



**2012**

**Consumer Evaluation of Maternity Care Performance**

**Atherton Hospital**

This report was prepared by the Queensland Centre for Mothers & Babies, an independent research centre based at The University of Queensland and funded by the Queensland Government. The following people contributed to the preparation of this report: Ashleigh Armanasco, Julie Hennegan, Samantha Prosser, Sue Kruske, Rachel Thompson and Yvette Miller.

#### Suggested Citation

Queensland Centre for Mothers & Babies. (2013). *Consumer Evaluation Report of Maternity Care Performance in 2012: Atherton Hospital*. Brisbane, Australia: The University of Queensland.

© Copyright The University of Queensland 2013

Items may be reproduced free of charge in any format or medium provided that they are not for commercial resale. This consent is subject to the material being reproduced accurately and not used in a derogatory manner or misleading context. The material should be acknowledged as © Copyright The University of Queensland 2013 with the title of the document specified.

# Contents

Acknowledgements .....	5
Introduction.....	7
Background.....	7
The 2012 Having a Baby in Queensland Survey.....	7
About This Report.....	7
Changes since the 2010 Reports.....	8
Using this Report for Quality Improvement.....	8
Finding Out More .....	9
Statewide Snapshot.....	10
Response Rate .....	10
Representativeness of Respondents.....	11
Performance Summary: Atherton Hospital.....	12
Indicators with insufficient data .....	12
Part A: Overall Quality of Interpersonal Care.....	13
Indicator 1: How well are women looked after at this facility during labour and birth?.....	14
Indicator 1a: How well are women looked after at this facility during labour and birth (over time)?.....	15
Indicator 1b: How well are women looked after at this facility during labour and birth (by model of care)? .....	15
Indicator 2: How well are women looked after at this facility during their postnatal stay? .....	16
Indicator 2a: How well are women looked after at this facility during their postnatal stay (by model of care)?.....	17
Indicator 3: Would women recommend this facility to a friend? .....	18
Part B: Care during Labour and Birth .....	19
Indicator 4: Do care providers treat women with respect during labour and birth?.....	20
Indicator 5: Do care providers treat women with kindness and understanding during labour and birth? .....	21
Indicator 6: Do care providers genuinely care about women's wellbeing during labour and birth?.....	22
Indicator 7: Do women receive conflicting information and advice from care providers during labour and birth?.....	23
Part C: Care during Postnatal stay .....	24
Indicator 8: Are women satisfied with the amount of care during their postnatal stay? .....	25
Indicator 9: Do care providers treat women with respect during their postnatal stay? .....	26
Indicator 10: Do care providers treat women with kindness and understanding during their postnatal stay? .....	27
Indicator 11: Do care providers genuinely care about women's wellbeing during their postnatal stay? .....	28
Indicator 12: Do women receive conflicting information and advice from care providers their postnatal stay? .....	29
Indicator 13: Do women receive a home visit or telephone call within 7 days of discharge?.....	30
Part D: Decision Making and Information Provision.....	31
Indicator 14: Do women want to be more involved in decisions during labour and birth? .....	32
Indicator 15: Do women make informed decisions about caesarean section? .....	33
Indicator 15.1: Caesarean section scheduled in advance .....	33
Indicator 15.2: Caesarean section not scheduled in advance .....	34
Indicator 16: Do women make informed decisions about induction of labour?.....	35
Indicator 17: Do women make informed decisions about vaginal examinations? .....	36

Indicator 18: Do women make informed decisions about fetal monitoring? .....	37
Indicator 19: Do women make informed decisions about epidural during labour? .....	38
Part E: Support for Consumer Preferences .....	39
Indicator 20: Are women's support people made to feel welcome during labour and birth? .....	40
Indicator 21: Are women's support people made to feel welcome after birth? .....	41
Indicator 22: Can women choose the gender of their care provider(s) for labour and birth? .....	42
Indicator 23: Can women move around and choose the position that makes them feel most comfortable during their labour? .....	43
Part F: Quality of Postnatal Environment .....	44
Indicator 24: Does the cleanliness of the postnatal rooms need improvement? .....	45
Indicator 25: Does the food provided during women's postnatal stay need improvement? .....	46
Indicator 26: Does the privacy of the postnatal rooms need improvement? .....	47
Part G: What do women say should be improved in maternity services? .....	49
What do women in Queensland say should be improved in maternity care? .....	50
What do women from this facility say should be improved in maternity care? .....	53
References .....	54

## Acknowledgements

Women who participated in the 2012 Having a Baby in Queensland Survey generously offered to share their experiences of maternity care in Queensland. Without their valuable perspectives, evaluation of services from a consumer perspective to inform quality improvement efforts would not be possible.

The Queensland Registry of Births, Deaths and Marriages contacted women to invite them to participate and were committed to ensuring women's privacy was protected throughout the process.

The Having a Baby in Queensland Survey Program was established by Yvette Miller, Rachel Thompson and Christina Lee. Yvette Miller, Rachel Thompson, Samantha Prosser, Ashleigh Armanasco and Julie Porter developed the 2012 Having a Baby in Queensland Survey instrument. Ashleigh Armanasco conducted the quantitative data analysis for this report. Julie Hennegan conducted the qualitative analysis for this report. The design of this report is based on the Consumer Evaluation of Maternity Care Performance in 2010 reports. The design of the 2010 reports was developed by Yvette Miller and Hazel Brittain in consultation with Kirstine Sketcher-Baker, David Park and Kew Walker from the Centre for Healthcare Improvement (formerly Clinical Practice Improvement Centre) and Kerry Ann Ungerer from the Primary, Community and Extended Care Branch, Queensland Health. Sue Kruske is gratefully acknowledged for her involvement in decisions regarding the selection and presentation of indicators in this report, and her provision of ongoing clinical expertise. Reports were updated based on findings from evaluations of the 2010 reports conducted by Julie Hennegan, Hannah Beer and Samantha Prosser. Our appreciation is extended to those care providers who took part in this evaluation.

Queensland Health provides ongoing support to the Queensland Centre for Mothers & Babies in their work towards maternity care reform in Queensland. The Having a Baby in Queensland Survey Program is funded by the Queensland Government.



# Introduction

## Background

The Queensland Centre for Mothers & Babies (QCMB) is an independent research centre based at The University of Queensland. The Centre was funded by the Queensland Government in 2009, in response to the findings of the Review of Maternity Services in Queensland (Hirst, 2005). A key strategic direction of the Centre is to generate and disseminate evidence that enhances the capacity of care providers and policy-makers to understand, and respond to, the requirements of women accessing maternity care.

To meet this goal, the QCMB conducts population surveys to document and evaluate the maternity care experiences of women in Queensland. The surveys ask women about the care and support they received before, during and after the birth of their most recent baby. The surveys are an important way of collecting women's perspectives on the quality of maternity services provided in Queensland.

## The 2012 Having a Baby in Queensland Survey

In 2012, all women who had a live birth in Queensland between October 1, 2011 and January 31, 2012, were sent an invitation to take part in the Having a Baby in Queensland Survey in the mail when their babies were 3 to 4 months old. Three modes of survey completion were available to women: paper, online or telephone. Women were also given the option to complete the survey in a language other than English over the telephone, with a translator and a female interviewer (see Prosser et al., 2013 for more information).

Data collected in the Having a Baby in Queensland Survey Program are used in several ways. Data are provided directly to Queensland Health in a comprehensive report outlining key survey findings. This report highlights differences in consumer experiences based on health sector, parity, and rurality of residence, in addition to providing recommendations for improved service delivery. An electronic copy of the report is available at [www.qcmb.org.au/reports](http://www.qcmb.org.au/reports). Data are also presented in Birthplace, an online consumer guide to all birthing facilities in Queensland ([www.havingababy.org.au/birthplace](http://www.havingababy.org.au/birthplace)). Birthplace was developed to support women and their families to choose a facility for birth and/or to know what to expect from their chosen birthing facility. Birthplace can also be used by care providers and others for quality improvement purposes.

## About This Report

This report presents the findings of the 2012 Having a Baby in Queensland Survey at an individual facility level. The report was developed as a means of providing feedback on the experiences of consumers to facilities, particularly by identifying areas of strength and opportunities for improvement in service delivery. We have selected 26 key performance indicators to highlight the care provided to women in each geographic region in Queensland. We have also provided qualitative analysis of women's recommendations for improvements to maternity services. Rather than reporting on clinical indicators that may differ according to the case mix in a particular facility, indicators were selected based on their applicability to all women.

On each performance indicator we provide the proportion of respondents from each birth facility within that region who reported receiving 'gold standard care'. Gold standard care is always represented by the red bars in the graph. For some indicators (e.g. being well cared for, being treated with respect), gold standard care is achieved where women give their care the highest evaluation possible. Where data are measured on a continuous scale of 1 (lowest) to 5 (highest), gold standard care is achieved for all women who report '5'. Where data are measured as a proportion of time (e.g. 'none of the time', 'some of the time', 'most of the time', 'all of the time'), gold standard care is achieved for all women who report 'all of the time'. We report on gold standard care in order to facilitate care providers striving for all women in the birth facility to receive the highest level of care possible for such indicators.

For other indicators, gold standard care is achieved where women report an experience that is consistent with current Queensland Health policies and guidelines and/or research evidence on best care practices. Again, we report on gold standard care as it is expected that care providers would strive for all women in the birth facility to report care consistent with current policies, guidelines and research evidence.

Thematic analysis of women's responses to the open text question '*If the people who run maternity services could spend money to improve one thing in maternity care, what do you think this should be?*' has been provided in Part G. Responses were initially

analysed for all women to identify state-wide themes for improvement. Responses were then separated by facility and reanalysed to evaluate consumer suggestions for improvement at the individual facility level. In order to ensure quality of the themes identified, the researcher conducting the analysis was blinded to which facility the comments corresponded to. In addition, 5% of facilities were randomly selected to be assessed by a second researcher (who was also blind to facility) and congruence between themes identified was assessed. Salient themes and sub-themes emerging from the data are described and illustrative quotes from women provided.

Where the total number of respondents from any facility is less than 10 on a given performance indicator, data are not reported at a facility level to protect respondents' anonymity. For this reason, it was not possible to report on any indicators for the following facilities: Ayr Hospital, Charleville Hospital, Chinchilla Health Service, Cunnamulla Hospital, Goondiwindi Hospital, Mackay Birth Centre, St George Hospital, Theodore Hospital, Thursday Island Hospital and Tully Hospital. Responses from women who gave birth in these facilities are included in the statewide public statistics presented in this report as this was not seen to compromise their anonymity.

When reporting 2012 survey data for a consumer audience through the facility level tool, Birthplace ([www.havingababy.org.au/birthplace](http://www.havingababy.org.au/birthplace)), and in the 2012 Survey Report (Prosser et al., 2013), an additional quality assurance measure was used such that we do not report data on facilities where fewer than 25% of women who birthed in that facility in the survey period responded. This measure was adopted to provide greater confidence in the representativeness of facility-specific data. However, given that the purpose of this report is to provide feedback to facilities for quality improvement purposes, data from facilities where fewer than 25% of women who birthed in the survey period responded to the survey have been retained. Where such data are reported, an asterisk (\*) is provided at the end of the facility name. Where a category on any given indicator was less than 1%, this has not been reported in the graphs.

## Changes since the 2010 Reports

Items from the Consumer Evaluation of Maternity Care Performance in 2010 reports were evaluated and updated based on user feedback and the availability of new items from the 2012 Having a Baby in Queensland Survey.

Time series data (data from both the 2010 and 2012 surveys) are presented for two items; overall quality of care received during labour and birth, and whether women would recommend their facility to a friend. This enables comparison over time on these key indicators. The 2012 reports also provide comparisons of overall quality of care by model of care (see Prosser et al., 2013 for definitions of models of care used in this report) at both the state and facility level. In regional reports aggregate data for all models of care in the district are presented in place of the individual facility level comparison.

Indicators reflecting the quality of interpersonal care received during the postnatal facility stay were added to the 2012 reports. A new indicator of interpersonal care (whether women felt they received conflicting information) was added for both labour and birth, and postnatal care. Indicators for the quality of the birthing environment presented in the 2010 reports have been updated to present ratings of the postnatal environment. Other indicators have changed according to available survey items and updates have been made to the order and grouping of indicators to improve readability.

A qualitative section has been incorporated into the 2012 reports to provide a complementary picture of women's experience at each facility and give voice to their recommendations for improvement.

## Using this Report for Quality Improvement

The '**Performance Summary**' provides a snapshot of performance on each indicator for the facility named in the report. '**Areas of highest performance**' are those indicators for which the largest proportion of respondents reported receiving gold standard care in this facility. '**Areas of lowest performance**' are those indicators for which the smallest proportion of respondents reported receiving gold standard care in this facility. Together, these indicators highlight areas of strength in care provision (optimal performance) and areas needing improvement (weakest performance) to inform priorities for quality improvement.

The '**Best facility**' attributions for each performance indicator are provided for facilities in each category (public hospitals, public birth centres and private hospitals) across Queensland for whom the largest proportion of respondents reported receiving gold standard care. These facilities provide some indication of readily achievable levels of performance on each indicator and may provide opportunities for learning from identified models of best practice for quality improvement efforts.

The **'What do women say about their care?'** sections provide illustrative examples of women's reports of positive and negative experiences of care and can be used to guide quality improvement. To ensure women's privacy, these quotes are provided from women across Queensland and are not specific to the individual facility named in the report or to those facilities identified as demonstrating best performance.

The qualitative component of this report, **'What do women at this facility say should be improved in maternity services?'** provides a description of the key aspects of maternity care nominated for improvement by women at each facility as well as illustrative quotes. The state-wide thematic analysis of all responses, **'What do women in Queensland say should be improved in maternity services?'** has been included to allow comparison between facility themes and suggestions from all women in Queensland. Other than corrections to spelling, no changes were made to the open text used in quotations.

## Finding Out More

It may be helpful to review a facility's performance against similar facilities in Queensland that are outside of their geographic region. Copies of the Consumer Evaluations of Maternity Care Performance in 2012 reports are available for all reportable birth facilities in Queensland (i.e. where the number of survey respondents for a given facility is greater than or equal to 10 women) online at [www.qcmb.org.au/facilityreports2012](http://www.qcmb.org.au/facilityreports2012). The 2010 reports are also available at: [www.qcmb.org.au/facilityreports](http://www.qcmb.org.au/facilityreports).

In addition to the Consumer Evaluations of Maternity Care Performance reports for other birth facilities, some of the data included in this report, and additional facility-level data not included in this report, can be viewed in Birthplace ([www.havingabay.org.au/birthplace](http://www.havingabay.org.au/birthplace)).

To contact the Queensland Centre for Mothers & Babies, please call (07) 3346 8797 or email [survey@qcmb.org.au](mailto:survey@qcmb.org.au). Further details about the work of the centre are provided online at [www.qcmb.org.au](http://www.qcmb.org.au)

# Statewide Snapshot

## Response Rate

### Public Hospitals and Birth Centres

The number and percentage of women who provided responses to the 2012 Having a Baby in Queensland Survey for each public hospital and birth centre are provided below.

	Number of respondents	Response rate
<b>Atherton Hospital</b>	<b>15</b>	<b>28%</b>
Ayr Hospital	9	21%
Biloela Hospital	15	38%
Bundaberg Hospital	86	26%
Caboolture Hospital	162	25%
Cairns Base Hospital	134	19%
Charleville Hospital	3	27%
Chinchilla Health Service	7	35%
Cunnamulla Hospital	0	0%
Dalby Hospital	20	21%
Emerald Hospital	24	28%
Gladstone Hospital	30	22%
Gold Coast Hospital	271	27%
Gold Coast Birth Centre	29	35%
Goondiwindi Hospital	8	24%
Gympie Hospital	34	33%
Hervey Bay Hospital	92	30%
Innisfail Hospital	24	32%
Ipswich Hospital	191	23%
Kingaroy Health Service	32	26%
Logan Hospital	207	19%
Longreach Hospital	16	43%
Mackay Base Hospital	103	28%
Mackay Birth Centre	9	30%
Mareeba Hospital	17	31%
Mater Mothers' Public Hospital	410	25%
Mt Isa Hospital	32	19%
Nambour Hospital	224	32%
Proserpine Hospital	16	22%
Redcliffe Hospital	146	26%
Redland Hospital	202	30%
Rockhampton Hospital	99	23%
Roma Hospital	12	21%
Royal Brisbane and Women's Hospital	327	30%
Royal Brisbane and Women's Birth Centre	72	39%
St George Hospital	4	22%
Stanthorpe Hospital	19	41%
Theodore Hospital	2	33%
Thursday Island Hospital	2	6%
Toowoomba Hospital	136	24%
Toowoomba Birth Centre	17	46%
Townsville Hospital	181	25%
Townsville Birth Centre	34	52%
Tully Hospital	3	100%
Warwick Hospital	19	33%
<b>STATEWIDE PUBLIC HOSPITALS AND BIRTH CENTRES</b>	<b>3,496</b>	<b>26%</b>

## Private Hospitals

The number and percentage of women who provided responses to the 2012 Having a Baby in Queensland Survey for each private hospital are provided below.

	Number of respondents	Response rate
Cairns Private Hospital	95	48%
John Flynn Private Hospital	105	45%
Mater Misericordiae Hospital Gladstone	35	40%
Mater Misericordiae Hospital Mackay	79	34%
Mater Misericordiae Hospital Rockhampton	59	30%
Mater Women's and Children's Hospital Townsville	128	40%
Mater Mothers' Private Hospital (South Brisbane)	608	43%
Mater Mothers' Private Redland	47	42%
Nambour Selangor Private Hospital <sup>1</sup>	85	39%
North West Private Hospital	225	44%
Pindara Private Hospital	175	36%
St Andrew's Ipswich Private Hospital	54	38%
St Vincent's Hospital Toowoomba	138	41%
Sunnybank Private Hospital	171	40%
Sunshine Coast Private Hospital	58	45%
Wesley Private Hospital	219	42%
<b>STATEWIDE PRIVATE HOSPITALS</b>	<b>2,282</b>	<b>41%</b>

## Representativeness of Respondents

The survey respondents comprise women who had live births (single and multiple births) in Queensland between October 1, 2011 and January 31, 2012. The representativeness of survey respondents was compared with population statistics reported for women who gave birth in Queensland in 2010 (based on Perinatal Statistics Queensland) on several key indices<sup>2</sup>. It is important to note that these comparisons provide an estimate only of sample representativeness given that population statistics are not yet publically available for women who gave birth in 2011/2012.

Relative to the women who gave birth in Queensland in 2010 (Queensland Health, 2012), the respondent sample under-represented the following groups:

- Multiparous women (53.9% in the respondent sample vs. 59.2% of all birthing women in Queensland)
- Aboriginal and/or Torres Strait Islander women (1.6% in the respondent sample vs. 5.8% of all Queensland birthing women)
- Younger women (aged <20 years; 1.9% vs. 5.5% of all birthing women)
- Women birthing in public hospitals (57.1% of the sample vs. 68.0% of all birthing women).
- Women born outside Australia (born in Australia; 20.0% of respondents vs. 22.7% of women in Queensland)

The sample adequately represented the women who gave birth in Queensland in 2010 (Queensland Health, 2012) in terms of:

- Plurality of pregnancy (singleton pregnancy; 98.3% of the sample vs. 98.4 of women in Queensland)
- Women living in remote and very remote areas (2.7% of the sample vs. 3.1% of all birthing women)
- Women with infants born preterm (babies born before 37 weeks' gestation; 8.8% of respondents vs. 8.2% of women in Queensland)
- Women with low birth weight babies (less than 2500g; 6.3% of respondents vs. 6.4% of women in Queensland)
- Mode of delivery (vaginal birth; 65.9% of respondents vs. 67.2% of women in Queensland)
- Previous caesarean section (multiparous women only; 30.9% of respondents vs. 30.2% of women in Queensland)

<sup>1</sup> Nambour Selangor Private Hospital maternity services closed in 2012. The data for this hospital is still included in this report as maternity services were still open at time of data collection.

<sup>2</sup> Confidence was set at 99.9% for all comparisons (i.e.  $p < .001$ ).

## Performance Summary: Atherton Hospital

The list below provides a summary of performance for Atherton Hospital based on the 26 indicators selected for this report. Indicators are ordered from highest to lowest in terms of the proportion of women who received gold standard care at Atherton Hospital.

