

Birth choices for people living in Wakefield District

Since 2017, we have been asking people and partners what they think about maternity, antenatal and postnatal care and the proposed changes to birthing facilities in Pontefract Hospital.

Pontefract Hospital offers a wide range of care for people during pregnancy (antenatal care) and after the birth (postnatal care), but no births have taken place there since autumn 2019 when it was suspended on grounds of clinical safety.

Now, we're consulting you on our proposal not to reinstate the birthing facility at the Midwife-Led Unit (MLU) at Pontefract Hospital and continue to offer the same antenatal and postnatal care. This proposal has been developed after feedback from the public, staff, clinicians and partners over the last seven years. We want to make sure we offer the best possible care for people in the Wakefield District - care that meets national standards and works within the resources we have available.

Our **consultation document** explains our proposal in more detail. Please read the consultation document which can be found on our consultation webpages:

bit.ly/WakefieldDistrictBirthChoices where you can also find information about our proposal.

This survey gives you the opportunity to share your views. It is divided into two main parts – firstly questions directly linked to the consultation. In the second part, we welcome your views on the services generally. It can be completed by those who are or who have used our services as well as the public and our colleagues.

All surveys are anonymous, no answers will be linked to you. Please share your views by **Sunday 18 May 2025**.

If you would like help completing the survey or would like it in a different format (like paper, audio or a different language) please telephone 01924 213050 or email wycb-wak.engagement@nhs.net

Data processing statement

Wakefield District Health and Care Partnership has commissioned Stand, a team of independent patient involvement and public engagement specialists, to conduct this survey and analyse the feedback on their behalf.

Rest assured, your information will be kept confidential. Stand will process any data provided in line with the latest data protection regulations, using it solely for the analysis of this engagement and not shared for marketing purposes. Personal information identifying you will be retained for no more than 12 months.

For details on how Stand uses the information you provide, your rights, and complaints, please visit: wearestand.co.uk/mydata

Have you read the consultation document?

This can be found online: bit.ly/WakefieldDistrictBirthChoices

- Yes, all of it
- Yes, most of it
- Yes, some of it
- No, I haven't read it

About you:

1. I am answering this survey as:

- A current user of maternity services
- A past user of maternity services
- A family member of a current/past user of maternity services
- A member of the public
- A third sector/voluntary/charity worker
- A member of staff working in maternity services at Mid Yorkshire Teaching NHS Trust
- A colleague working in health or social care
- Other (please specify):

2. What is your experience of local maternity services?

- I (or a family member) am currently using maternity services
- I (or a family member) have used maternity services in the last 2 years
- I (or a family member) have used maternity services in the last 2-5 years
- I (or a family member) have used maternity services longer than 5 years ago
- I (or a family member) have not used maternity services but plan to in the future
- I (or a family member) have not used maternity services and don't plan to

Part one: Choosing where to give birth - understanding the impacts as part of this consultation

3. Did you know that you could choose where to give birth?

- Yes
- No
- Not sure – please skip to Q5

4. What type of birth did you (or your family member) choose / would you choose?

- A consultant-led labour ward
- A midwife-led birthing unit alongside a consultant-led labour ward
- A freestanding midwife-led unit
- A home birth
- Not sure / don't know
- Not applicable

5. Where are you (or your family member) booked to give birth / most recently gave birth / would like to give birth?

- Pinderfields Hospital (Labour Unit / consultant-led care)
- Pinderfields Midwife-Led Unit (Birth Centre)
- Pinderfields Hospital (elective c-section)
- Dewsbury Midwife-Led Unit (Bronte Birth Centre)
- Home birth
- Other (please tell us):

6. What are / were the main reasons for choosing this location? (Please select all that apply)

- Used it before
- Closer to home
- Easier to travel to
- Family / friend recommended
- Recommendation from midwife
- The type of birth I (or a family member) wanted

- No choice - I (or a family member) had to give birth here
- Want(ed) access to Doctors in case they were needed
- Want(ed) access to an epidural if needed
- Felt safer for me (or your family member) and the baby
- I (or a family member) don't/didn't want to be transferred to another hospital if needed more care or pain relief during labour
- My own or other's positive experience
- Online research
- I haven't made my choice yet
- Not sure
- Other (please state):

7. Did you (or a family member) have a baby at Pontefract Hospital? (Please select one only)

- Yes
- No – **Please skip to Q.9**
- Not applicable – **Please skip to Q.9**

8. After giving birth at Pontefract Hospital, have you (they) given birth in other hospitals / Midwife-Led Units?

- Yes
- No
- Not applicable

9. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

- No impact at all
- Some impact
- Big impact
- Not sure
- Not applicable

Please tell us about the kind of impacts - positive or negative - this could have on you or your family?

Other suggestions

We are asking people their views to understand if there is anything else we need to think about before making our final decision. We are open to other suggestions.

10. Please tell us if there is anything else you think we should consider.

Part two: Experience of services

Thank you for completing the survey on our consultation proposal. On the following pages, there are some questions about your expectations and experiences of maternity services in our area and some questions asking for information about you. It would help us if you would take the time to answer these as well.

