

Hospital code:



Study number:

to be completed by the midwife

Your labour and birth experience

Many congratulations on the birth of your baby! We would be very grateful if you could spend a couple of minutes completing this short questionnaire to tell us what you thought about your labour and birth.

All of the questions can be answered with a 'tick' (). The information we collect is confidential and no names will ever be used. Only the research team will have access to this information.

1. After your cervix was fully dilated and before you started pushing, in which position did you spend the majority of the time? (Please tick only one box below, see reverse for diagrams of positions)

Upright Lying down Other please state: _____ Can't remember

2. Once you were pushing and before your baby was born, in which position did you spend the majority of the time? (Please tick only one box below, see reverse for diagrams of positions)

Upright Lying down Other please state: _____ Can't remember

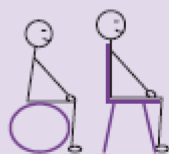
3. Birth Experience (Please tick only one box per line)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I was satisfied with my overall childbirth experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by all of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved in making decisions as much as I wanted to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My expectations for labour and birth were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good communication from the staff kept me well informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to move as much as I wanted after my cervix was fully dilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my position before I started pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my position while pushing to give birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my labour pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for completing the questionnaire.

Please place it in the self addressed FREEPOST envelope provided and hand it back to your midwife.

Upright



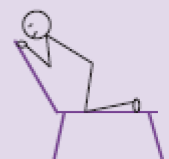
Sitting - Out of bed



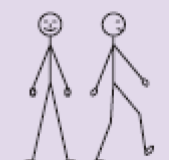
Sitting - In bed



Supported kneeling - Out of bed

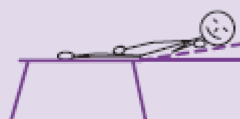


Supported kneeling - In bed



standing/walking

Lying Down



Left side



Right side



Wedge on left side



Wedge on right side



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Maternal Satisfaction Form



Version 6, Aug 2013