### Areas of highest performance

Indicator 20:	Are women's support people made to feel welcome during labour and birth?	100%
Indicator 21:	Are women's support people made to feel welcome after birth?	100%
Indicator 3:	Would women recommend this facility to a friend?	93%
Indicator 24:	Does the cleanliness of the postnatal rooms need improvement?	92%
Indicator 4:	Do care providers treat women with respect during labour and birth?	87%
Indicator 8:	Are women satisfied with the amount of care during their postnatal stay?	87%
Indicator 25:	Does the food provided during women's postnatal stay need improvement?	85%
Indicator 26:	Does the privacy of the postnatal rooms need improvement?	85%
Indicator 5:	Do care providers treat women with kindness and understanding during labour and birth?	80%
Indicator 6:	Do care providers genuinely care about women's wellbeing during labour and birth?	80%
Indicator 9:	Do care providers treat women with respect during their postnatal stay?	79%
Indicator 10:	Do care providers treat women with kindness and understanding during their postnatal stay?	79%
Indicator 11:	Do care providers genuinely care about women's wellbeing during their postnatal stay?	79%
Indicator 1:	How well are women looked after at this facility during labour and birth?	73%
Indicator 23:	Can women move around and choose the position that makes them feel most comfortable during their labour?	73%
Indicator 14:	Do women want to be more involved in decisions during labour and birth?	71%
Indicator 2:	How well are women looked after at this facility during their postnatal stay?	66%
Indicator 7:	Do women receive conflicting information and advice from care providers during labour and birth?	60%
Indicator 13:	Do women receive a home visit or telephone call within 7 days of discharge?	57%
Indicator 12:	Do women receive conflicting information and advice from care providers during their postnatal stay?	54%

### Areas of lowest performance

Indicator 17:	Do women make informed decisions about vaginal examinations?	10%
Indicator 18:	Do women make informed decisions about fetal monitoring?	9%
Indicator 22:	Can women choose the gender of their care provider(s) for labour and birth?	0%

### Indicators with insufficient data

Indicator 15.1:	Do women make informed decisions about caesarean sections scheduled in advance?
Indicator 15.2:	Do women make informed decisions about caesarean sections not scheduled in advance?
Indicator 16:	Do women make informed decisions about induction of labour?
Indicator 19:	Do women make informed decisions about epidural during labour?

## Part A: Overall Quality of Interpersonal Care

Quality of interpersonal care reflects an overall assessment of the standard of non-clinical care received from the perspective of the consumer. While the quality of clinical care is regularly recorded and reported on, the quality of interpersonal care and patient experience is assessed far less frequently. It is important that aspects of interpersonal care are assessed as these factors are associated with patient satisfaction and overall engagement with health services (Watson & Gallois, 2007).

We have reported on three indicators of the quality of interpersonal care.

### **Indicator 1: How well are women looked after at this facility during labour and birth?**

The safety and quality of maternity care in Queensland are currently monitored via a number of different mechanisms at organisational, district, and state-wide levels. Maternity care consumer assessments of the overall standard of interpersonal care during labour and birth are critical to complement existing measures of the safety and quality of maternity care in Queensland.

#### **Indicator 1a: How well are women looked after at this facility during labour and birth (over time)?**

The quality of maternity care during labour and birth was assessed through identical survey items in the 2010 and 2012 Having a Baby in Queensland Surveys. This allowed for appraisal of change over time and enables evaluation of any efforts to improve the overall quality of interpersonal care.

#### **Indicator 1b: How well are women looked after at this facility during labour and birth (by model of care)?**

Consumer ratings of care have been found to differ significantly according to model of care (Brown et al., 2005; Davey et al., 2005; Prosser et al., 2013). Assessment of the overall standard of interpersonal care during labour and birth across the different models allows for a more nuanced view of consumer experience and satisfaction with care.

### **Indicator 2: How well are women looked after at this facility during their postnatal stay?**

The overall standard of interpersonal care is a valuable measure of the safety and quality of maternity care in Queensland. The provision of this information for the discrete time points of labour and birth and postnatal care allows a more detailed view of consumer satisfaction. Needs during the postnatal period differ from those of labour and birth and high quality care is critical during this time of maternal recovery and transition.

#### **Indicator 2a: How well are women looked after at this facility during their postnatal stay (by model of care)?**

Consumer ratings of care have been found to differ significantly according to model of care (Brown et al., 2005; Davey et al., 2005; Prosser et al., 2013). Assessment of the overall standard of interpersonal care during the postnatal facility stay across the different models available allows for a more nuanced view of consumer experience and satisfaction with care during this period.

### **Indicator 3: Would women recommend this facility to a friend (over time)?**

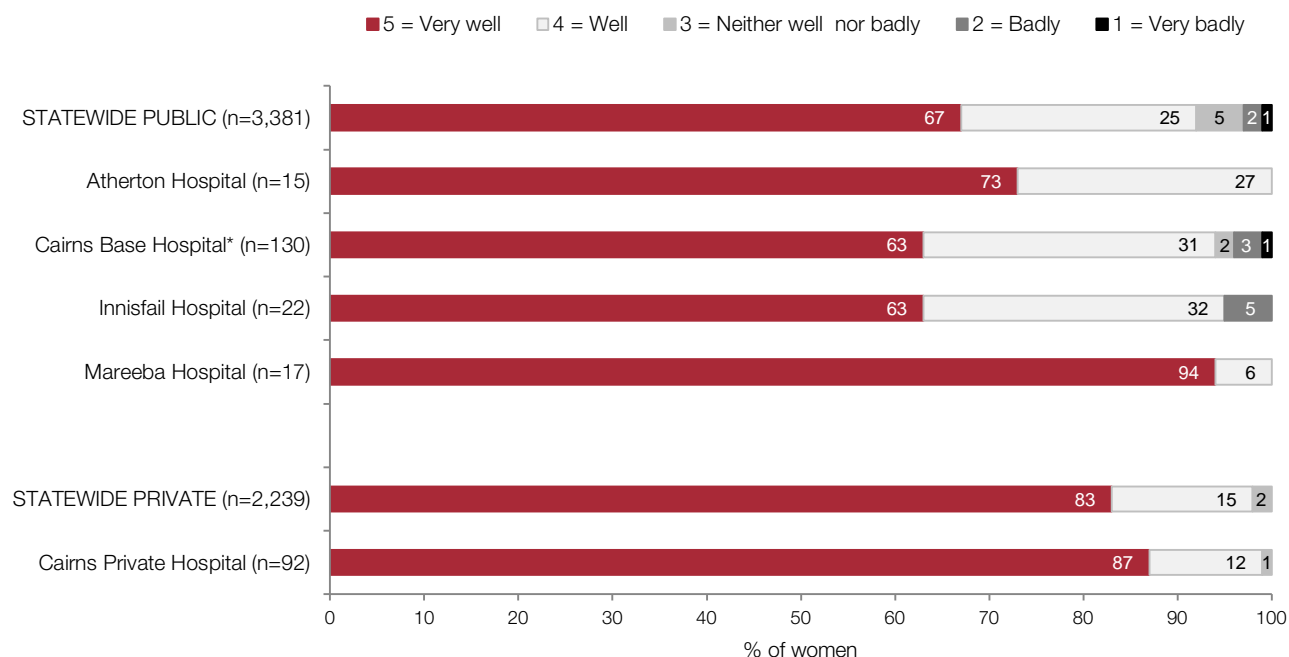
Whether a patient would recommend their care provider, health facility, or treatment, is a reliable and widely used indicator of a positive experience of care (Dodd et al., 2004; Halfon et al., 2011; Murray-Davis et al., 2012). As such, recommending their birth facility to a friend is a good reflection of how favourably women view their chosen birth facility. Comparable assessment of this item in the 2010 and 2012 Having a Baby in Queensland Surveys allowed this key indicator to be evaluated over time.

## Indicator 1: How well are women looked after at this facility during labour and birth?

Gold standard care is defined as women feeling that they were looked after 'very well' during labour and birth. As such, best facilities are those where the highest percentage of women said that they were looked after 'very well' during labour and birth.

We asked: "Overall, how well were you looked after by your care provider(s) during labour/birth?"

The graph displays the percentage of women who said that they were looked after 'very well' ('5'), as well as the percentages of women who gave a rating of 'well' ('4'), 'neither well nor badly' ('3'), 'badly' ('2') and 'very badly' ('1') on the same scale.



### Best public hospital in Queensland:

Mareeba Hospital 94%

### Best public birth centre in Queensland:

Townsville Birth Centre 94%

### Best private hospital in Queensland:

Mater Mothers' Private Redland 96%

### What do women say about their care?

"Everybody was caring and nurturing. There is always help and people to give you good advice without being pushy. Great experience."

"Hardly anyone came into the room to see how I was doing, sometimes walked in, looked at the chart and walked out without saying anything. Not enough communication for first time mum to be."

"Again, the midwives were rude and rushed and insensitive. The medical team were busy but treated me with much more respect"

\* Denotes a response rate of less than 25%

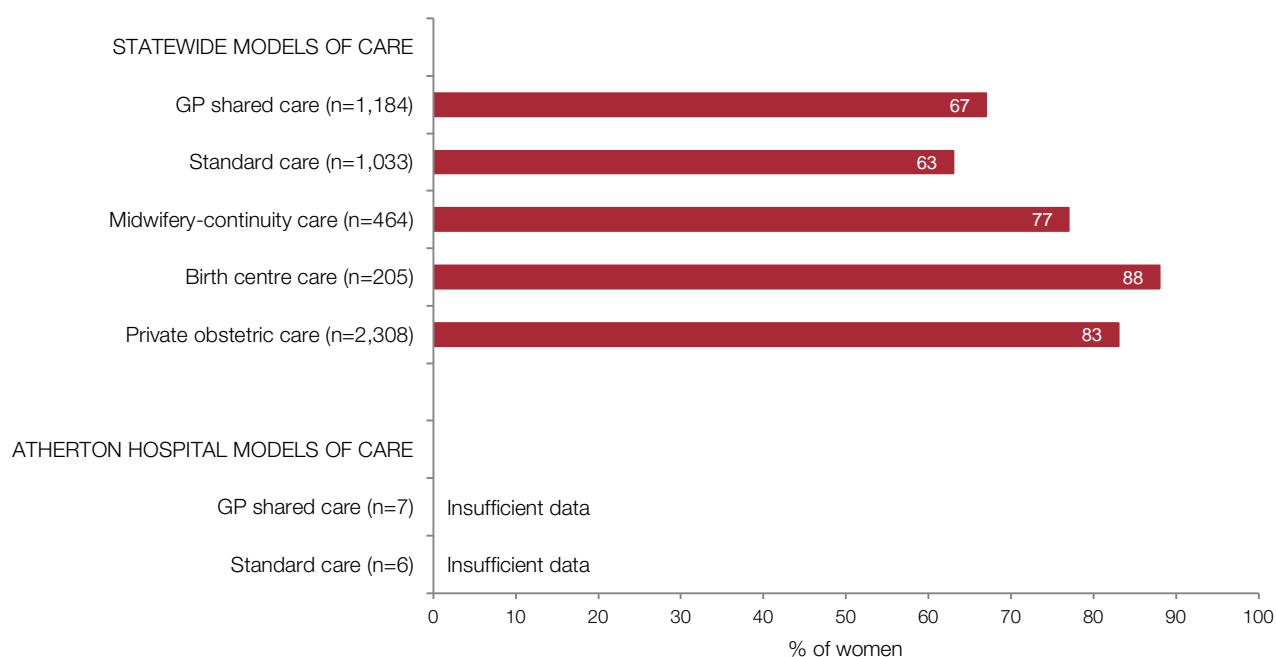
### Indicator 1a: How well are women looked after at this facility during labour and birth (over time)?

The graph displays the percentage of women who said that they were looked after 'very well' ('5'), over time.



### Indicator 1b: How well are women looked after at this facility during labour and birth (by model of care)?<sup>3</sup>

The graph displays the percentage of women who said that they were looked after 'very well' ('5'), in each model of care available across the state and in this facility.



<sup>3</sup> It was not possible to ascertain model of care for every woman, thus numbers may differ from Indicator 1.

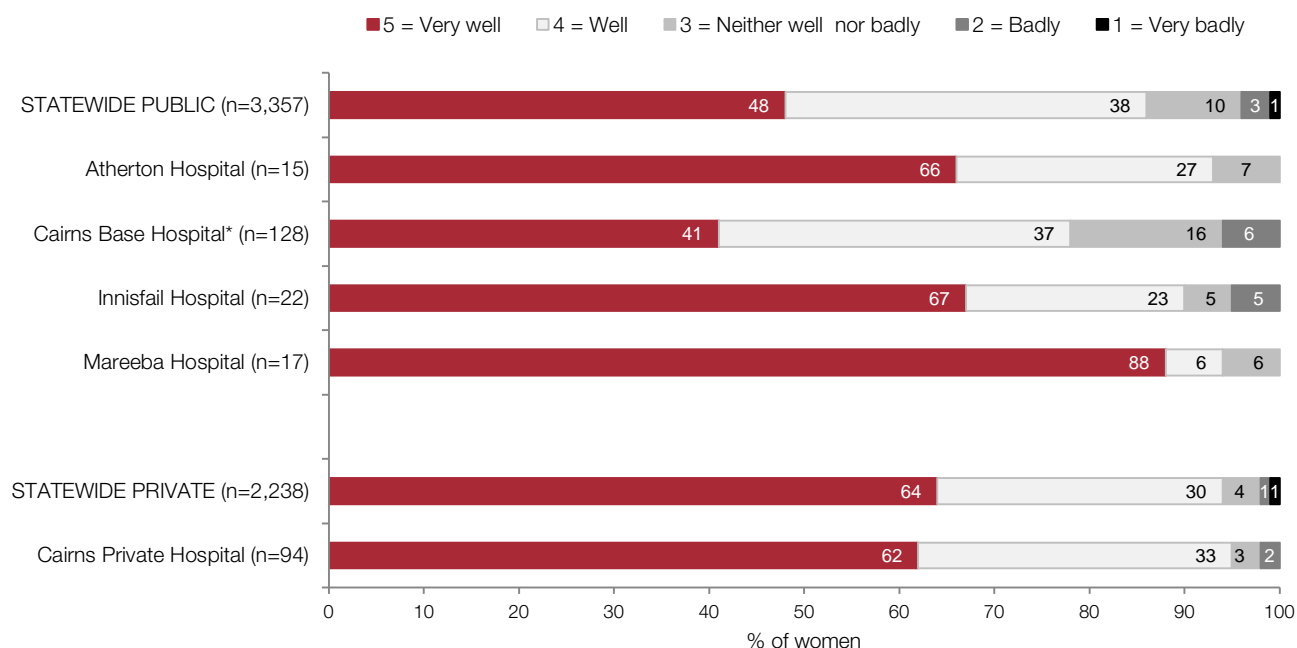
\* Denotes a response rate of less than 25%

## Indicator 2: How well are women looked after at this facility during their postnatal stay?

Gold standard care is defined as women feeling that they were looked after 'very well' during their postnatal stay. As such, best facilities are those where the highest percentage of women said that they were looked after 'very well' during their postnatal stay.

We asked: "Overall, how well were you looked after by your care provider(s) in the hospital or birth centre after your birth?"

The graph displays the percentage of women who said that they were looked after 'very well' ('5'), as well as the percentages of women who gave a rating of 'well' ('4'), 'neither well nor badly' ('3'), 'badly' ('2') and 'very badly' ('1') on the same scale.



### Best public hospital in Queensland:

Longreach Hospital 94%

### Best public birth centre in Queensland:

Townsville Birth Centre 78%

### Best private hospital in Queensland:

Mater Mothers' Private Redland 76%

### What do women say about their care?

"The staff were professional, knowledgeable and caring. Everyone from the medical professionals to the catering staff were genuinely interested in my well being. The facilities are excellent. I always felt me and my baby were in the best possible place."

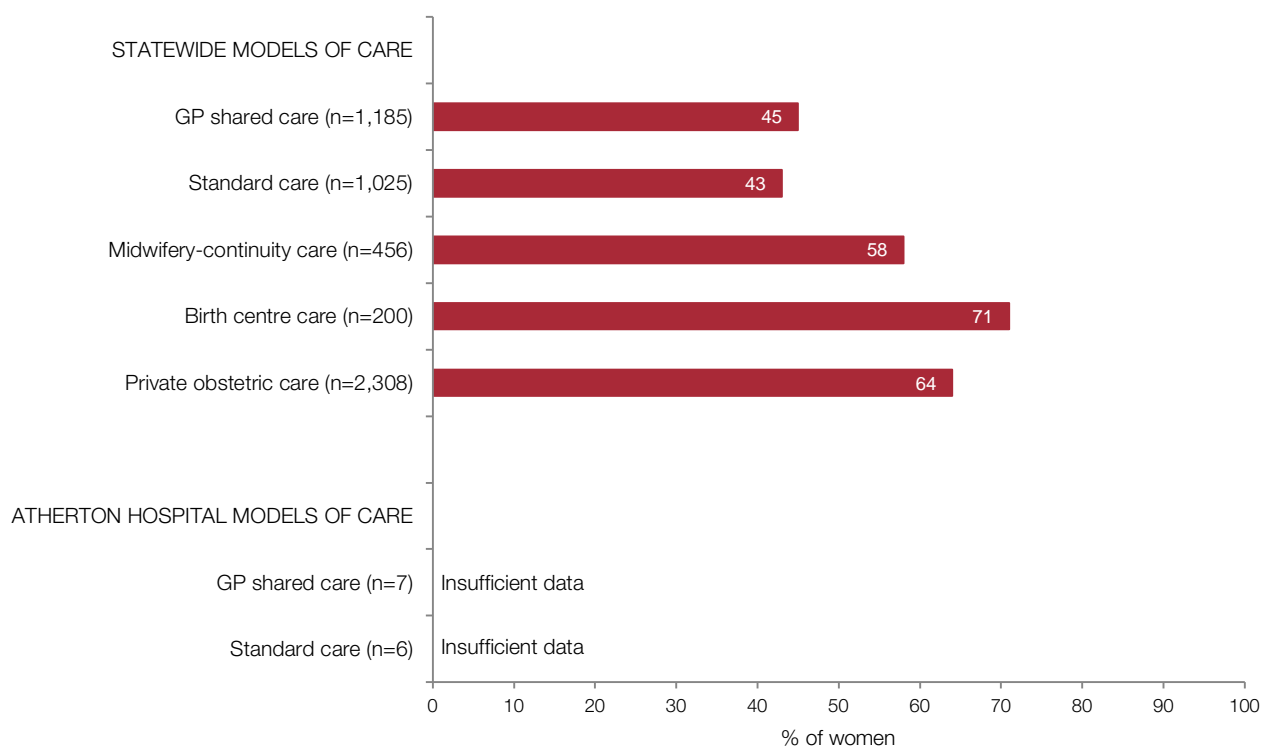
"The staff in hospital were always busy and not have enough time for me. Makes me feel very helpless and unsupported..."

"The midwives did not assist me very much and I was so emotionally overwhelmed I felt too stupid to ask for help or when I did they were too busy."

\* Denotes a response rate of less than 25%

## Indicator 2a: How well are women looked after at this facility during their postnatal stay (by model of care)?<sup>4</sup>

The graph displays the percentage of women who said that they were looked after 'very well' ('5'), in each model of care available across the state and in this facility.



<sup>4</sup> It was not possible to present overall satisfaction with care during women's postnatal stay over time (in 2010 and 2012), as this information was not collected in the 2010 Having a Baby in Queensland Survey. It was not possible to ascertain model of care for every woman, thus numbers may differ from Indicator 2.

### Indicator 3: Would women recommend this facility to a friend?

Gold standard care is defined as women feeling that they would recommend the hospital or birth centre to a friend.

We asked: “Would you recommend this hospital or birth centre to a friend?” Women could indicate ‘yes’, or ‘no’. In the 2012 survey, women could also indicate ‘not sure’.

The graph displays the percentage of women who said that they would recommend their hospital or birth centre to a friend, over time.



#### Best public hospitals in Queensland:

Innisfail Hospital 100%  
 Longreach Hospital 100%  
 Proserpine Hospital\* 100%  
 Roma Hospital\* 100%  
 Stanthorpe Hospital 100%

#### Best public birth centres in Queensland:

Royal Brisbane and Women's Birth Centre 100%  
 Townsville Birth Centre 100%  
 Toowoomba Birth Centre 100%

#### Best private hospitals in Queensland:

St Andrew's Ipswich Private Hospital 100%  
 Mater Misericordiae Hospital Mackay 100%

#### What do women say about their care?

“Highly recommended. the midwives and nurses were fantastic and gave exactly the level of support that was needed”

“This hospital give me a really warm feeling, the care providers are really professional and kind. The environment and the food are all really good.”

“Nurses were rude, offensive & degraded our efforts...told conflicting info from nurses. Don't do it... They bully you into not using any pain relief except gas. Midwives left me alone for most of labour...”

“I wouldn't recommend having a baby here. There is no support, no help and unfriendly midwives.”

\* Denotes a response rate of less than 25%

## Part B: Care during Labour and Birth

Respectful care includes treating women with dignity, courtesy, kindness and understanding. Respectful care acknowledges women's individuality, reflects genuine care for their wellbeing, and allows them the time they need to make decisions. In an attempt to avoid typically high and less useful global ratings of health care, researchers have begun to move away from the concept of patient satisfaction and focus on more useful specific patient experiences of care (Wieggers, 2009).

We have reported on four indicators of care during labour and birth.

### **Indicator 4: Do care providers treat women with respect during labour and birth?**

The Australian Charter of Healthcare Rights highlights that "patients and consumers have a right to receive care in a manner that is respectful of their culture, beliefs, values and characteristics like age and gender" (ACSQHC, 2009). Women in receipt of maternity care services have a right to be treated with dignity and consideration by their care providers. The Code of Good Medical Practice states that "good medical practice involves treating your patients with respect at all times" (AMC, 2009), which can be used as a target for delivering gold standard care.

### **Indicator 5: Do care providers treat women with kindness and understanding during labour and birth?**

To provide holistic care during labour and birth, care providers should ensure that women's needs are met both physically and psychologically (ANMC, 2006). Supportive relationships with care providers and the quality of aspects such as rapport, communication, and empathy have been found to significantly contribute to a positive experience of labour and birth (Hodnett, 2002; Goberna-Tricas et al., 2011)

### **Indicator 6: Do care providers genuinely care about women's wellbeing during labour and birth?**

Woman-centred care is care that prioritises the needs and preferences of each individual woman over the needs of care providers, facilities and the maternity care system. Having a care provider who demonstrates support and compassion is rated very highly by women as contributing to a positive experience of labour and birth (Lavender et al., 1999). Demonstrating genuine care for women's wellbeing can be seen as a component of delivering care that is genuinely woman-centred.