11. What facilities did you use / would you like during labour? (Please select all that apply)

- Birthing pool
- Bath
- Different types of pain relief
- Being able to move around
- Able to have my family around me
- Access to music
- The lighting that is available
- Hypnobirthing
- Facilities for my partner
- Other (please specify):

12. How happy were you with these things during your maternity care?

	Very happy	Happy	Neither happy nor not happy	Not happy	Not happy at all	Not applicable
Information about what to expect when giving birth at chosen location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about where to give birth and your choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about pain relief options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity of care (seeing the same midwife) from midwives before and after giving birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antenatal appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour / birthing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal appointments / checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Thinking about your maternity care, what was good?

14. Thinking about your maternity care, what could have been better?

15. Which of these antenatal/postnatal services would you expect to have at your local clinic or hospital?

- Scans
- Blood tests
- Routine pregnancy monitoring (e.g. blood sugars, baby movement)
- Postnatal checks (checks that are done for baby like a hearing test and physical check)
- Postnatal checks for birthing parent (done about six weeks after giving birth to check recovery)
- Feeding support
- Child health advice
- Parental education
- Support to stop smoking
- Support or advice to be healthy in pregnancy
- Advice on contraception postnatally
- Signposting to emotional and mental health services
- Other (please specify):

Part three: Equality Monitoring Form

It is important to us that all communities across Wakefield have their say in shaping local services. Equality monitoring collects data about people, it is important for us to collect and analyse this data to make sure we provide the right services. This information helps us understand which communities' views are being heard and which are not. Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. If you would like to know how we use this information, please visit our privacy notice:

<https://www.westyorkshire.icb.nhs.uk/privacy-notice>

Please answer the questions below, some questions may feel personal, you do not have to answer them.

16. Who is this form about?

- Me
- Someone else - using their information

17. What is the first part of your postcode?

Example WF1, WF8

18. What is your gender? Please select one.

- Man
- Woman
- Non-Binary
- Prefer not to say
- I describe my gender in another way.

19. How old are you?

Example 42

20. What country were you born in? Please select one.

- United Kingdom
- Prefer not to say
- Other country (please tell us):

21. What is your religion? Please select one.

- No religion
- Christian (including Church of England, Catholic, Protestant and all other denominations)
- Muslim
- Buddhist
- Hindu
- Jewish
- Sikh
- Prefer not to say
- Other religion (please tell us):

22. What is your ethnic group? Please select one.

Asian or Asian British

- Pakistani
- Bangladeshi
- Indian
- Chinese
- Other Asian

Black, Black British, Caribbean, or African:

- Caribbean
- African
- Other Black

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed or multiple

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Other White

Other ethnic groups:

- Arab
- Any other ethnic group (Please tell us)

23. Are you disabled? Please select one.

- Yes
- No
- Prefer not to say

24. Do you have any long-term conditions, impairments or illness? Please select all that apply.

- Prefer not to say
- None
- Physical or mobility impairment: (such as using a wheelchair, difficulty walking or using your hands)
- Hearing impairment: (such as being D/deaf or hard of hearing)
- Sight impairment: (such as being blind or partially sighted)
- Mental health condition: (such as having depression, schizophrenia, bipolar disorder)
- Learning, understanding, concentrating or memory: (such as Down's Syndrome, stroke or head injury)
- Neurodivergent conditions: (such as autism, ADHD and / or dyslexia)
- Long term conditions: (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other (please tell us):

25. Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition). Please select one.

- Yes
- No
- Prefer not to say

26. What is your sexual orientation? Please select one.

- Bi or Pansexual
- Gay
- Lesbian
- Heterosexual / Straight
- Asexual
- Prefer not to say
- I prefer to use another term (please tell us)

27. Are you Trans? Please select one.

(Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth)

- Yes
- No
- Prefer not to say

28. The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation? Please select one.

We ask this question to help us understand the impact of income on experiences of services or health

- Very comfortable (I have more than enough money for food and bills and a lot left over)
- Quite comfortable (I have enough money for food and bills, and some left over)
- Just getting by (I have just enough money for food and bills and a nothing left over)
- Really struggling (I don't have enough money for food and bills and sometimes run out of money)

- I don't know
- Prefer not to say

29. Are you pregnant or have you given birth in the last 6 months? Please select one.

- Yes
- No
- Prefer not to say

30. Are you a parent / primary carer of a child or children, if yes, how old are they? Please select all that apply.

- No
- 0 to 4
- 5 to 9
- 10 to14
- 15 to19
- Prefer not to say

31. Are you care experienced? Please select one.

Anyone who as a child is living, or has lived, in care at any stage in their life. Including living in residential care, foster care, kinship care, or at home with a supervision order.

- Yes
- No
- Prefer not to say

Thank you for completing this survey.

Please return it to us by **Sunday 18 May 2025** for it to be included in the analysis.

Please send your completed survey to: **FREEPOST NHS WAKEFIELD**