and your suggestions for improvement. The results of this survey will be used by your local service to understand what we are doing right and how we can improve.

This survey has been developed with service users. The information will be collected and seen by [SERVICE TO INSERT] and will only be shared with others in a way that would not identify you. You do not have to complete this survey if you do not want to.

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| --- | --- | --- |
| **Date** | |  |
| **Thinking about the care you received from the NHS during your pregnancy** | | | | |
| **1** | **Were you given information about possible pelvic health problems (see introduction for examples) at appointments related to your pregnancy?**  At every appointment  At some appointments  At one appointment  Never – **go to question 3** | | |
| **2a** | **Was the information given to you in a way that you could understand?**  Yes  No | | |
| **2b** | **What is your preferred way to receive information (select all that apply):**  One-to-one discussion with midwife or other health professional  Discussion at group antenatal class  Leaflet  Website  Video  App | | |
| **3** | **During your pregnancy, how confident were you that you knew the key symptoms of pelvic health problems?**  Very confident  Fairly confident  A little confident  Not confident  Don't know | | |
| **4** | **When you were pregnant, did you know where you could get advice and support for pelvic health problems if needed?**  Yes  No  Don’t know | | |
| **5** | **Were you offered information about things you could do while you were pregnant to reduce the risk of pelvic health problems (such as pelvic floor muscle training)?**  Yes  No – **go to question 7**  Don’t know – **go to question 7** | | |
| **6** | **Based on the information you were given by your NHS maternity team when you were pregnant, how confident were you performing pelvic floor muscle training?**  Very confident  Fairly confident  A little confident  Not confident  I was not able to do pelvic floor muscle training  I chose not to do pelvic floor muscle training | | |
| **7** | **In your opinion, what could have improved the information, advice and support you received antenatally in relation to your pelvic health?** | | |
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| **Thinking about the care you received from the NHS after giving birth** | |
| **8** | **What kind of birth did you experience?**  Vaginal birth (with no instruments)  Assisted vaginal birth (with the use of instruments called ventouse or forceps)  Caesarean birth |
| **9** | **Were you given information about what is common after birth and when to seek advice?**  Yes  No  Don’t know |
| **10** | **Were you asked whether you had any problems with your pelvic health during midwife appointments after birth?**  At every appointment  At some appointments  Never  Don’t know |
| **11** | **Did you experience a pelvic health problem during pregnancy and/or after giving birth?** *For example, leaking of urine (pee) and/or stool (poo), prolapse (bulging or swelling), injuries and infection in the area between the vagina and anus, pelvic girdle pain (pain in the pelvic area and/or back), and abdominal rectus diastasis (tummy muscle separation).*  Yes  No – **go to question 13**  Don’t know – **go to question 13** |
| **12** | **Did you tell an NHS heath care professional about your pelvic health problem?**  Yes, before this pregnancy  Yes, whilst pregnant  Yes, after giving birth  No |

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| **Thinking about all of your maternity care** | |
| **13** | **Did you do pelvic floor muscle training as advised by your healthcare professional?**  Yes, I did pelvic floor muscle training regularly as advised  No, I did not do pelvic floor muscle training regularly as advised – **please explain why not**   |  | | --- | |  |   I was not advised to do pelvic floor muscle training |
| **14** | **Is there anything else you would like to tell us about your NHS pelvic health care? What could have improved your experience?** |
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| **Equalities monitoring** | | |
| The following questions will help us to make sure we provide the best level of care for people from all walks of life and communities. We will keep your answers confidential and they will not be linked to your medical records. You do not have to answer these questions if you do not want to. | | |
| **15** | **What is your ethnic group?**  *Choose* ***one*** *section from A to E, then* ***tick one box*** *to best describe your ethnic group or background* | |
|  | 1. **White**   English, Welsh, Scottish, Northern Irish or British  Irish  Gypsy or Irish Traveller  Roma  Any other white background – **write in** | |
|  | |  | | --- | |  | | |
|  | 1. **Mixed or Multiple ethnic groups**   White and Black Caribbean  White and Black African  White and Asian  Any other Mixed or Multiple ethnic background – **write in** | |
|  | |  | | --- | |  | | |
|  | 1. **Asian or Asian British**   Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background – **write in** | |
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|  | 1. **Black, Black British, Caribbean or African**   Caribbean  African background – **write in below**  Any other Black, Black British or Caribbean background – **write in** | |
|  | |  | | --- | |  | | |
|  | 1. **Other ethnic group**   Arab  Any other ethnic group – **write in** | |
|  | |  | | --- | |  | |
| **16** | **How old are you?**  Under 20 years old  20-29 years  30-39 years  40 or above |
| **17** | **Which of the following best describes how you think of yourself?**  Heterosexual or straight  Gay or lesbian  Bisexual  Other – **write in**   |  | | --- | |  |   I would prefer not to say |
| **18** | **Which of the following best describes you?**  Female  Male  Non-binary  Prefer to self-describe – **write in**   |  | | --- | |  | |
| **19** | **Is your gender identity the same as the sex you were registered at birth?**  Yes  No  Prefer not to say |

Thank you for completing this survey. If you have any questions or comments about the survey or its contents, please contact [SERVICE TO INSERT].