### **Indicator 7: Do women receive conflicting information and advice from care providers during labour and birth?**

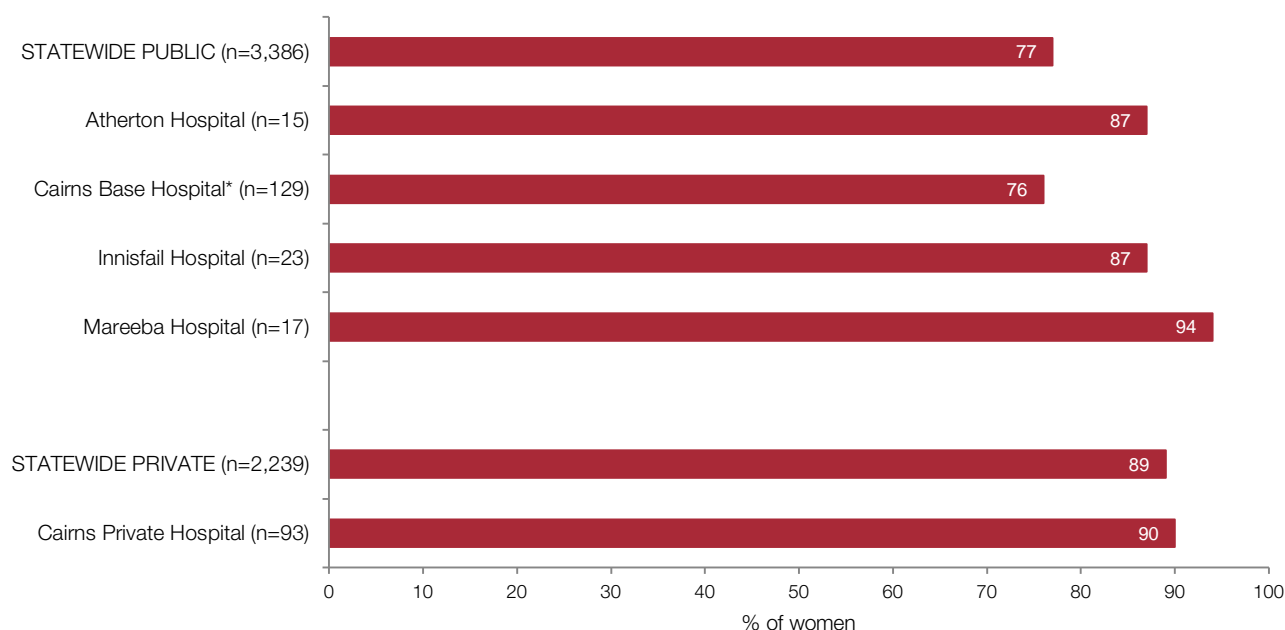
The provision of quality information "to patients and consumers in a way that can be understood" is emphasised by The Australian Charter of Healthcare Rights (ACSQHC, 2009). Receiving conflicting information and advice has been identified by women as a barrier to high quality of care (Lavender et al., 2000; Hodnett et al., 2002; Fenwick et al., 2010).

## Indicator 4: Do care providers treat women with respect during labour and birth?

Gold standard care is defined as women feeling they were treated with respect 'all of the time' during labour and birth.

We asked: "When I saw care providers during my labour/birth, they treated me with respect". Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'not at all'.

The graph displays the percentage of women who said that their care providers treated them with respect 'all of the time'.



### Best public hospital in Queensland:

Mareeba Hospital 94%

### Best public birth centre in Queensland:

Gold Coast Birth Centre 96%

### Best private hospitals in Queensland:

Nambour Selangor Private Hospital\*\* 95%  
John Flynn Private Hospital 93%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012. As such, the private facility with the second highest rating is also listed.

### What do women say about their care?

"...Embraced my decisions, didn't talk down to me & make me doubt myself."

"The staff look after you very well, provide you with all the information you need or ask for and are not judgemental on any decision you and your partner make..."

"The anaesthetist was very rushed and stressed. She made me feel stressed and also feel guilty about having contractions. I felt bad for answering the questions she asked due to her negative reactions to my answers."

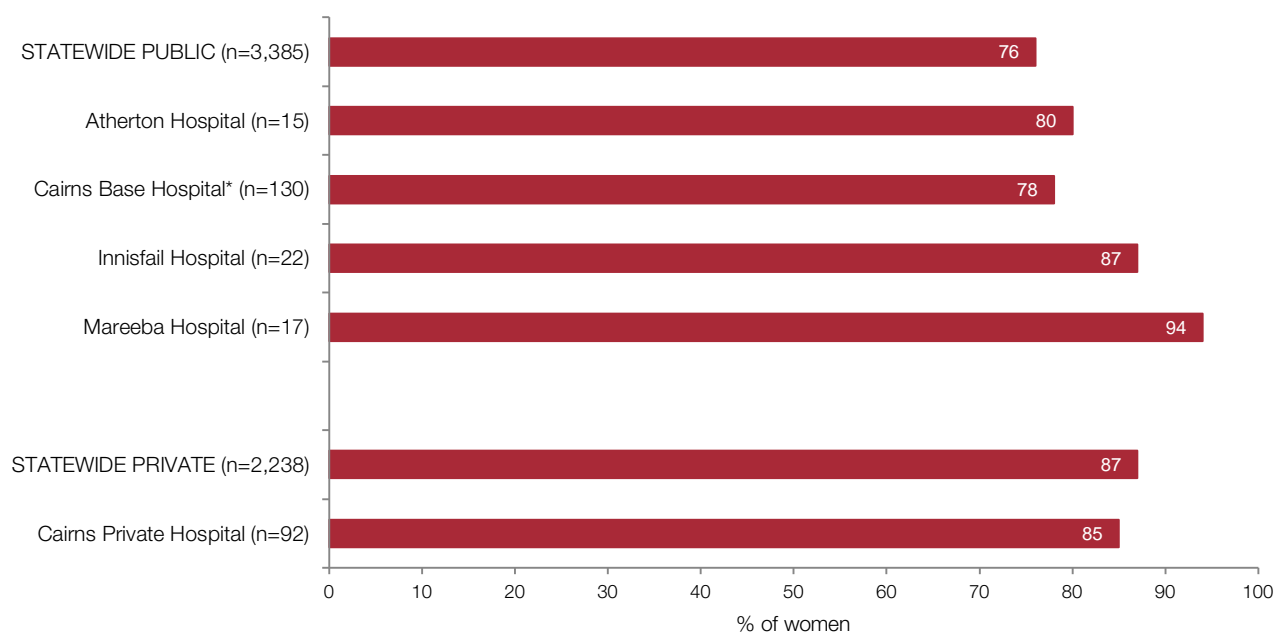
\* Denotes a response rate of less than 25%

## Indicator 5: Do care providers treat women with kindness and understanding during labour and birth?

Gold standard care is defined as women feeling they were treated with kindness and understanding 'all of the time' during labour and birth.

We asked: "When I saw care providers during my labour/birth, they treated me with kindness and understanding". Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'not at all'.

The graph displays the percentage of women who said that their care providers treated them with kindness and understanding 'all of the time'.



### Best public hospital in Queensland:

Mareeba Hospital 94%

### Best public birth centre in Queensland:

Gold Coast Birth Centre 100%

### Best private hospital in Queensland:

John Flynn Private Hospital 92%

### What do women say about their care?

"All the midwives that looked after me and my baby were understanding, kind and always wanted to help. Having a c-section is hard but they took care of me very well."

"...The staff were unbelievable and helped me a great deal. They kept me informed but were also warm and caring. Without them I doubt I would've coped."

"the doctor who gave me my epidural was not very nice, and he kept missing my veins in my hands, i know they're there to administer medical care but a smile and a nice manner goes a long, long long long way during labour..."

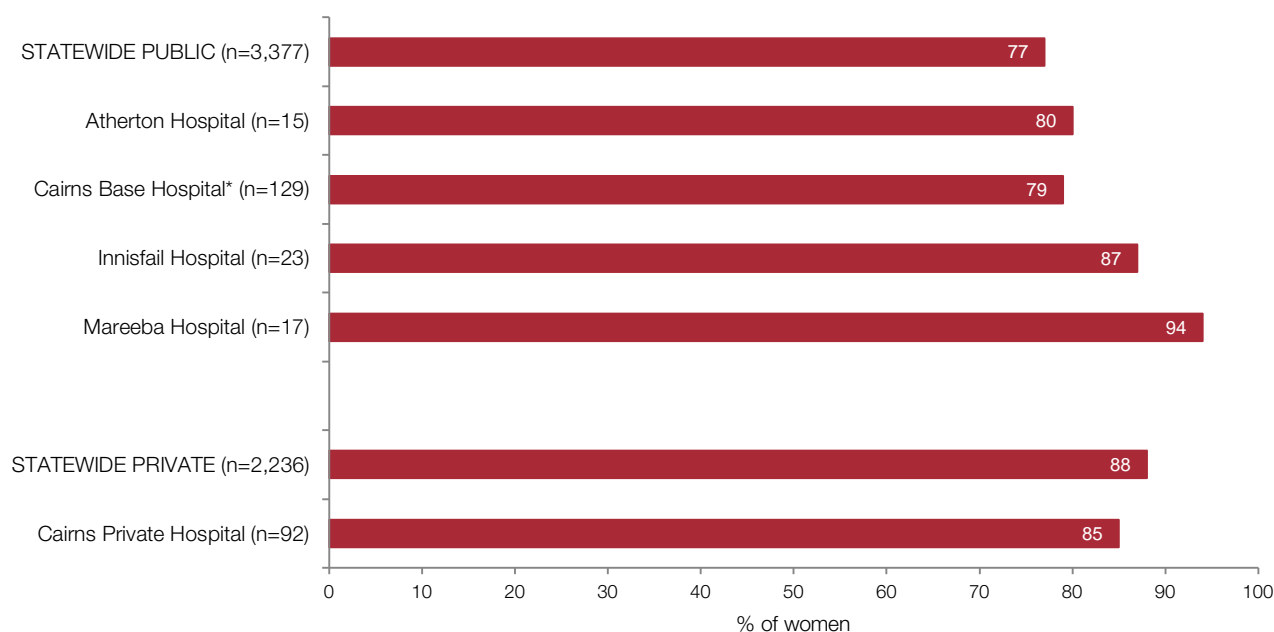
\* Denotes a response rate of less than 25%

## Indicator 6: Do care providers genuinely care about women's wellbeing during labour and birth?

Gold standard care is defined as women feeling their wellbeing was genuinely cared about 'all of the time' during labour and birth.

We asked: "When I saw care providers during my labour/birth, they genuinely cared about my wellbeing". Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'not at all'.

The graph displays the percentage of women who said that their care providers genuinely cared about their wellbeing 'all of the time'.



### Best public hospitals in Queensland:

Mareeba Hospital 94%  
Mt Isa Hospital\* 94%

### Best public birth centres in Queensland:

Gold Coast Birth Centre 93%  
Royal Brisbane and Women's Birth Centre 93%

### Best private hospitals in Queensland:

Nambour Selangor Private Hospital\*\* 95%  
John Flynn Private Hospital 91%  
Mater Mothers' Private Redland 91%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012. As such, the private facility with the second highest rating is also listed.

### What do women say about their care?

"...The staff I encountered during this pregnancy, and birth were very kind, caring, informative and always made me feel reassured and safe. They were always able to answer my questions and deal with my fears and concerns..."

"Genuine caring staff who took the time to make me feel I was their only patient."

"...[hospital name] was too busy & Doctors & midwives were too busy. Was even told by one doctor that they didn't have time to deal with us."

"Didn't feel any connections with the midwife... she just wanted me to have the baby and get back to the ward"

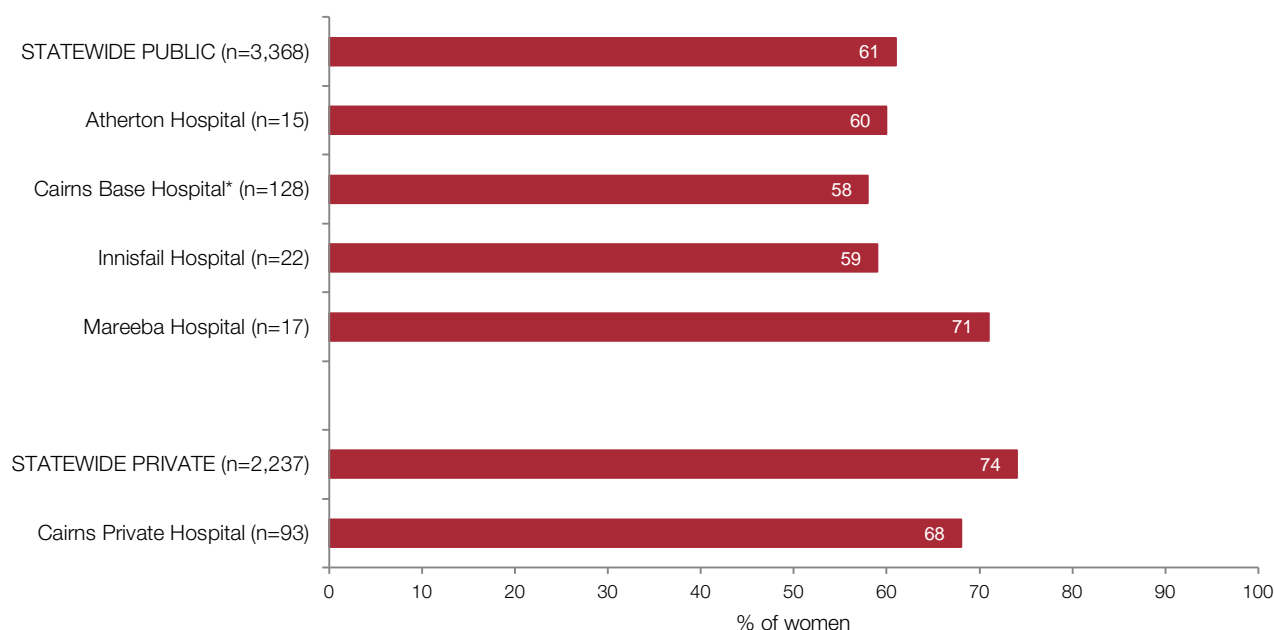
\* Denotes a response rate of less than 25%

## Indicator 7: Do women receive conflicting information and advice from care providers during labour and birth?

Gold standard care is defined as women never receiving conflicting information and advice during labour and birth.

We asked: “Thinking about your labour/birth, how often did you receive conflicting information and advice from different care providers?”. Women could indicate ‘all of the time’, ‘most of the time’, ‘some of the time’, or ‘none of the time’.

The graph displays the percentage of women who said that they **never** received conflicting information and advice.



### Best public hospital in Queensland:

Roma Hospital\* 92%

### Best public birth centre in Queensland:

Toowoomba Birth Centre 94%

### Best private hospital in Queensland:

Mater Mothers' Private Redland 85%

### What do women say about their care?

“Having one designated midwife during labour/birth made it easier as they were up-to-date & consistent with their care...”

“We had many different midwives throughout labour & birth and so there was a lot of conflicting information.”

“Given conflicting information about epidural from anaesthetists and midwives resulting in sporadic pain relief.”

“When discussing my baby's delivery. I got different answers from different doctors. It wasn't until I got in contact with the head of obstetrics (with help from one midwife) that my issues were dealt with sufficiently. This caused me a lot of stress at 37 weeks pregnant.”

\* Denotes a response rate of less than 25%

## Part C: Care during Postnatal stay

Care received during the postnatal stay has been rated less favourably by women in a number of Australian states in comparison to the care received during pregnancy, labour and birth (Brown et al., 2005; Fenwick et al., 2010; Prosser et al., 2013). It is important that women are adequately supported during this time, particularly given the number of transitions that may be occurring in addition to being in an unfamiliar environment. Interpersonal aspects of care during this period including care provider availability and emotional support represent significant factors contributing to women's experience of postnatal care (Brown et al., 2005; Waldenstrom et al., 2006).

### **Indicator 8: Are women satisfied with the amount of care during their postnatal stay?**

The availability of care providers has been identified as one of the most important factors contributing to women's experience of postnatal care (Brown et al., 2005). Women have expressed concern about limited support from care providers during this period of transition (McLachlan et al., 2009; Fenwick et al., 2010). The preferred amount and frequency of support during a postnatal stay may vary across women depending on their individual circumstances, thus it is important for care providers to be attentive and communicate effectively with women to ensure they are receiving the right level of attention.

### **Indicator 9: Do care providers treat women with respect during their postnatal stay?**

The Australian Charter of Healthcare Rights highlights that "patients and consumers have a right to receive care in a manner that is respectful of their culture, beliefs, values and characteristics like age and gender" (ACSQHC, 2009). Women in receipt of maternity care services have a right to be treated with dignity and consideration by their care providers at all times. The Code of Good Medical Practice states that "good medical practice involves treating your patients with respect at all times" (AMC, 2009), which can be used as a target for delivering gold standard care.

### **Indicator 10: Do care providers treat women with kindness and understanding during their postnatal stay?**

To provide holistic care during both labour and birth and the postnatal period, care providers should ensure that women's needs are met both physically and psychologically (ANMC, 2006). Supportive relationships with care providers and the quality of aspects such as rapport, communication, and empathy have been found to significantly contribute to a positive experience of care (Hodnett, 2002; Goberna-Tricas et al., 2011).

### **Indicator 11: Do care providers genuinely care about women's wellbeing during their postnatal stay?**

Woman-centred care is care that prioritises the needs and preferences of each individual woman over the needs of care providers, facilities and the maternity care system. Having a care provider who provides support and individualised care has been described by women as central to receiving quality maternity care (Goberna-Tricas et al., 2011). Demonstrating genuine care for women's wellbeing can be seen as a component of delivering care that is genuinely woman-centred.

### **Indicator 12: Do women receive conflicting information and advice from care providers during their postnatal stay?**

The provision of quality information "to patients and consumers in a way that can be understood" is emphasised in The Australian Charter of Healthcare Rights (ACSQHC, 2009). Receiving conflicting information and advice has been identified by women as a barrier to high quality of care (Lavender et al., 2000; Hodnett et al., 2002; Fenwick et al., 2010). Women have been found to report receiving the highest levels of conflicting information during the postnatal period (Lavender et al., 2000).

### **Indicator 13: Do women receive a home visit or telephone call within 7 days of discharge?**

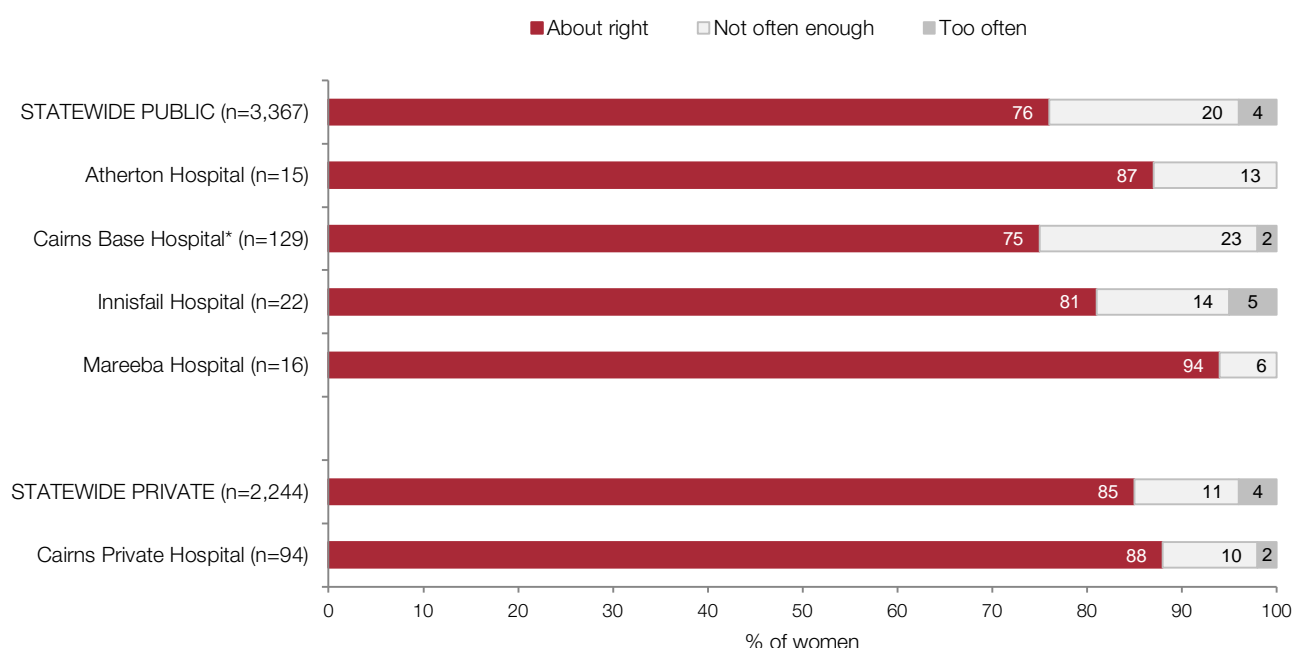
Whilst debate exists regarding the optimal nature of postnatal contact, there is evidence to suggest that contact with care providers after birth via home visits and/or telephone calls improves satisfaction with care and positively impacts a number of postnatal outcomes (Goulet et al., 2007; Kronborg et al., 2007; Brodribb et al., 2012). Providing an in-home follow-up visit and/or telephone call may improve integration of maternity care between hospital and community health services, and provide valuable postnatal support for women and their babies.

## Indicator 8: Are women satisfied with the amount of care during their postnatal stay?

Gold standard care is defined as women feeling that the amount they were checked on by their care provider(s) during the postnatal stay was 'about right'.

We asked: "Thinking about how often a care provider came and checked on you during your stay in the hospital or birth centre, was this... about right? not often enough? too often?"

The graph displays the proportion of women who said that the amount their care provider(s) checked on them during their postnatal stay was 'about right', 'not often enough' and 'too often'.



### Best public hospital in Queensland:

Roma Hospital\* 100%

### Best public birth centre in Queensland:

Townsville Birth Centre 97%

### Best private hospital in Queensland:

Sunnybank Private Hospital 92%

### What do women say about their care?

"...The care was exceptional - all the nursing staff checked on us regularly and were friendly and happy to answer any questions."

"The staff checked on my baby & I far too often - especially given was my third child. Woke us up every 3 hourly during night even though baby was not hungry"

"I felt forgotten about, almost like the hospital was under staffed. They hardly came near me unless I buzzed."

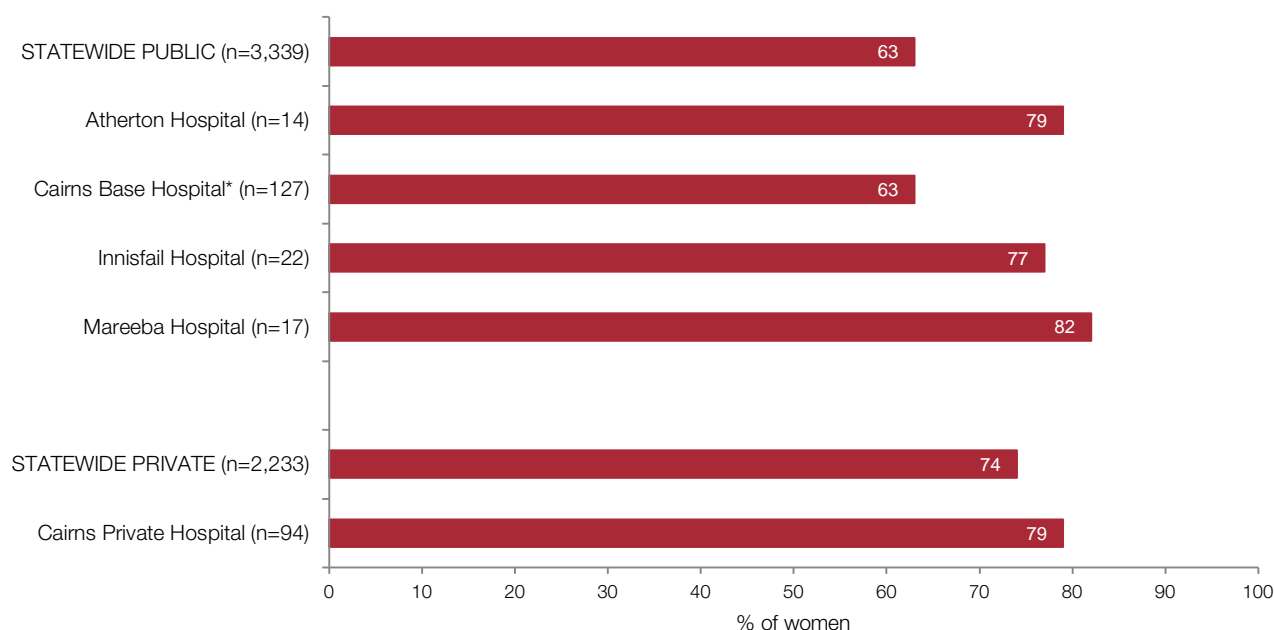
\* Denotes a response rate of less than 25%

## Indicator 9: Do care providers treat women with respect during their postnatal stay?

Gold standard care is defined as women being treated with respect 'all of the time' during their postnatal stay.

We asked: "When I saw care providers in the hospital or birth centre after my birth, they treated me with respect." Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'none of the time'.

The graph displays the percentage of women who said that their care providers treated them with respect 'all of the time'.



### Best public hospitals in Queensland:

Longreach Hospital 88%  
Proserpine Hospital\* 88%

### Best public birth centre in Queensland:

Royal Brisbane and Women's Birth Centre 94%

### Best private hospitals in Queensland:

John Flynn Private Hospital 85%  
Sunshine Coast Private Hospital 85%

### What do women say about their care?

"The midwife does not judge your decisions"

"Very professional, allowed me to do things my way, informative, genuinely cared for me & my baby."

"...I felt completely out of control & like my decisions weren't respected"

"...At times I felt like I was being told what to do and that I was doing it wrong that why I went home early"

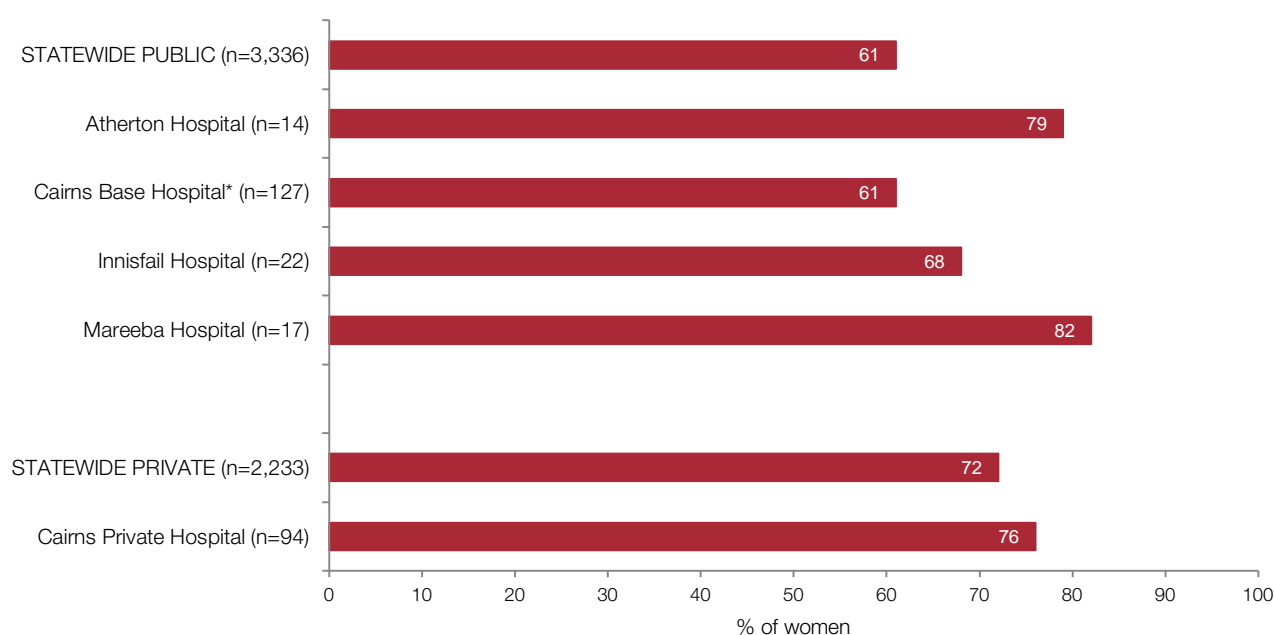
\* Denotes a response rate of less than 25%

## Indicator 10: Do care providers treat women with kindness and understanding during their postnatal stay?

Gold standard care is defined as women being treated with kindness and understanding 'all of the time' during their postnatal stay.

We asked: "When I saw care providers in the hospital or birth centre after my birth, they treated me with kindness and understanding." Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'none of the time'.

The graph displays the percentage of women who said that their care providers treated them with kindness and understanding 'all of the time'.



### Best public hospital in Queensland:

Dalby Hospital\* 89%

### Best public birth centre in Queensland:

Royal Brisbane and Women's Birth Centre 91%

### Best private hospital in Queensland:

John Flynn Private Hospital 85%

### What do women say about their care?

"you get the best care, lots of support and everyone is lovely, happy & helpful..."

"The nursing staff after the birth are busy yet caring and always willing to help..."

"Have your partner stay with you as long & she/he can. The nurses are there just to check on you & get me medical things done. Individual care is not really received."

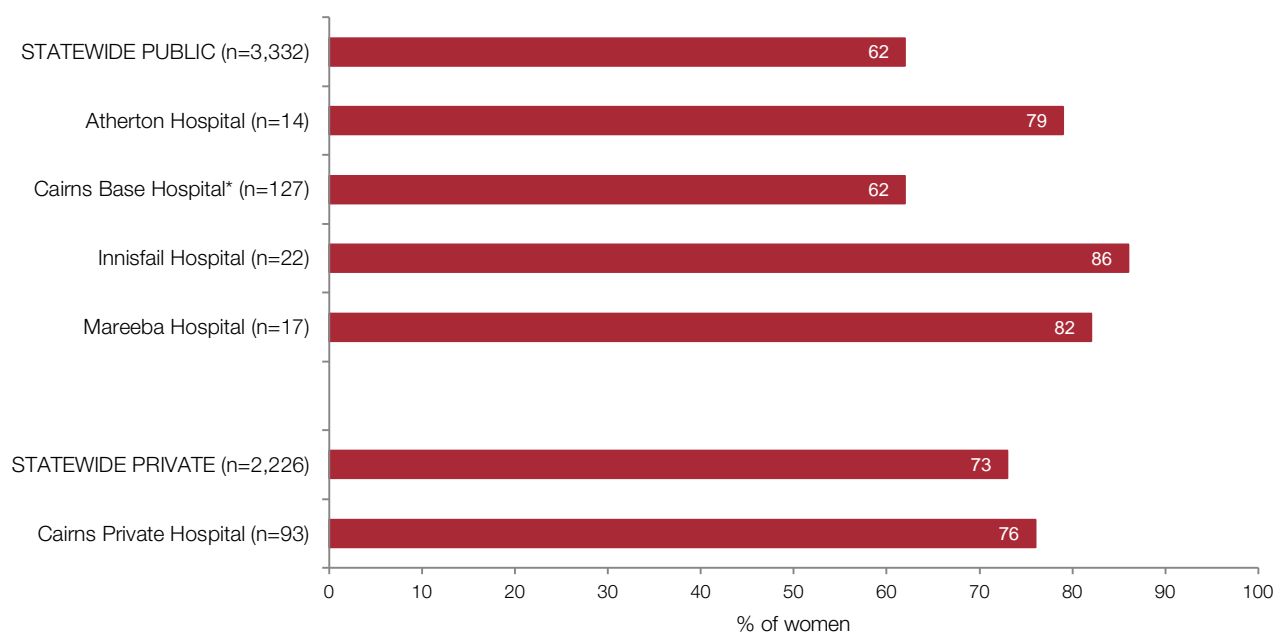
\* Denotes a response rate of less than 25%

## Indicator 11: Do care providers genuinely care about women's wellbeing during their postnatal stay?

Gold standard care is defined as women feeling their wellbeing was genuinely cared about 'all of the time' during their postnatal stay.

We asked: "When I saw care providers in the hospital or birth centre after my birth, they genuinely cared about my wellbeing." Women could indicate 'all of the time', 'most of the time', 'some of the time', or 'none of the time'.

The graph displays the percentage of women who said that their care providers genuinely cared about their wellbeing 'all of the time'.



### Best public hospital in Queensland:

Dalby Hospital\* 89%

### Best public birth centre in Queensland:

Royal Brisbane and Women's Birth Centre 89%

### Best private hospital in Queensland:

John Flynn Private Hospital 82%

### What do women say about their care?

"That the staff provide an excellent service. From actually being human, ie caring and kind, and they made me feel comfortable and were there for me and my baby during difficult periods. They are forthcoming with advice and you never had to wait more than a few minutes after pressing the buzzer for help!"

"...As this was my third baby, I think they weren't as thorough as they would of been with first time mums."

"...The nurses are there just to check on you & get me medical role of things done. Individual care is not really received."

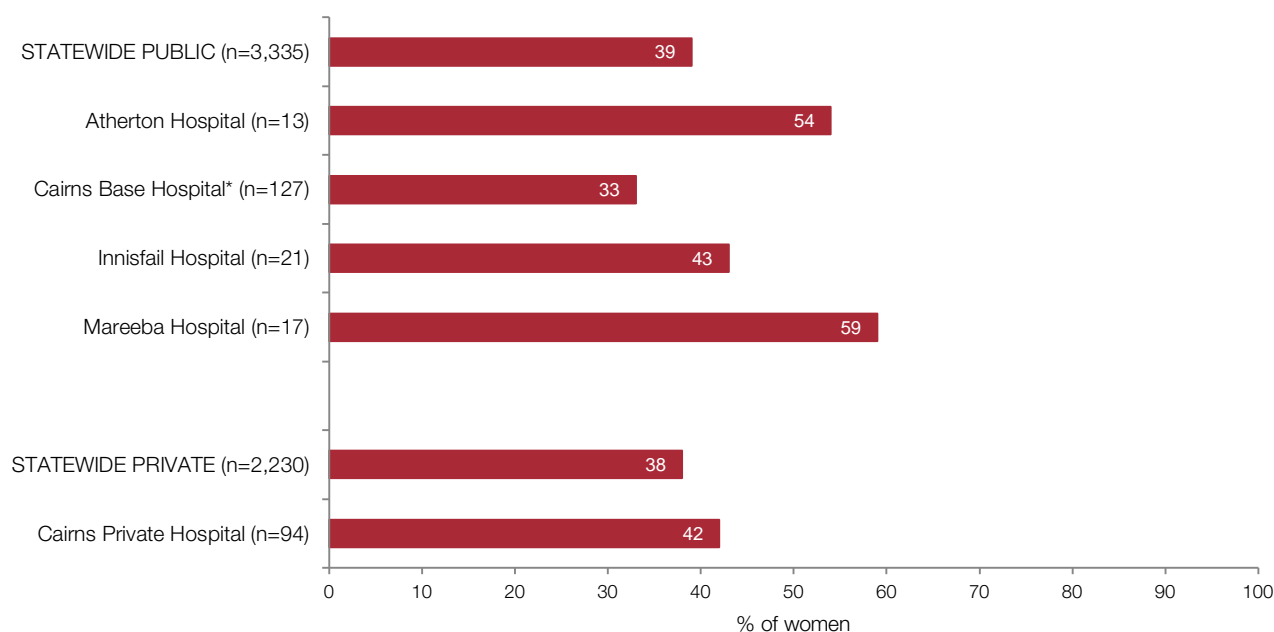
\* Denotes a response rate of less than 25%

## Indicator 12: Do women receive conflicting information and advice from care providers their postnatal stay?

Gold standard care is defined as women never receiving conflicting information and advice during their postnatal stay.

We asked: “Thinking about your time in the hospital or birth centre after birth, how often did you receive conflicting information and advice from different care providers?” Women could indicate ‘all of the time’, ‘most of the time’, ‘some of the time’, or ‘none of the time’.

The graph displays the percentage of women who said that they **never** received conflicting information and advice during their postnatal stay.



### Best public hospital in Queensland:

Roma Hospital\* 67%

### Best public birth centre in Queensland:

Toowoomba Birth Centre 82%

### Best private hospital in Queensland:

Mater Misericordiae Hospital Gladstone 53%

### What do women say about their care?

“no conflicting or personal opinions - very experienced all so friendly”

“... It was very confusing and frustrating to hear so much conflicting advice at that time.”

“...you hardly ever see the same midwife twice. I had to explain my situation at every shift change. And got told conflicting advice each time”

“...I received a lot of confusing advice about breastfeeding - on some occasions midwives gave very conflicting information. I found this frustrating.”

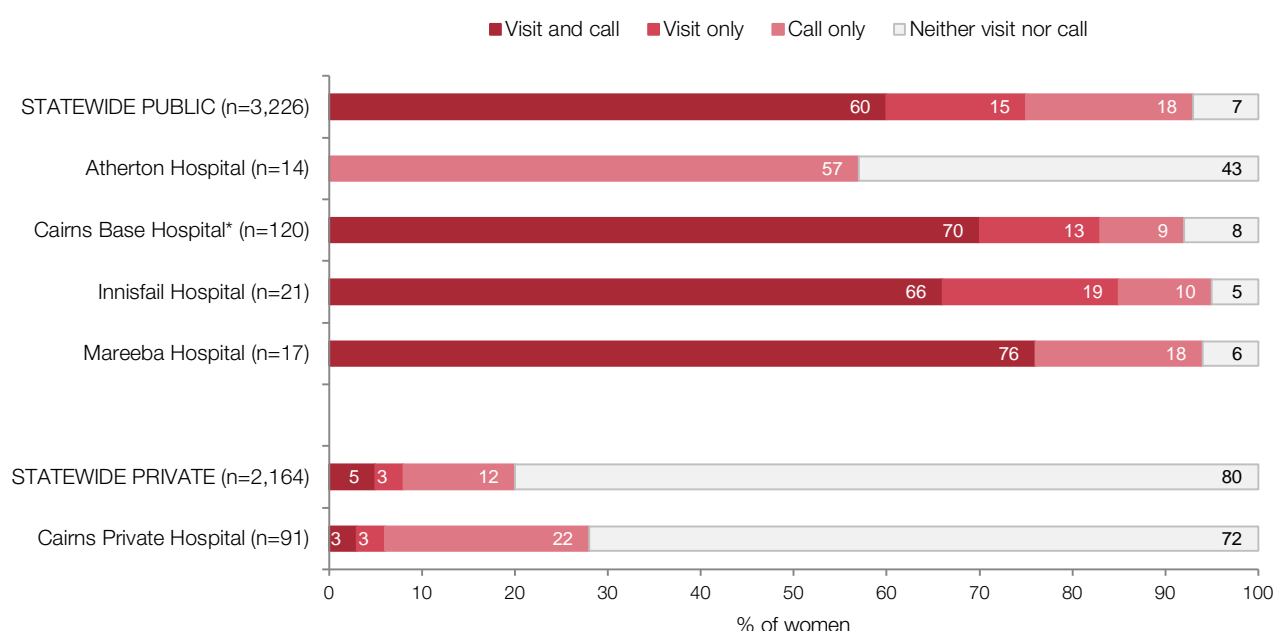
\* Denotes a response rate of less than 25%

## Indicator 13: Do women receive a home visit or telephone call within 7 days of discharge?

Although evidence pertaining to the most effective means of providing continued care and support to women following discharged is limited, for the purposes of this report, gold standard care is defined as women being contacted by a care provider (either by telephone or by home visit) within 7 days of discharge from hospital.

We asked: “In the first 7 days of being at home after having your baby, did any of the following happen...?” Women could indicate that they were telephoned by a midwife or nurse and/or received a home visit from a midwife or nurse, or that they were not contacted by a midwife or nurse.

The graph displays the percentage of women who said they were telephoned by a midwife or nurse and/or received a home visit from a midwife or nurse, as well as the percentage of women who received neither a telephone call nor a home visit, in the first 7 days of being at home. Three shades of red are used in the graph to represent the different types of gold standard care reported by women.



### Best public hospitals in Queensland:

Proserpine Hospital\* 100%  
Stanthorpe Hospital 100%

### Best public birth centres in Queensland:

Gold Coast Birth Centre 100%  
Royal Brisbane and Women's Birth Centre 100%  
Townsville Birth Centre 100%  
Toowoomba Birth Centre 100%

### Best private hospital in Queensland:

Mater Misericordiae Hospital Rockhampton 44%

### What do women say about their care?

“I really love that the nurse comes to your house and checks up on you & the new baby. It's so good if there is anything worrying you or you have any questions. Especially in the first few days, it can all be a bit scary, and it's just nice knowing that a nurse will be there in your house to answer anything...”

“it would be good to have someone come out to visit maybe for the first couple of weeks just to check the baby is fine and mother is doing everything properly as it's not always easy to get out of the house to baby nurse appointments in the first few weeks!”

\* Denotes a response rate of less than 25%

## Part D: Decision Making and Information Provision

An informed decision is one where the consumer is:

- informed of the potential consequences (pros and cons) of accepting a treatment option and of not accepting that treatment option, and
- provided with the opportunity to make a decision about subsequent treatment.

The Australian Charter of Healthcare Rights states that “(t)o obtain good health outcomes, it is important for patients and consumers to participate in decisions and choices about their care and health needs” (ACSQHC, 2009). The Informed Decision-Making in Healthcare Policy states that care providers should “support the rights of patients and their substitute decision-makers to receive and understand information about their healthcare, to make informed decisions including declining treatment or withdrawing consent at any time, and to have their decisions respected” (Queensland Government, 2012a). Implementation of this policy is supported by the Guide to Informed Decision-Making in Healthcare. The guide states that information should be provided in a way that is “transparent, well balanced and involves two-way communication” (Queensland Government, 2011b). The guide also recommends using patient information sheets developed by Queensland Health (available for a range of procedures at [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent)) to assist in the informed decision-making process (Queensland Government, 2011b).

We have reported on six indicators of consumer informed decision-making and information provision.

### **Indicator 14: Do women want to be more involved in decisions during labour and birth?**

The majority of women (>96%) want to be involved in making decisions about their labour and birth (Brown & Lumley, 1998). Furthermore, women are significantly more likely to provide positive ratings of intrapartum care when they are involved in making decisions about their labour and birth care (Brown & Lumley, 1998).

### **Indicator 15: Do women make informed decisions about caesarean section?**

There is evidence that a considerable proportion of women feel uninvolved in the decision to have a caesarean section or feel that they were not given enough information about their available options (Turnbull et al., 1999; Miller et al., 2011). In Queensland, as in other regions, care providers must give women detailed information about the indications for a caesarean, including the risks and benefits of having or not having the procedure, before seeking their consent (Queensland Government 2011a).

### **Indicator 16: Do women make informed decisions about induction of labour?**

The Queensland Maternity and Neonatal Clinical Guideline on Induction of Labour (IOL) recommends that care providers “(d)iscuss the risks and benefits of IOL as they pertain to each individual woman to enable the woman to make an informed decision in consultation with her health care provider” (QMNCGP, 2011).

### **Indicator 17: Do women make informed decisions about vaginal examinations?**

Vaginal examinations during labour can be a source of considerable discomfort, embarrassment and distress for some women (Ying Lai & Levy, 2002; Lewin et al., 2005). Research findings from the UK identify that many women would have liked more information about intrapartum vaginal examinations and that they did not feel able to refuse the procedure (Lewin et al., 2005). It is important that women are provided with sufficient, evidence-based information about vaginal examinations and offer their consent for the procedure to be carried out (NICE, 2007).

### **Indicator 18: Do women make informed decisions about fetal monitoring?**

The Queensland Maternity and Neonatal Clinical Guideline on Intrapartum Fetal Surveillance states that “The advantages and disadvantages of intrapartum fetal surveillance as they pertain to the individual woman should be discussed during pregnancy” and that “a woman should make decisions about fetal monitoring in consultation with her care providers” (QMNCGP, 2010).

### **Indicator 19: Do women make informed decisions about epidural during labour?**

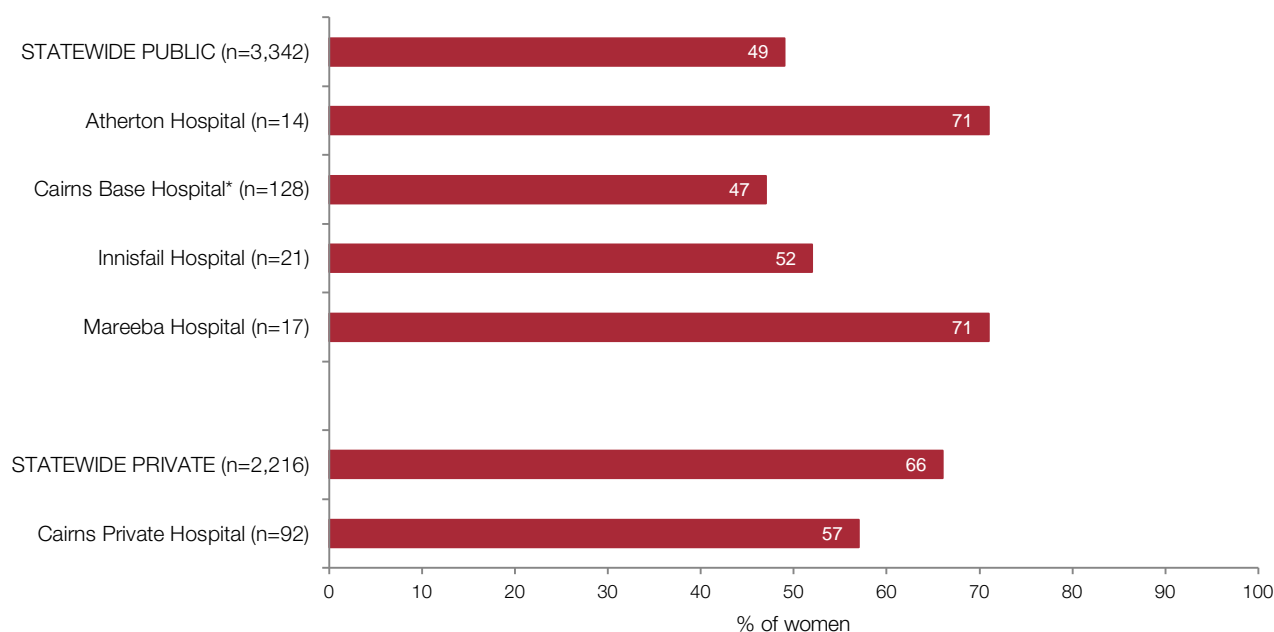
There is evidence from both women and care providers that information given to women is often inaccurate and incomplete regarding the risks and benefits of epidural during labour (Middle & Wee, 2009, Fröhlich et al., 2012). Queensland Health has developed a patient information sheet to assist care providers in discussing with women the risks and benefits associated with the use of epidural during labour (Queensland Government, 2008)

## Indicator 14: Do women want to be more involved in decisions during labour and birth?

Gold standard care is defined as women never wanting to be more involved in decisions during labour and birth.

We asked: “Thinking about your labour/birth, how often did you want to be more involved in decisions?” Women could indicate ‘all of the time’, ‘most of the time’, ‘some of the time’, or ‘none of the time’.

The graph displays the percentage of women who indicated that they **never** wanted to be more involved in decisions during labour and birth.



### Best public hospital in Queensland:

Proserpine Hospital\* 80%

### Best public birth centres in Queensland:

Royal Brisbane and Women's Birth Centre 82%

Toowoomba Birth Centre 82%

### Best private hospitals in Queensland:

Nambour Selangor Private Hospital\*\* 76%

St Andrew's Ipswich Private Hospital 73%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012. As such, the private facility with the second highest rating is also listed.

### What do women say about their care?

“...We felt in control & able to change/refuse care if required.”

“I was reluctant to accept induction, but felt respected and involved in decisions.”

“They may have “checked” with me but I felt like I had little choice.”

“I would have liked more involvement in decision making during labour & birth.”

“I feel scared because do not understand the doctors decision”

\* Denotes a response rate of less than 25%

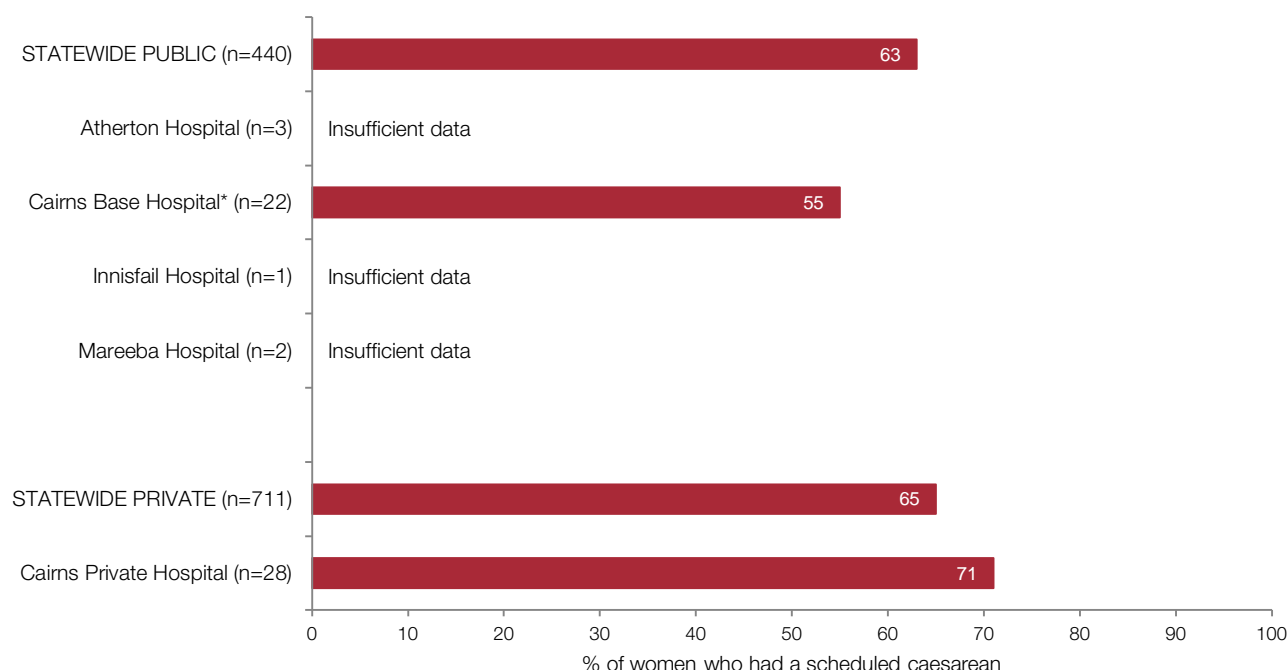
## Indicator 15: Do women make informed decisions about caesarean section?

Gold standard care is defined as women reporting that they made an informed decision to have a caesarean section (that is, the pros and cons were discussed and they decided from all their available options).

We asked women who had a caesarean section: “Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having a caesarean?” and “Who made the final decision to have or not have a caesarean?”

### Indicator 15.1: Caesarean section scheduled in advance<sup>5</sup>

The graph displays the percentage of women who said they made an informed decision to have a caesarean section that was scheduled in advance (i.e. a caesarean section that was decided on before women arrived at the hospital to have their baby).



#### Best public hospital in Queensland:

Bundaberg Hospital 89%

#### Best public birth centre in Queensland:

Insufficient data

#### Best private hospitals in Queensland:

St Andrew's Ipswich Private Hospital 75%

Wesley Private Hospital 75%

#### What do women say about their care?

“Whilst I had the option of having either a vaginal or caesarean birth, I felt strongly urged to have a caesarean. I didn't want to have a caesarean, but I decided to, based on 2 obstetricians strongly advising me to do so...”

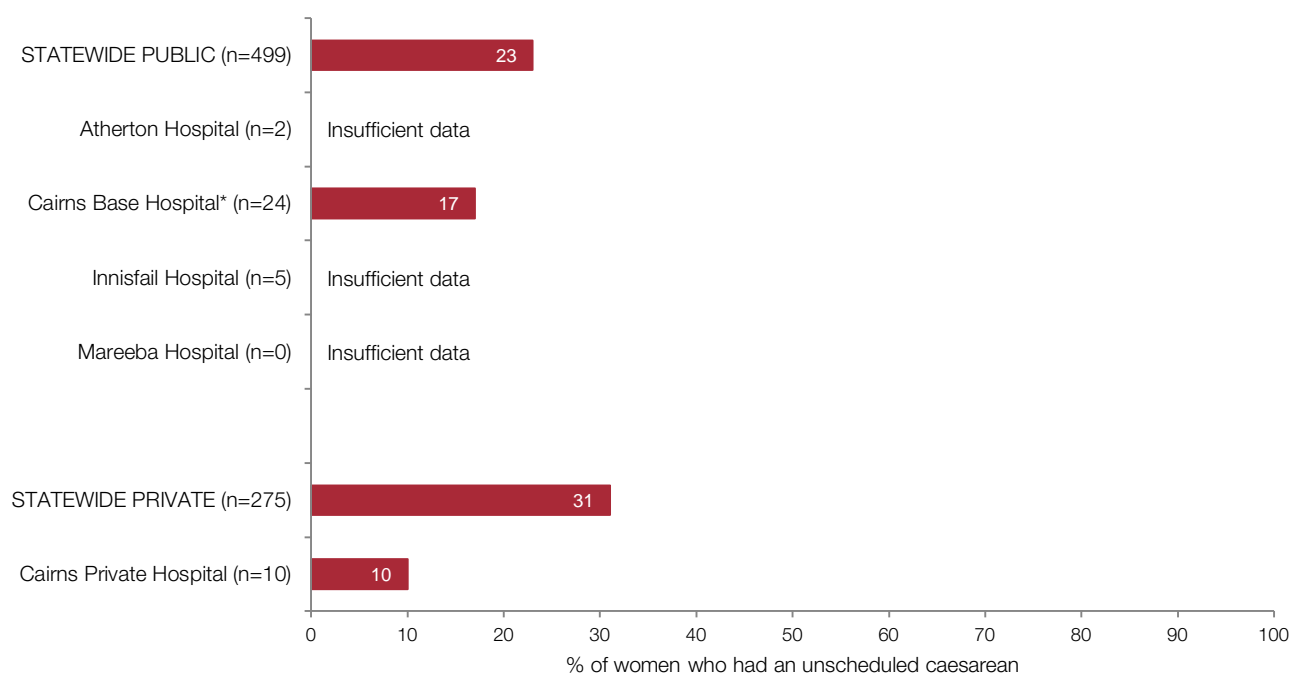
“I was strongly discouraged from having a caesarean in the public system and at this time i found this quite stressful as i didn't feel that i had complete control of all of my decisions.”

<sup>5</sup> Insufficient data for Atherton Hospital, Biloela Hospital, Dalby Hospital, Emerald Hospital, Gladstone Hospital, Gold Coast Birth Centre, Gympie Hospital, Innisfail Hospital, Kingaroy Health Service, Longreach Hospital, Mareeba Hospital, Mater Misericordiae Hospital Gladstone, Mt Isa Hospital, Proserpine Hospital, Rockhampton Hospital, Roma Hospital, Royal Brisbane and Women's Birth Centre, Stanthorpe Hospital, Toowoomba Birth Centre, Townsville Birth Centre and Warwick Hospital.

\* Denotes a response rate of less than 25%

## Indicator 15.2: Caesarean section not scheduled in advance<sup>6</sup>

The graph displays the percentage of women who said they made an informed decision to have a caesarean section that was not scheduled in advance (i.e. a caesarean section that was decided on after women arrived at the hospital to have their baby).



### Best public hospital in Queensland:

Nambour Hospital 37%

### Best public birth centre in Queensland:

Insufficient data

### Best private hospital in Queensland:

Wesley Private Hospital 43%

### What do women say about their care?

"My midwife discussed the pros and cons of a caesarean in my antenatal appointments just in case I go into labour and needed one."

"Despite having an unexpected c section, the staff made me safe and informed..."

"My doctor and midwife gave me every possible option after the failed induction, and discussed the pros and cons of each. I made the final decision. It wasn't easy as I had prepared myself for a vaginal birth..."

"Although we made the final decision to have a caesarean, it was very strongly suggested for the health of both myself & my baby."

<sup>6</sup> Insufficient data for Atherton Hospital, Biloela Hospital, Bundaberg Hospital, Dalby Hospital, Emerald Hospital, Gladstone Hospital, Gold Coast Birth Centre, Gympie Hospital, Hervey Bay Hospital, Innisfail Hospital, Kingaroy Health Service, Longreach Hospital, Mareeba Hospital, Mater Misericordiae Hospital Gladstone, Mater Misericordiae Hospital Mackay, Mater Misericordiae Hospital Rockhampton, Mater Mothers' Private Redland, Mt Isa Hospital, Nambour Selangor Private Hospital, Proserpine Hospital, Roma Hospital, Royal Brisbane and Women's Birth Centre, St Andrew's Ipswich Private Hospital, Stanthorpe Hospital, Toowoomba Birth Centre, Townsville Birth Centre and Warwick Hospital.

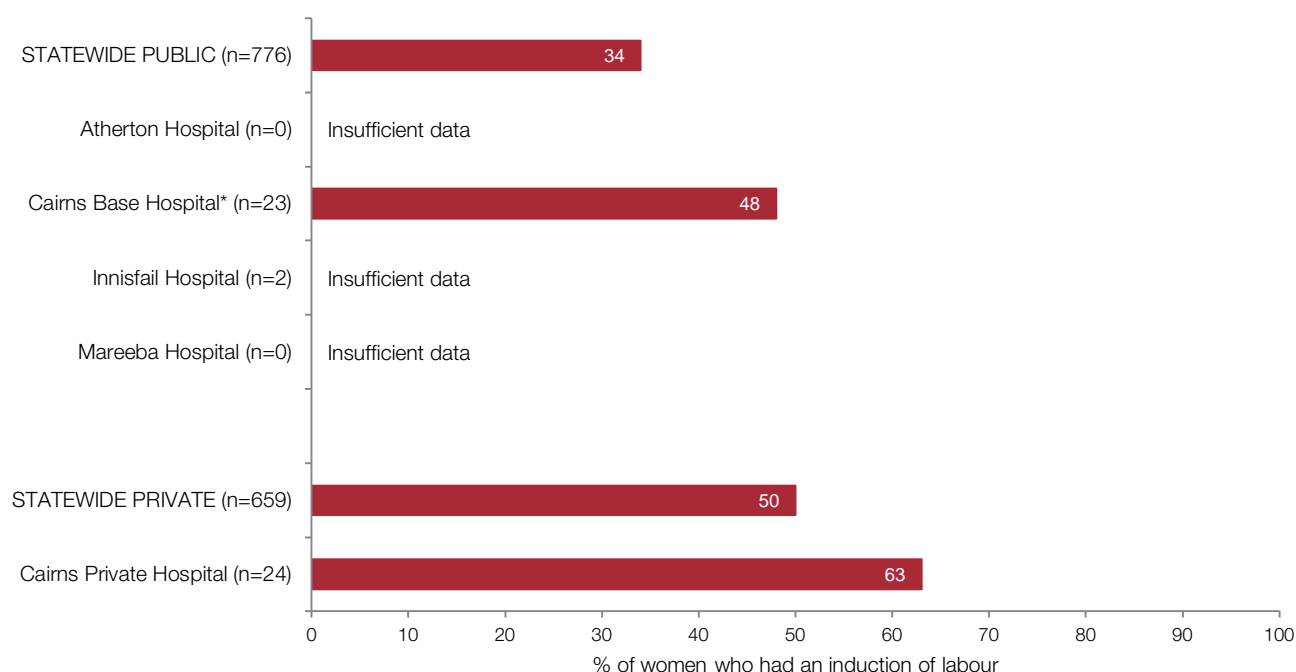
\* Denotes a response rate of less than 25%

## Indicator 16: Do women make informed decisions about induction of labour?<sup>7</sup>

Gold standard care is defined as women reporting that they made an informed decision to have an induction of labour (that is, the pros and cons were discussed and they decided from all their available options).

We asked women who had an induction of labour: “Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of being induced and not being induced?” and “Who made the final decision to induce or not induce you?”

The graph displays the percentage of women who said they made an informed decision to have an induction of labour.



### Best public hospital in Queensland:

Bundaberg Hospital 59%

### Best public birth centre in Queensland:

Insufficient data

### Best private hospital in Queensland:

St Andrew's Ipswich Private Hospital 69%

### What do women say about their care?

“I was pushed into being induced by my obstetrician as the baby was due so close to Christmas. He insisted that there were no 'cons' involved as it was my 2nd baby so it would be a breeze...”

“They did pressure me to be induced.”

“Care provider pushed induction to start ASAP (fear tactic/weekend & hard to get anaesthetist). I would have preferred natural labour.”

<sup>7</sup> Insufficient data for Atherton Hospital, Biloela Hospital, Dalby Hospital, Emerald Hospital, Gladstone Hospital, Gold Coast Birth Centre, Gympie Hospital, Innisfail Hospital, Kingaroy Health Service, Longreach Hospital, Mareeba Hospital, Mt Isa Hospital, Proserpine Hospital, Roma Hospital, Royal Brisbane and Women's Birth Centre, Stanthorpe Hospital, Toowoomba Birth Centre, Townsville Birth Centre and Warwick Hospital.

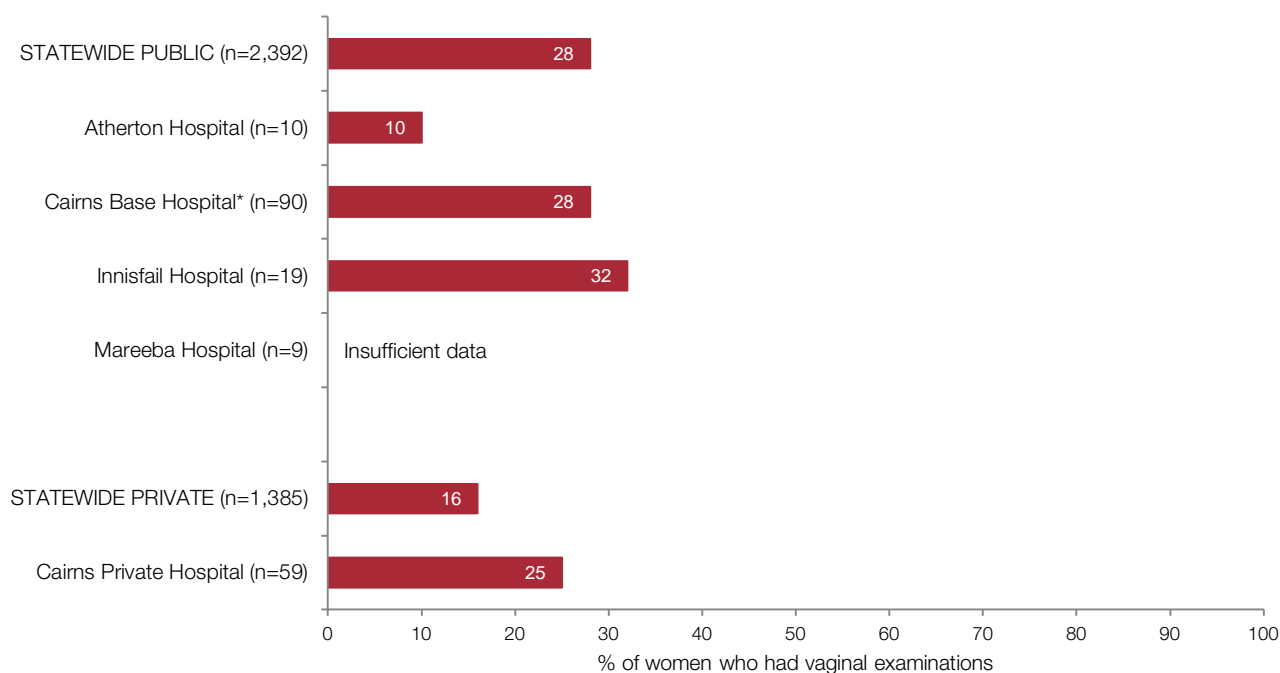
\* Denotes a response rate of less than 25%

## Indicator 17: Do women make informed decisions about vaginal examinations?<sup>8</sup>

Gold standard care is defined as women reporting that they made an informed decision to have vaginal examinations (that is, the pros and cons were discussed and they decided from all their available options).

We asked women who had at least one vaginal examination: “Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having vaginal examinations to check the progress of your labour/birth?” and “Who made the decision to have or not have vaginal examinations?”

The graph displays the percentage of women who said they made an informed decision to have vaginal examinations during labour.



### Best public hospital in Queensland:

Roma Hospital\* 60%

### Best public birth centre in Queensland:

Townsville Birth Centre 52%

### Best private hospitals in Queensland:

Nambour Selangor Private Hospital\*\* 28%  
Cairns Private Hospital 25%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012. As such, the private facility with the second highest rating is also listed.

### What do women say about their care?

“...I was not asked if I wanted it nor was it explained to me. They just said now we are going to give you a vaginal examination.”

“My experience with the hospital was horrible. I felt vulnerable and bullied into things I did not want to do (eg. continuous monitoring and vaginal examinations). I feel that this experience significantly slowed down my labour resulting in an unplanned caesarean. More non-hospital birth options should be available.”

“I would have liked more information (what & why) about what the midwife was doing at all times ie: internals, monitor etc”

<sup>8</sup> Insufficient data for Mareeba Hospital

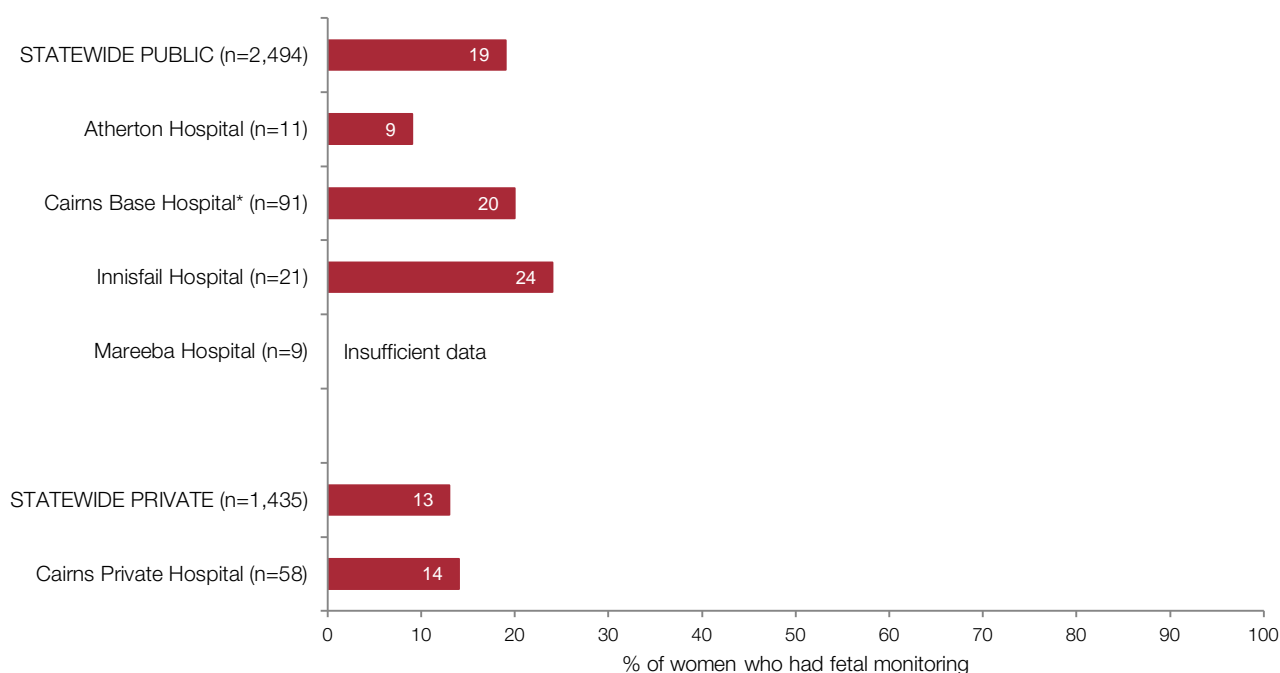
\* Denotes a response rate of less than 25%

## Indicator 18: Do women make informed decisions about fetal monitoring?<sup>9</sup>

Gold standard care is defined as women reporting that they made an informed decision about how their baby would be monitored during labour (that is, the pros and cons were discussed and they decided from all their available options).

We asked women who had fetal monitoring during labour: “Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of monitoring and not monitoring your baby during labour?” and “Who made the final decision if/how your baby was monitored during labour?”

The graph displays the percentage of women who said they made an informed decision to have fetal monitoring during labour.



### Best public hospital in Queensland:

Proserpine Hospital\* 36%

### Best public birth centre in Queensland:

Toowoomba Birth Centre 47%

### Best private hospital in Queensland:

John Flynn Private Hospital 20%

### What do women say about their care?

“We had the belt heart monitor...It often slipped & for lengthy periods of time...I was told to lay on my back & stay still so the monitor could work. Eventually the midwife used the clip on the babies head. It took 3 goes to get it in the right spot & during the 3rd attempt the midwife told us how it is put into the babies scalp. We thought it stuck on & if we'd known how it had worked I would've just stayed on the bed the entire time.”

“I was told the pros of monitoring not cons”

“I was not fully aware of how I and my baby would be monitor while being induced until it was happening.”

<sup>9</sup> Insufficient data for Mareeba Hospital.

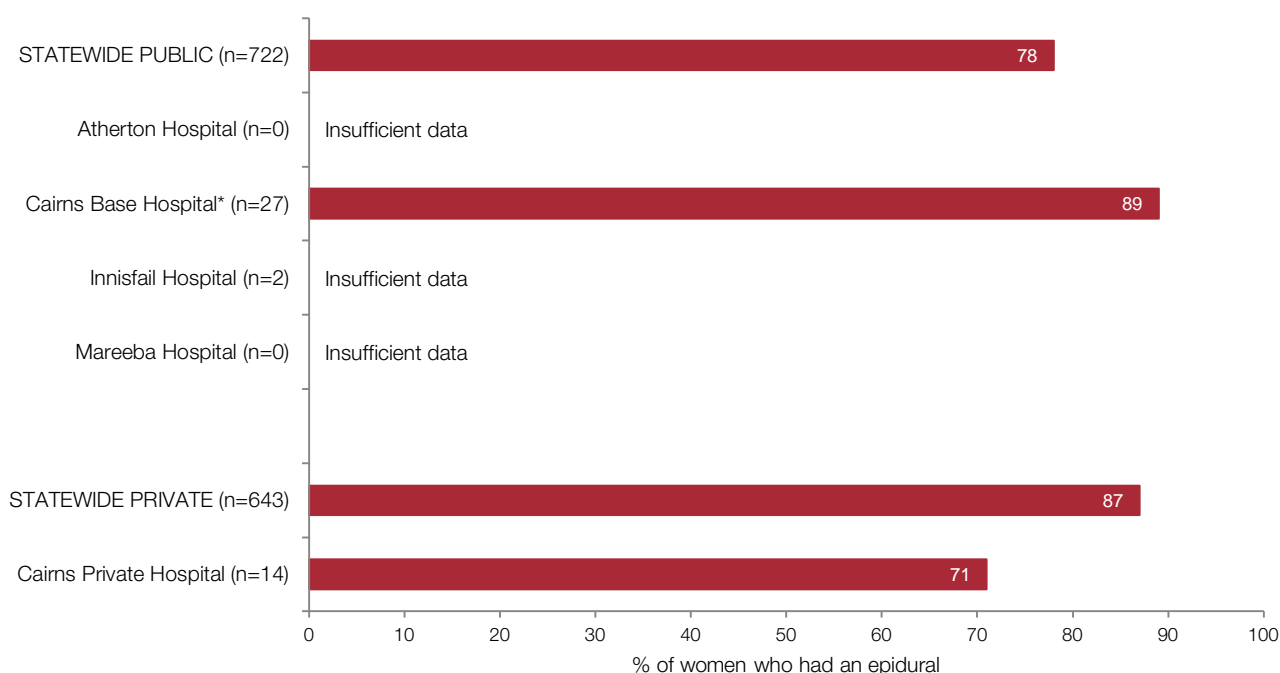
\* Denotes a response rate of less than 25%

## Indicator 19: Do women make informed decisions about epidural during labour?<sup>10</sup>

Gold standard care is defined as women reporting that they made an informed decision about having an epidural (that is, the pros and cons were discussed and they decided from all their available options).

Of those who had a labour, we asked women who had an epidural: “Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having an epidural/spinal (injection in your back)?” and “Who made the final decision to have or not have an epidural/spinal?”

The graph displays the proportion of women who had a labour and made an informed decision to have an epidural.



### Best public hospital in Queensland:

Cairns Base Hospital\* 89%

### Best public birth centre in Queensland:

Insufficient data

### Best private hospitals in Queensland:

Nambour Selangor Private Hospital\*\* 100%  
John Flynn Private Hospital 100%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012.

### What do women say about their care?

“The Anaesthesiologist was brilliant. Her explanation regarding the procedure was easy to understand. As I am allergic to Morphine, she listened and gave me other options and was very understanding!”

“...I would have appreciated a bit of information throughout the birth about how long I had to decide whether or not to have one [an epidural]. I wouldn't necessarily have had it, but to be given the information would have made me feel a little more in control of the situation.”

<sup>10</sup> Insufficient data for Atherton Hospital, Biloela Hospital, Dalby Hospital, Emerald Hospital, Gladstone Hospital, Gold Coast Birth Centre, Gympie Hospital, Innisfail Hospital, Kingaroy Health Service, Longreach Hospital, Mareeba Hospital, Mater Misericordiae Hospital Gladstone, Mater Mothers' Private Redland, Mt Isa Hospital, Proserpine Hospital, Roma Hospital, Royal Brisbane and Women's Birth Centre, Stanthorpe Hospital, Toowoomba Birth Centre, Townsville Birth Centre and Warwick Hospital.

\* Denotes a response rate of less than 25%

## Part E: Support for Consumer Preferences

Women have the right to have their preferences supported and accommodated. Depending on their background, values, culture, beliefs, or religion, women may have different preferences for their care during labour and birth. It is important that care providers be attentive to women's preferences and use effective communication to ensure that these needs are respected.

We have reported on four indicators of support for women's preferences.

### **Indicator 20: Are women's support people made to feel welcome during labour and birth?**

Having continuous support during labour has been shown to be associated with less frequent use of analgesia, shorter duration of labour, increased satisfaction with the birthing experience and less frequent use of instrumental or surgical delivery (Hodnett et al., 2007). Support people can assist women in a number of ways including the provision of emotional support, pain relief (e.g. massage, visualisation), and food and drink, and can also act as an advocate for women's preferences for birth. Women's preferences pertaining to the involvement of their support people should be responded to by care providers.

### **Indicator 21: Are women's support people made to feel welcome after birth?**

Whether their support people will be made to feel welcome is an important consideration for women when they are choosing a birth facility (Thompson & Wojcieszek, 2012). The birth of a baby may be a major life event, not only for women, but also for their support people. It is important that care providers acknowledge this and ensure that support people are welcomed after birth, according to women's preferences, to support bonding and attachment. Support people can also play a valuable role after birth in assisting women to care for both themselves and their babies.

### **Indicator 22: Can women choose the gender of their care provider(s) for labour and birth?**

Some women, including women from particular cultural backgrounds, may prefer health care providers of the same gender (Queensland Government, 2012b). Based on the Australian Charter of Healthcare Rights, women in receipt of maternity care services have a right to have their culture, beliefs, values and characteristics respected and acknowledged by care providers (ACSQHC, 2009). Wherever possible, meeting these needs may help to reduce fear and embarrassment, along with improving women's experience of care.

### **Indicator 23: Can women move around and choose the position that makes them feel most comfortable during their labour?**

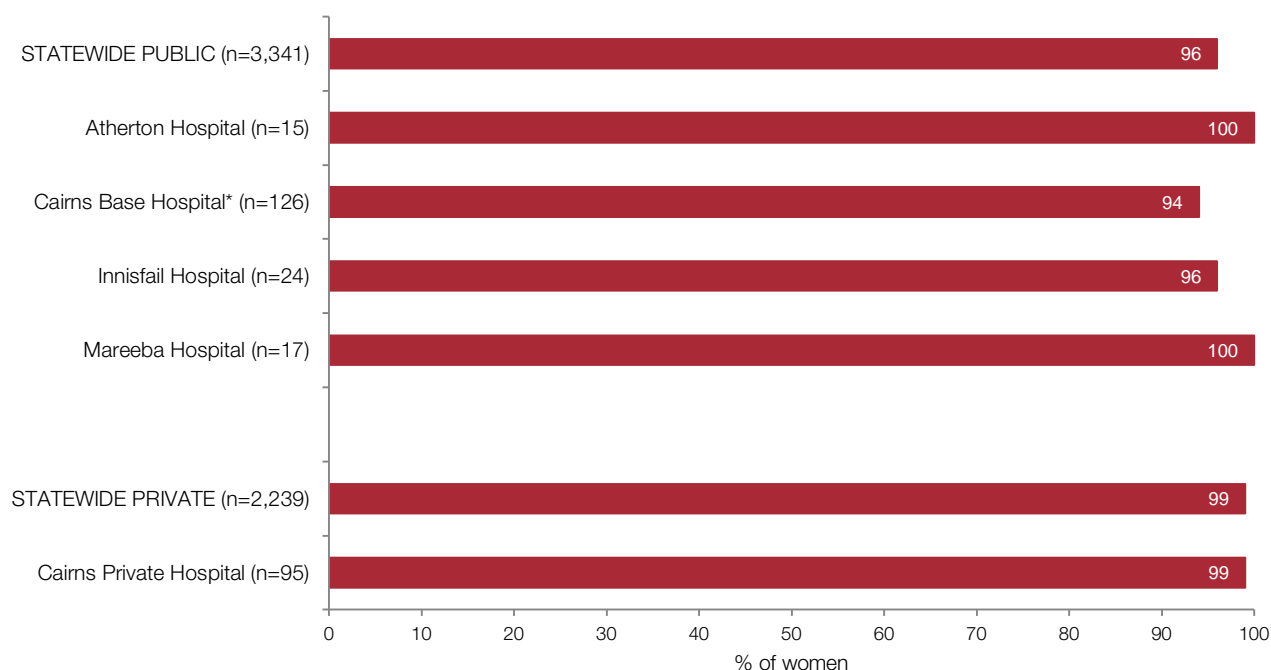
Mobility and use of upright positions during the first stage of labour are associated with reduced length of labour, decreased intervention and pain as well as increased satisfaction with care (Lawrence et al., 2009; Priddis et al., 2012). NICE clinical guidelines note that women should be allowed to move around and choose positions that make them most comfortable during labour (NICE, 2007).

## Indicator 20: Are women's support people made to feel welcome during labour and birth?

Gold standard care is defined as women feeling that all of their support people were made to feel welcome during labour and birth.

We asked women: "Were all of your support people (e.g. partner, husband, companion) made to feel welcome ... during your labour?...during your birth?"

The graph displays the percentages of women who said that all of their support people were made to feel welcome both during labour and birth.<sup>11</sup>



### Best public hospitals in Queensland:

Atherton Hospital 100%	Longreach Hospital 100%
Biloela Hospital 100%	Mareeba Hospital 100%
Dalby Hospital* 100%	Mt Isa Hospital* 100%
Emerald Hospital 100%	Proserpine Hospital* 100%
Gladstone Hospital* 100%	Roma Hospital* 100%
Gympie Hospital 100%	Stanthorpe Hospital 100%
Kingaroy Health Service 100%	Warwick Hospital 100%

### Best public birth centres in Queensland:

Gold Coast Birth Centre 100%  
 Royal Brisbane and Women's Birth Centre 100%  
 Townsville Birth Centre 100%  
 Toowoomba Birth Centre 100%

### Best private hospitals in Queensland:

Mater Misericordiae Hospital Gladstone 100%  
 Mater Mothers' Private Redland 100%  
 St Vincent's Hospital Toowoomba 100%  
 Sunnybank Private Hospital 100%  
 Sunshine Coast Private Hospital 100%

### What do women say about their care?

"it was a very supportive environment and definitely encouraged as much independence as possible and encouraged partners to be there for the entire labour and birth"

"He wasn't made especially welcome actually, he was ignored in the initial introduction with labouring midwife..."

<sup>11</sup> For women who did not have a labour, data for this indicator are based on whether their support people were made to feel welcome during birth.

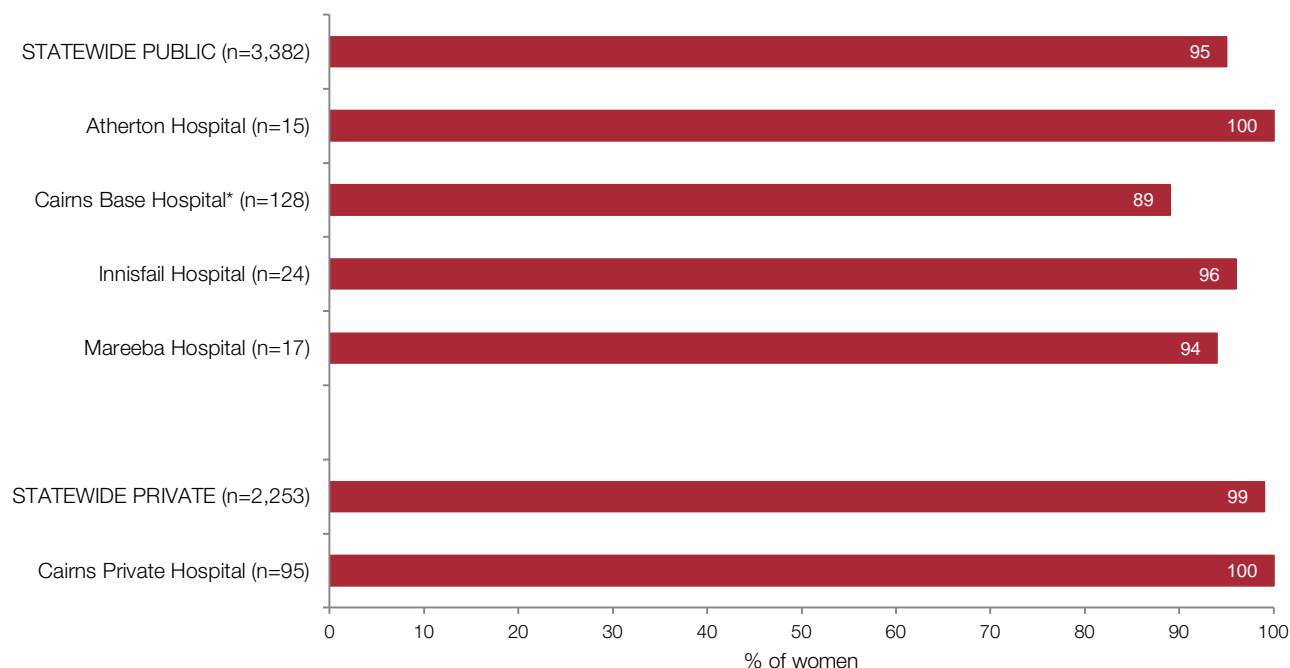
\* Denotes a response rate of less than 25%

## Indicator 21: Are women's support people made to feel welcome after birth?

Gold standard care is defined as women feeling that all of their support people were made to feel welcome after birth.

We asked women: "Were all of your support people (e.g. partner, husband, companion) made to feel welcome ... after your birth?"

The graph displays the percentages of women who said that all of their support people were made to feel welcome after birth.<sup>12</sup>



### Best public hospitals in Queensland:

Atherton Hospital 100%  
 Dalby Hospital\* 100%  
 Mt Isa Hospital\* 100%  
 Proserpine Hospital\* 100%  
 Roma Hospital\* 100%  
 Stanthorpe Hospital 100%  
 Warwick Hospital 100%

### Best public birth centres in Queensland:

Gold Coast Birth Centre 100%  
 Royal Brisbane and Women's Birth Centre 100%  
 Townsville Birth Centre 100%  
 Toowoomba Birth Centre 100%

### Best private hospitals in Queensland:

Cairns Private Hospital 100%  
 Mater Misericordiae Hospital Mackay 100%  
 Mater Mothers' Private Redland 100%  
 St Andrew's Ipswich Private Hospital 100%  
 Sunshine Coast Private Hospital 100%

### What do women say about their care?

"...Nurses staff kindly let family visit out of ours after they travelled so far to visit granddaughter"

"Some midwives were very unkind to my child's father. He was doing everything for me and many things for our child that I couldn't do as I was still recovering. Some midwives seem to have forgotten about holistic patient care."

<sup>12</sup> Note, that this does not necessarily include being made to feel welcome overnight.

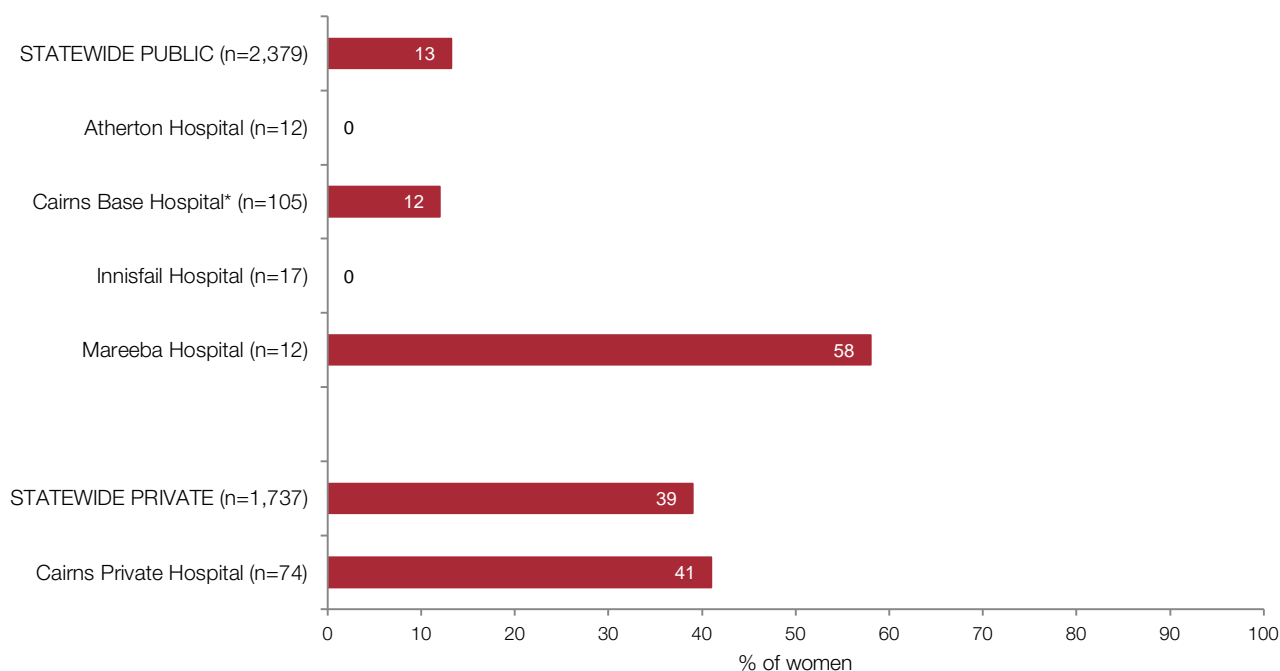
\* Denotes a response rate of less than 25%

## Indicator 22: Can women choose the gender of their care provider(s) for labour and birth?

Gold standard care is defined as women being able to choose the gender of their care provider(s) for labour and birth.

We asked women: “Could you choose whether your care provider(s) for labour and birth was/were male or female?”

The graph displays the percentage of women who said that they could choose the gender of their care provider(s).



### Best public hospital in Queensland:

Mareeba Hospital 58%

### Best public birth centre in Queensland:

Townsville Birth Centre 26%

### Best private hospital in Queensland:

Wesley Private Hospital 53%

### What do women say about their care?

“It was very important to me that I only have female care providers. I understand that this shouldn't be an issue and it isn't for a lot of women, but for me its a big thing. I was so much more comfortable and relaxed because I had this option.”

“Men other than the husband should stay outside. Unless a doctor is necessary. (The country where I came from is very conservative.)”

“I prefer to have female staff...for me or else I like to cover myself including face....”

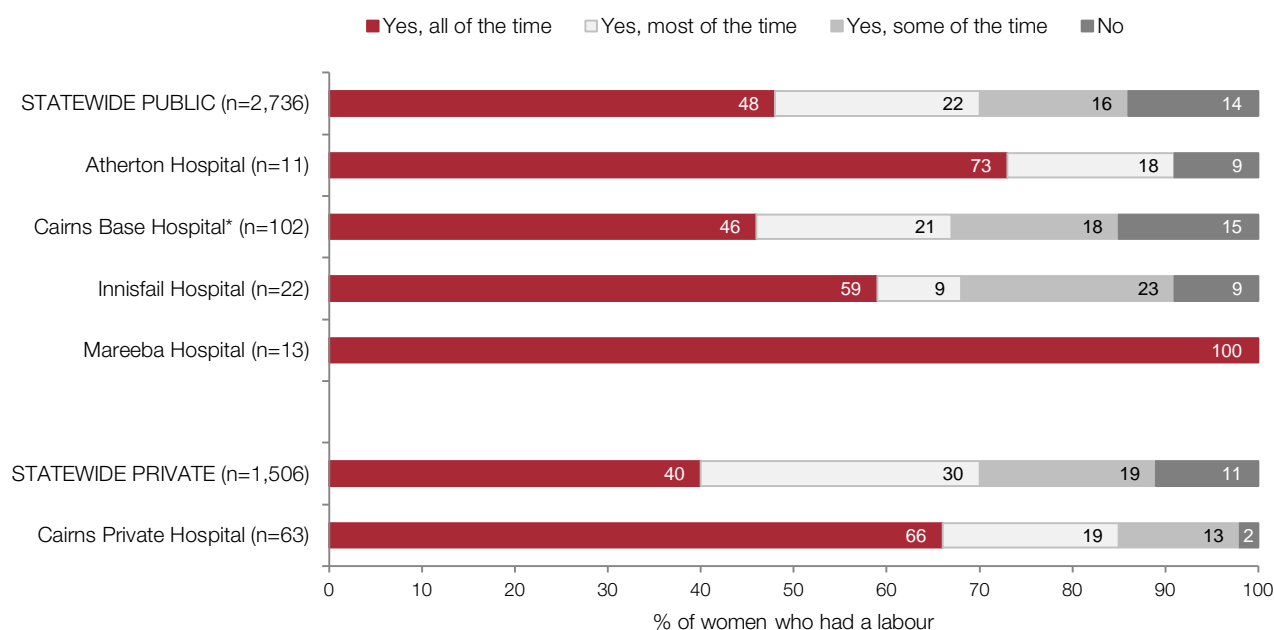
\* Denotes a response rate of less than 25%

## Indicator 23: Can women move around and choose the position that makes them feel most comfortable during their labour?

While we acknowledge that clinical factors can influence freedom of movement during labour, for the purposes of this report gold standard care is defined as women being able to move around and choose a position that made them most comfortable 'all of the time' during labour.

We asked women: "During your labour, were you able to move around and choose the position that made you most comfortable?". Women could indicate 'yes, all of the time', 'yes, most of the time', 'yes, some of the time', or 'no'.

The graph displays the percentage of women who said that they were able to move around and choose the position that made them most comfortable during labour all of the time, as well as the percentage who reported most of the time, some of the time and none of the time.



### Best public hospital in Queensland:

Mareeba Hospital 100%

### Best public birth centre in Queensland:

Townsville Birth Centre 94%

### Best private hospital in Queensland:

Cairns Private Hospital 67%

### What do women say about their care?

"...Delivery suite was big with lots of options for labour positions/comfort..."

"My monitor during birth was a wireless device I was able to go to toilet/walk around/sit/lay with baby monitor attached whole time. - Great stuff!"

"My baby was monitored very frequently, despite the fact that neither she nor I showed any signs of distress. This greatly affected my ability to choose positions to help manage the pain without drugs..."

\* Denotes a response rate of less than 25%

## Part F: Quality of Postnatal Environment

Good quality postnatal rooms ensure that women's privacy and dignity are protected and provide a clean, hygienic and comfortable environment for recovery and bonding with their new baby after birth.

We have reported on three indicators of the quality of the postnatal rooms.

### **Indicator 24: Does the cleanliness of the postnatal rooms need improvement?**

Women have a right to receive care in an environment that adheres to high standards of cleanliness and hygiene, to assist in providing the best outcomes in terms of their health, safety and personal comfort.

### **Indicator 25: Does the food provided during women's postnatal stay need improvement?**

Women may have different food preferences due to allergies, religious and cultural beliefs, or personal preferences (e.g. vegetarian diet). It is important that women have access to food that meets their nutritional and personal needs (Queensland Government, 2012b).

### **Indicator 26: Does the privacy of the postnatal rooms need improvement?**

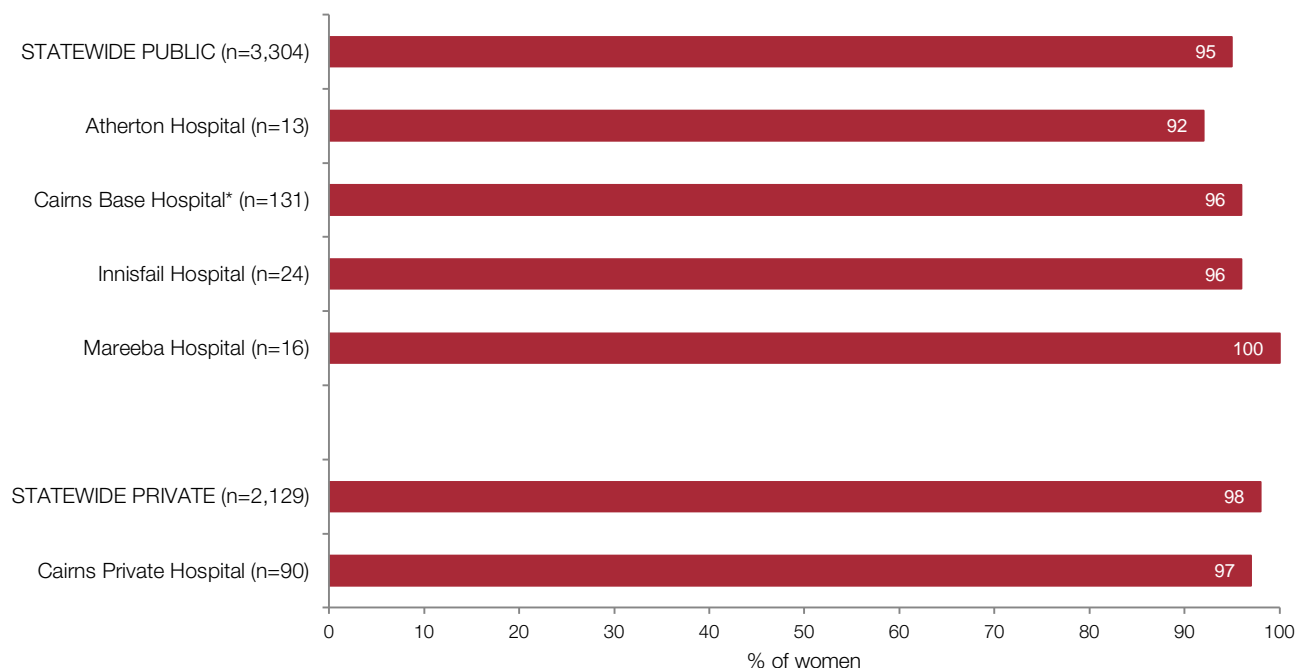
The right to privacy and confidentiality is one of the core components of the Australian Charter of Healthcare Rights (ACSQHC; 2009). During labour, birth and after birth, care providers have a responsibility to respect women's privacy within the environment where care is provided. This includes asking for permission before entering a woman's room or touching her, providing women with appropriate shielding during examinations or procedures, and providing detailed explanations of potentially invasive procedures prior to women providing consent.

## Indicator 24: Does the cleanliness of the postnatal rooms need improvement?<sup>13</sup>

Gold standard care is defined as women feeling that the cleanliness of the postnatal rooms did not need improvement.

We asked: “Were there any aspects of the post-birth environment that needed improvement?” Women were asked to select the aspects of the post-birth environment they felt needed improvement from a list including ‘cleanliness’. Women could also indicate that nothing needed improvement.

The graph displays the percentage of women who **did not say** that the cleanliness of the postnatal rooms needed improvement.



### Best public hospitals in Queensland:

Emerald Hospital 100%  
Mareeba Hospital 100%  
Proserpine Hospital\* 100%  
Stanthorpe Hospital 100%

### Best public birth centres in Queensland:

Gold Coast Birth Centre 100%  
Royal Brisbane and Women's Birth Centre 100%  
Townsville Birth Centre 100%  
Toowoomba Birth Centre 100%

### Best private hospitals in Queensland:

Mater Mothers' Private Redland 100%  
Nambour Selangor Private Hospital 100%\*\*  
North West Private Hospital 100%  
St Andrew's Ipswich Private Hospital 100%  
Sunshine Coast Private Hospital 100%

\*\*Nambour Selangor Private Hospital maternity services closed in 2012.

### What do women say about their care?

“I felt right at home there. Its clean, relaxing its colour scheme is perfect, Your room is not over loaded. It's just perfect.”

“...Everything was always clean & tidy.”

“Made complaints about cleanliness my room was not cleaned at all during my stay...”

“Would have preferred the bathroom facilities to be cleaned more regularly”

<sup>13</sup> Insufficient data for Roma Hospital.

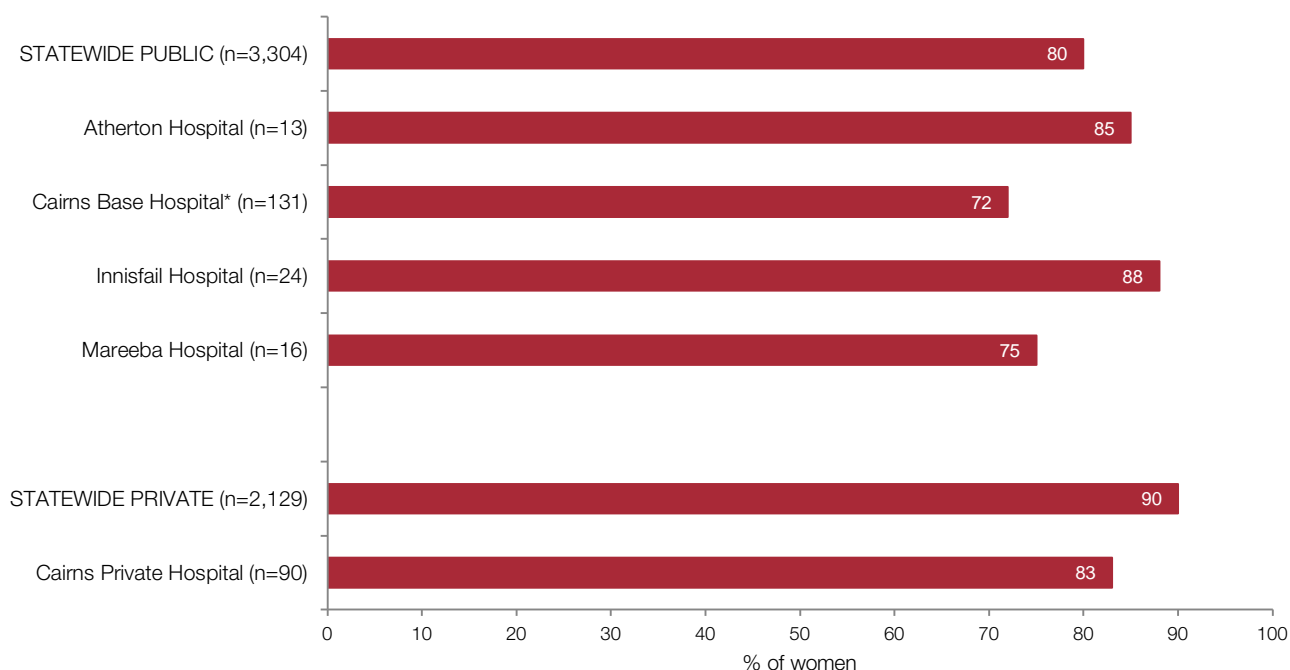
\* Denotes a response rate of less than 25%

## Indicator 25: Does the food provided during women's postnatal stay need improvement?<sup>14</sup>

Gold standard care is defined as women feeling that the food during their postnatal stay did not need improvement.

We asked: “Were there any aspects of the post-birth environment that needed improvement?” Women were asked to select the aspects of the post-birth environment they felt needed improvement from a list including ‘food’. Women could also indicate that nothing needed improvement.

The graph displays the percentage of women who **did not say** that the food during their postnatal stay needed improvement.



### Best public hospital in Queensland:

Longreach Hospital 93%

### Best public birth centre in Queensland:

Toowoomba Birth Centre 93%

### Best private hospital in Queensland:

Mater Women's and Children's Hospital Townsville 97%

### What do women say about their care?

“Food was great (vegetarian options)”

“I have allergies. hospital catered to my specific needs were so caring...”

“...we are Muslim so if possible we need to get halal food...”

“I'm a vegetarian and survived on sandwiches for 2 of 3 meals for 4 days straight!...”

“The hospital never gives you enough food (especially fresh food) to recover properly and your not allowed to leave your baby to go and get more.”

<sup>14</sup> Insufficient data for Roma Hospital.

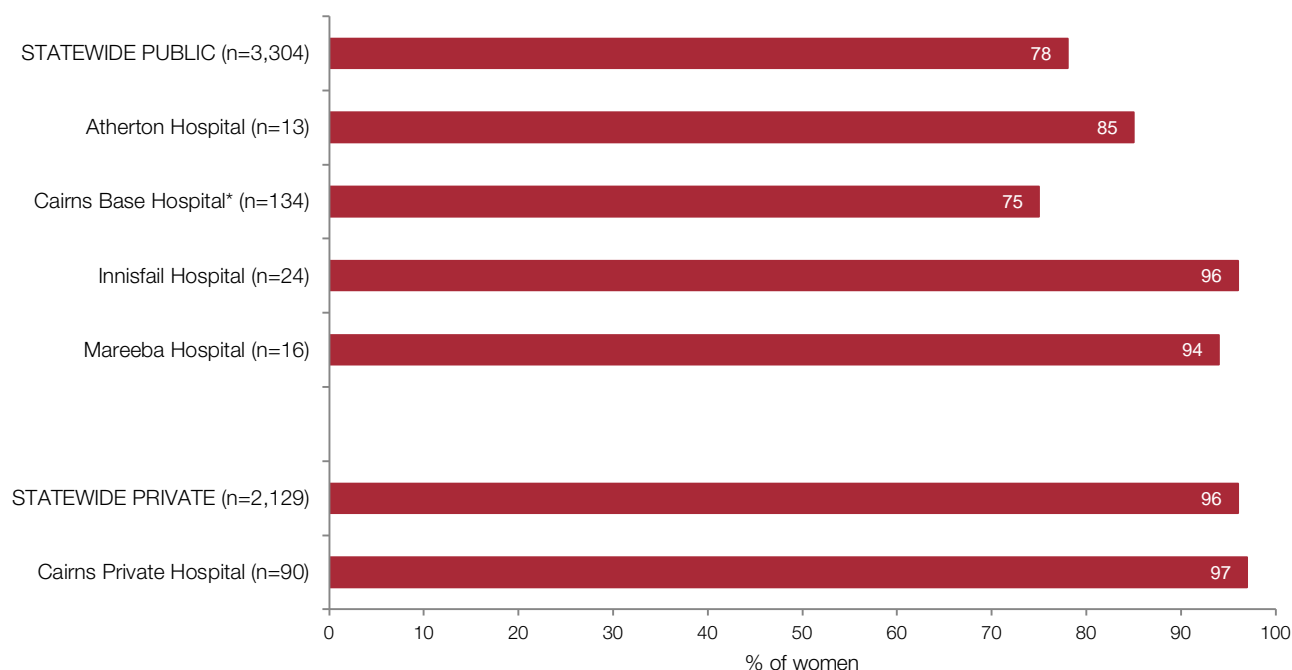
\* Denotes a response rate of less than 25%

## Indicator 26: Does the privacy of the postnatal rooms need improvement?<sup>15</sup>

Gold standard care is defined as women feeling that the privacy of the postnatal rooms did not need improvement.

We asked: “Were there any aspects of the post-birth environment that needed improvement?” Women were asked to select the aspects of the post-birth environment they felt needed improvement from a list including ‘privacy’. Women could also indicate that nothing needed improvement.

The graph displays the percentage of women who **did not say** that the privacy of the postnatal rooms needed improvement.



### Best public hospitals in Queensland:

Biloela Hospital 100%  
 Dalby Hospital\* 100%  
 Longreach Hospital 100%  
 Proserpine Hospital\* 100%

### Best public birth centre in Queensland:

Toowoomba Birth Centre 100%

### Best private hospital in Queensland:

Mater Mothers' Private Redland 100%

### What do women say about their care?

“Privacy and alone time with baby in post partum period really helped me...”

“Expect to have your business heard from all the other mums & vice versa. The curtains are not walls, you can hear private details discussions...”

“...Just wanted more privacy after birth. Without other people's children climbing on my bed.”

“The nurses/midwives kept leaving the curtain open even when I was breastfeeding. I would have liked them to respect my privacy more.”

<sup>15</sup> Insufficient data for Roma Hospital.

\* Denotes a response rate of less than 25%



## Part G: What do women say should be improved in maternity services?

Woman-centred care supports women to be actively involved in their own care, focussing on the woman's expectations, aspirations and needs. From a woman-centred perspective, the experiences, preferences and recommendations of women should be the most important consideration in setting priorities for improving maternity services. We have reported at the state and facility level, the key issues emerging from women's recommendations for maternity service improvement.

We asked women; "If the people who run maternity services could spend money to improve one thing in maternity care, what do you think this should be?" Women were given space to provide an open text response to this question. Of the 5,778 women who completed the 2012 Having a Baby in Queensland Survey and birthed at a facility, 71.7% provided a response to this question. Women from public facilities were more likely to respond than women from private facilities (75.3% vs. 66.2%, respectively;  $\chi^2(1) = 56.83, p < .001$ ). Primiparous women were also more likely to respond than multiparous women (75.1% vs. 71.2%, respectively;  $\chi^2(1) = 10.81, p = .001$ ) and women younger than 30 were more likely than women 30 years and older to respond (76.2% vs. 72.0%, respectively;  $\chi^2(1) = 12.55, p < .001$ ). There were no differences between women who did and did not respond to the item according to mode of birth, infant birth weight, infant gestational age, area of residence, level of education, country of birth, identification with a cultural or ethnic group, or identification as Aboriginal and/or Torres Strait Islander (with confidence set at 99.9% for all comparisons, i.e.  $p < .001$ ).

### What do women in Queensland say should be improved in maternity services?

Thematic analysis of the full sample of responses is presented as an overview of women's suggested priorities for maternity service improvement. Statewide themes allow comparison between the Queensland sample and the women at each facility, where themes vary based on the experience of women at that facility.

### What do women at this facility say should be improved in maternity services?

Thematic analysis of the responses from women at each facility is presented with main themes and sub-themes identified. Themes represent overarching groupings or categories of responses with a similar message. These themes are expanded upon in the text provided and illustrated with quotes from women. Sub-themes represent groupings of an idea within the overarching category of the main theme (for example, under a theme discussing improvements to the rooms at a facility a sub-theme of privacy may emerge if many women specifically stated the privacy of the rooms needed improvement).

Varying theme and sub-theme structures may emerge for different facilities depending on women's responses. Descriptions of each theme seek to capture and summarise women's responses specific to the facility. The way in which women discuss similar ideas might vary dependent on facility, which impacts upon the descriptions and structure of themes and sub-themes. For example, at one facility a main theme may emerge of women discussing postnatal care, this theme may be broad encompassing information provision, support and follow up care, these ideas may be expanded upon in the text under the main theme or, if prominent enough, may be represented as a sub-theme. In contrast, at another facility recommendations regarding postnatal care may be less prominent or may be discussed specifically in the context of treatment by staff, and thus be listed as a sub-theme under a more dominant theme from that facility such as treatment by care providers. Wherever possible, women's words and the terminology they use has been employed in theme titles and in describing themes (for example, women use terminology such as 'more staff' rather than 'more care providers' and this is reflected in titles and descriptions, likewise women often refer to 'care' rather than 'quality of care' or 'quality of interpersonal care').

Direct quotations from women are provided to best illustrate the identified themes. Quotes were selected to best reflect the aspects of the relevant theme and are not associated with the frequency of similar responses. Other than corrections to spelling, no changes were made to the open text used in quotations.

## What do women in Queensland say should be improved in maternity care?

Of the 5,778 women who completed the 2012 Having a Baby in Queensland Survey and birthed in a facility 71.7% (4,144 women) provided a response to the open text item; “If the people who run maternity services could spend money to improve one thing in maternity care, what do you think this should be?” Five main themes emerged: staff availability and quality of care, postnatal support, improvements to amenities, access to care and options, and information provision and education.

### Staff Availability and Quality of Care

Improvement to staff availability and interpersonal care was a central theme in women’s recommendations. Suggested priorities included providing better support and training for staff, improving communication amongst care providers, and increasing salaries. Women noted that communication amongst care providers should be improved both throughout pregnancy and during their facility stay, where communication between midwives on handover was identified as a problem area. Women stated that maintaining staff training for best practice was a good use of maternity service funds. Finally, many women complimented their care providers on the quality of care provided. They said they would like to see staff being better supported and noted that pay raises would be money well spent.

#### More Staff

Increasing staffing levels was the most frequent recommendation made by women. Women stated a need for more midwives in particular, along with additional doctors and obstetricians. Many women indicated that their essential needs were not met or that they had to wait too long for medical attention. A desire for more ‘one-on-one’ time with staff, or more ‘individualised’ and ‘personalised’ care was frequently expressed, with women noting staff did not have enough time to answer their questions or provide high quality interpersonal care. The postnatal facility stay was often identified as the time when staffing deficits were most problematic.

#### Continuity of Carer

Continuity of carer was a salient theme in women’s responses. Many women explicitly stated that ‘continuity of carer’ was their top recommendation, whilst others described service improvements that reflected continuity care. Many women stated that having one care provider (or a couple of care providers) throughout their pregnancy, labour and birth, and after birth, would have improved their experience. Other frequent recommendations included: to be cared for by the same few care providers during the facility stay, to have at least one consistent care provider throughout labour and birth, and to have a system where all women have met their labour and birth care providers before.

#### Staff Attitudes

Women recommended improving interpersonal care and staff attitudes. Women stated care could be improved to be more sensitive, empathetic and supportive. Care provider attitudes were frequently identified as needing improvement, with women specifying that staff did not respect their preferences and decisions; particularly regarding breastfeeding. Substandard care was often linked to staffing shortages. Women also suggested that maintaining happy, permanent staff (rather than temporary, or agency staff) may help improve the quality of interpersonal care.

### Postnatal Support

The need for more support after birth was a significant theme in women’s responses. Women felt they needed more care during their postnatal facility stay and continuing support after returning home. In discussing the postnatal facility stay, women expressed having difficulty caring for their baby whilst trying to recover from birth, with many suggesting nursery care to give mothers a chance to rest. Women felt that they particularly needed more support at night. Many women noted that the option of a longer facility stay until women felt recovered, had established breastfeeding, and felt confident to care for their baby at home, would be an improvement to maternity services. A number of women expressed a desire to discuss their birth experiences with a counsellor or care provider before going home, and emphasised the need for better postnatal depression screening.

#### Breastfeeding

Breastfeeding was the area of primary concern for a large proportion of women. Women reported that access to lactation consultants and one-on-one support from care providers to assist in establishing breastfeeding would be their top priority for service improvement. Women also recommended providing continued breastfeeding assistance after discharge. Some women suggested that providing all midwives with lactation consultant training would be a good use of maternity service funds.

#### Follow up Care and Home Visits

Providing continued support after discharge, particularly in the form of home visits, was a consistent recommendation. Women who had received a home visit wanted more, and women in private facilities felt that care after discharge was especially lacking. Women felt that they needed more help learning how to best care for their baby; in particular breastfeeding and infant sleeping. A number of women also suggested improving access to mothers’ groups and drop-in services.

#### Neonatal Unit

A smaller, but salient sub-theme emerged from women who had babies cared for a neonatal unit. These women often expressed feeling that they did not receive adequate support; emotionally or physically. They often listed the capacity for parents to stay at the facility with their baby in neonatal care as their top recommendation for service improvement.

## **Improvements to Amenities<sup>16</sup>**

Improvement to the amenities was a prominent theme in women's responses. Recommendations often varied by facility; with the comfort of the beds, space, noise, free TV, improved furnishings, temperature, and improving the décor and homeliness of the rooms mentioned most often. Women often stated that more beds and more birthing suites were needed, sometimes noting that there were not enough rooms for all the labouring/recovering women at the facility.

### **Privacy**

The privacy of the rooms, particularly during the postnatal facility stay, was a key concern for women. Women recommended single rooms or sharing with only one other woman. Women found it difficult to sleep or recover from their birth due to the noise and light generated by other women and babies. Women also expressed a desire for privacy and space to bond with their baby. At some facilities, sharing a bathroom with too many other women was a frequently emphasised issue.

### **Partners staying Overnight**

The capacity for partners (or a support person) to stay overnight was a significant subtheme emerging from women's recommendations. Women highlighted the importance of their partner having time to bond with the new baby and the emotional support provided by their partner. In describing difficulties caring for themselves and their babies during the postnatal period, many women suggested that having their partner present to assist in caring for the new baby would allow mothers to get more rest as well as reduce pressure on staff. In facilities where partners were able to stay, many women emphasised that their partner's comfort should be prioritised, often suggesting double beds as an improvement.

### **Food**

Both the quantity and quality of food provided was nominated for improvement. Many women stated that food was not sufficiently nutritious for breastfeeding mothers recovering from birth, and complained that they did not have access to snacks in between meals, despite being hungry.

## **Access to Care and Options**

Access to care and care options was a broad and prominent theme in women's responses. Access to options for pregnancy and labour and birth care was discussed; including both clinical and natural aids. Women particularly noted wanting improved access to ultrasound scans during pregnancy and wireless (and waterproof) fetal monitoring during labour. Women from rural areas often stated that improving access to epidurals and providing more anaesthetists was their recommendation for improving care. Many women emphasised a need to improve access to '*natural birth*' support such as birthing balls in the birth suites, calm birthing classes and supporting access to VBAC.

### **Midwifery-led Care and Birth Centres**

Increasing the number of places in birth centres and improving access to midwifery-group practice, case-load midwifery and private midwifery care was a prominent subtheme. Women believe these options should be available to all, not only those considered 'low risk'. A number of women from private facilities stated they wanted access to midwifery-led care within their private facility.

### **Water Immersion**

Increased access to water immersion during labour and birth was frequently women's top suggestion for service improvement.

### **Cost**

Women indicated that the cost of care in the private system was a barrier to accessing this option. Women receiving private care noted that out-of-pocket expenses were high (with some detailing that rebates had been reduced since they had their last baby).

### **Support for Rural Women**

A small but salient theme in women's recommendations was access to services in rural areas. Women stated that specialists and obstetricians should be available in rural facilities and felt they should not have to travel so far for birth. These women also felt that more assistance should be provided for accommodation when travel to regional centres is necessary.

## **Information Provision and Education**

Women identified information provision and education as a key area for maternity service improvement. Many women stated that antenatal classes did not cover all of the information they needed; particularly regarding caesarean section and how to care for their baby after birth. Postnatal care was a big issue, with women reporting that they left hospital feeling ill-equipped to care for their baby at home. Women also noted that information about different models of care (such as birth centre care) should be provided to all women in Queensland. Women also commented on the way information was presented. Some women felt it was difficult to access unbiased information, whilst others stated that pamphlets were received too late or were difficult to collate. A few women suggested showing instructional videos during the postnatal stay as a low-cost way to increase information provision (particularly regarding breastfeeding and postnatal care).

### **Conflicting Information**

Women frequently expressed that they received conflicting information and advice from different care providers and that this caused significant distress. Consistency in staff training and advice was often recommended. Conflicting information regarding caring for their new baby, and advice regarding breastfeeding were the main areas of concern.

---

<sup>16</sup> Women frequently used the term 'facilities' when suggesting improvements to aspects of the facility such as the rooms, equipment, food, bathrooms, privacy etc., however, we have used the term 'amenities' to avoid confusion.



## What do women from this facility say should be improved in maternity care?

Of the 15 women from Atherton Hospital who completed the 2012 Having a Baby in Queensland Survey, 66.7% (10 women) provided a response to the open text item; “If the people who run maternity services could spend money to improve one thing in maternity care, what do you think this should be?” Despite the small number of responses, a single theme regarding the amenities emerged, with all but two women discussing improvements to the amenities.

### Improvements to Amenities

Two women suggested more birthing suites. One woman indicated she was unable to use the birthing suites and felt that updates to the labour rooms were needed. Three women discussed the quality of the amenities suggesting keeping equipment updated. One woman specifically mentioned improving chairs for husbands and visitors, whilst a number of women noted space as an issue. One woman echoed a state-wide theme that access to water immersion for labour and birth would improve maternity care.

*“Improvement of labour rooms. I couldn’t use the birthing suite as I was having induction. It was small room, just like a treatment room with no homeliness. Not much space for my family, not m privacy.”*

*“To keep everything up-graded”*

*“Have a second Birthing Suite. They currently have 1 suite & a delivery room (used if Birthing Suite already occupied.)”*

The two remaining women from this facility mentioned wanting more postnatal information, and reducing the waiting time for antenatal appointments.

*“More post baby information. Was sent home with a lot of questions.”*

## References

- Australian Commission on Safety and Quality in Health Care (ACSQHC; 2009). *Roles in realising the Australian Charter of Healthcare Rights*. Retrieved from: <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-01>
- Australian Medical Council (AMC; 2009). *Good Medical Practice: A code of conduct for doctors in Australia*. Retrieved from: [http://www.amc.org.au/images/Final\\_Code.pdf](http://www.amc.org.au/images/Final_Code.pdf)
- Australian Nursing and Midwifery Council (ANMC; 2006). *National competency standards for the midwife*. Retrieved from: <http://www.anmc.org.au/docs/Publications/Competency%20standards%20for%20the%20Midwife.pdf>
- Brodrribb, W.E., Zadoroznyi, M, Dane, A.C. (2012). Evaluating the implementation of the Universal Postnatal Contact Services in Queensland: Experiences of Health Care Providers and Mothers. Brisbane, Australia: Queensland Centre for Mothers & Babies
- Brown, S. J., Davey, M., & Bruinsma, F. J. (2005). Women's views and experiences of postnatal hospital care in the Victorian Survey of Recent Mothers 2000. *Midwifery*, 21, 109-126.
- Brown, S., & Lumley J. (1998) Changing childbirth: Lessons from an Australian survey of 1336 women. *British Journal of Obstetrics and Gynaecology*, 105, 143-155.
- Davey, M.A., Brown, S., & Bruinsma, F. (2005). What is it about antenatal continuity of caregiver that matters to women? *Birth*, 32(4), 262-271.
- Dodd, J., Pearce, E., & Crowther, C. (2004). Women's experiences and preferences following caesarean birth. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 44, 521-524.
- Fenwick, J., Butt, J., Dhaliwal, S., Hauck, Y., & Schmied, V. (2010). Western Australian women's perceptions of the style and quality of midwifery postnatal care in hospital and at home. *Women and Birth*, 23, 10-21.
- Fröhlich, S., Tan, T., Walsh, A., & Carey, M. (2012). Epidural analgesia for labour: maternal knowledge, preferences and informed consent. *Irish Medical Journal*, 100(10), 300-302.
- Goberna-Tricas, J., Banus-Gimenez, M.R., Palacio-Tauste, A., & Linares-Sancho, S. (2011). Satisfaction with pregnancy and birth services: The quality of maternity care services as experienced by women. *Midwifery*, 27, 231-237.
- Goulet, L., D'Amour, D. & Pineault, R. (2007), Type and timing of services following postnatal discharge: Do they make a difference? *Women and Health*, 45(4), 19-39.
- Halfon, N., Stevens, G.D., Larson, K., & Olson, L.M. (2011). Duration of a well-child visit: association with content, family-centredness, and satisfaction. *Pediatrics*, 128, 657-664.
- Hirst, C. (2005). *Re-Birthing: Report of the review of maternity services in Queensland*. Retrieved from: [http://www.health.qld.gov.au/publications/corporate/maternity\\_report2005/MaternityReview\\_FullDoc.pdf](http://www.health.qld.gov.au/publications/corporate/maternity_report2005/MaternityReview_FullDoc.pdf)
- Hodnett, E.D. (2002). Pain and women's satisfaction with the experience of childbirth: A systematic review. *American Journal of Obstetrics and Gynaecology*, 186(5), 160-172.
- Hodnett, E. D., Gates, S., Hofmeyer, G. J., & Sakala, C. (2007). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews* (3), Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub2
- Kronborg, H., Vaeth, M., Olsen, J., Iversen, L. & Harder, I. (2007), Effect of early postnatal breastfeeding support: A cluster-randomized community based trial. *Acta Paediatrica*, 96, 1064-1070.
- Lavender, T., Moffat, H., & Rixon, S. (2000). Do we provide information to women in the best way. *British Journal of Midwifery*, 8 (12), 769-775.
- Lavender, T., Wilkinshaw, S. A., & Walton, I. (1999). A prospective study of women's views of factors contributing to a positive birth experience. *Midwifery*, 15, 40-46.

- Lawrence, A., Lewis, L., Hofmeyr, G. J., Dowswell, T., & Styles, C. (2009). Maternal positions and mobility during first stage labour. *Cochrane Database of Systematic Reviews* (2). Art. No.: CD003934.
- Lewin, D., Fearon, B., Hemmings, V., & Johnson, G. (2005). Women's experiences of vaginal examinations in labour. *Midwifery*, 21, 267–277. DOI:10.1016/j.midw.2004.10.003
- McLachlan, H.L., Gold, L., Forster, D.A., Yelland, J., Rayner, J., & Rayner, S. (2009). Women's views of postnatal care in the context of the increasing pressure on postnatal beds in Australia. *Women and Birth*, 22, 128-133.
- Middle, J., & Wee, M. (2009). Informed consent for epidural analgesia in labour: a survey of UK practice. *Anaesthesia*, 64(2), 161-164.
- Miller, Y. D., Thompson, R., Porter, J., & Prosser, S. J. (2011). Findings from the Having a Baby in Queensland Survey, 2010. Queensland Centre for Mothers & Babies, Brisbane, QLD: The University of Queensland
- Murray-Davis, B., Marion, A., Malott, A., Reitsma, A., Hutton, E. K., & the Early ECV2 Trial Collaborative Group (2012). Women's experiences of participating in the Early External Cephalic Version 2 Trial. *Birth*, 39(1), 30-38.
- National Institute for Health and Clinical Excellence (NICE; 2007). *Intrapartum care: Care of healthy women and their babies during childbirth*. NICE clinical guideline 55. London: National Institute for Health and Clinical Excellence.
- Priddis, H., Dahlen, H., & Schmied, V. (2012). What are the facilitators, inhibitors, and implications of birth positioning? A review of the literature. *Women and Birth*, 25, 100-106.
- Prosser, S. J., Miller, Y. D., Armanasco, A., Hennegan, J., Porter, J., & Thompson, R. (2013). Findings from the Having a Baby in Queensland Survey, 2012. Brisbane, QLD: Queensland Centre for Mothers & Babies, The University of Queensland.
- Queensland Government (2008). *Consent information – Patient copy: Epidural pain relief for your labour*. Brisbane, QLD: Queensland Health. Retrieved from: [http://www.health.qld.gov.au/consent/documents/anaesthetic\\_05.pdf](http://www.health.qld.gov.au/consent/documents/anaesthetic_05.pdf)
- Queensland Government (2011a). *Caesarean section: Procedural consent form*. Brisbane, QLD: Queensland Health. Retrieved from: [http://www.health.qld.gov.au/consent/documents/obst\\_gyna\\_04.pdf](http://www.health.qld.gov.au/consent/documents/obst_gyna_04.pdf)
- Queensland Government (2011b). *Guide to informed decision-making in healthcare*. Brisbane, QLD: Centre for Healthcare Improvement.
- Queensland Government (2012a). *Informed decision-making in healthcare. Policy No. QH-POL-346:2011*. Brisbane, QLD: Queensland Health.
- Queensland Government (2012b). *Multicultural Clinical Support Resource*. Retrieved from: [http://www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)
- Queensland Health (2012). *Perinatal statistics Queensland 2010*. Brisbane, QLD: Queensland Government.
- Queensland Maternity and Neonatal Clinical Guidelines Program (QMNCGP; 2010). *Queensland Maternity and Neonatal Clinical Guideline: Intrapartum fetal surveillance. Document No. MN10.15-V2-R15*. Brisbane, QLD: State of Queensland (Queensland Health).
- Queensland Maternity and Neonatal Clinical Guidelines Program (QMNCGP; 2011). *Queensland Maternity and Neonatal Clinical Guideline: Induction of labour. Document No. MN11.22-V2-R16*. Brisbane, QLD: State of Queensland (Queensland Health).
- Thompson, R., & Wojcieszek, A. M. (2012). Delivering information: A descriptive study of Australian women's information needs for decision-making about birth facility. *BMC Pregnancy and Childbirth*, 12(1), 51-60.
- Turnbull, D. A., Wilkinson, C., Yaser, A., Carty, V., Svigos, J. M., & Robinson, J. S. (1999). Women's role and satisfaction in the decision to have a caesarean section. *The Medical Journal of Australia*, 170, 580-583.
- Waldenstrom, U., Rudman, A., & Hildingsson, I. (2006). Intrapartum and postpartum care in Sweden: women's opinions and risk factors for not being satisfied. *Acta Obstetrica et Gynecologica*, 85, 551-560.

- Watson, B. M., & Gallois, C. (2007). Language, discourse, and communication about health and illness: Intergroup relations, role, and emotional support. In A. Weatherall, B. M. Watson & C. Gallois (Eds.). *The social psychology of language and discourse* (pp. 108-130). London: Palgrave Macmillan.
- Wiegers, T. A. (2009). The quality of maternity care services as experienced by women in the Netherlands. *BMC Pregnancy & Childbirth*, 9, 18.
- Ying Lai, C., & Levy, V. (2002). Hong Kong Chinese women's experiences of vaginal examinations in labour. *Midwifery*, 18, 296-303. DOI:10.1054/midw.2002.0326