

The Lincolnshire NHS Maternity Transformation Programme was created in 2016 and aims to review how community services could be delivered differently in the future, following the recommendations of the “Better Births: Improving outcomes of Maternity Services in England” report which can be reviewed [here](#). Our vision is for maternity services to be safe, personalised, kind, professional and family friendly. Every woman should have access to information which enables her to make decisions about her care. She and her baby should be able to access support that is centred around their individual needs and circumstances.

We want to hear from women and their families to help us understand the information that is currently used to help inform you about your baby’s movements.

Please give us your views by completing this short survey by 7 October 2018.

If you have any queries in relation to this survey please contact us at:-

betterbirths@LincolnshireEastCCG.nhs.uk or on Telephone: 01522 515404.

Thank you for taking part in this survey. Your information will provide us with information on how to better inform pregnant women and their families about baby's well-being.

1. Which GP practice are you registered at? If you are not registered, please give the first part of your postcode

2. Please indicate your age group

- Under 19 years
- 19 - 25
- 26 - 40
- 41 - 60
- Over 60 years
- Other (please specify)

3. And your gender

- Male
- Female
- Other (please specify)

4. Please tick all statement/s which relate to you:

- I have given birth in the last year
- My partner/ family member has given birth in the last year
- I gave birth more than a year ago
- My partner/family member gave birth more than a year ago
- I am pregnant now
- My partner/family member is pregnant now
- I plan to have a child in the future
- I am not planning to have children
- Other (please specify)

5. Were babies movements discussed with you at your Midwife appointment?

- Yes
- No
- Do not know

Please provide any additional comments

6. What information were you given about your babies movements?

7. Do you have a Mamma Wallet?

- Yes
- No
- Do not know

Please provide any additional comments

8. Do you use your Mamma Wallet?

- Yes
- No (not applicable as I do not have one)

Please provide any additional comments

9. Has the information on the Mamma Wallet been explained?

- Yes
- No (not applicable)
- Do not know

Please provide any additional comments

10. What advice is given to you if your baby is not moving well or you are concerned about your movements?

11. If your babies movements change in any way, when would you seek advice?

- Straight away
- 1 hour
- 4 hours
- 8 hours
- Next day
- Next midwife appointment

Other (please specify)

12. Who would you call if you experience a change in your babies movements?

- Midwife
- Hospital
- Doctor
- Other (please specify)

13. What would prevent you from attending hospital for a check-up?

14. Do you have a story you would like to share with us?

- Yes
- No

Please provide your story below

15. What advice would you give a pregnant mum about babies movements?

16. Other than a health professional, have you been told anything else about why sometimes babies movements can change?

- Yes
- No
- Do not know

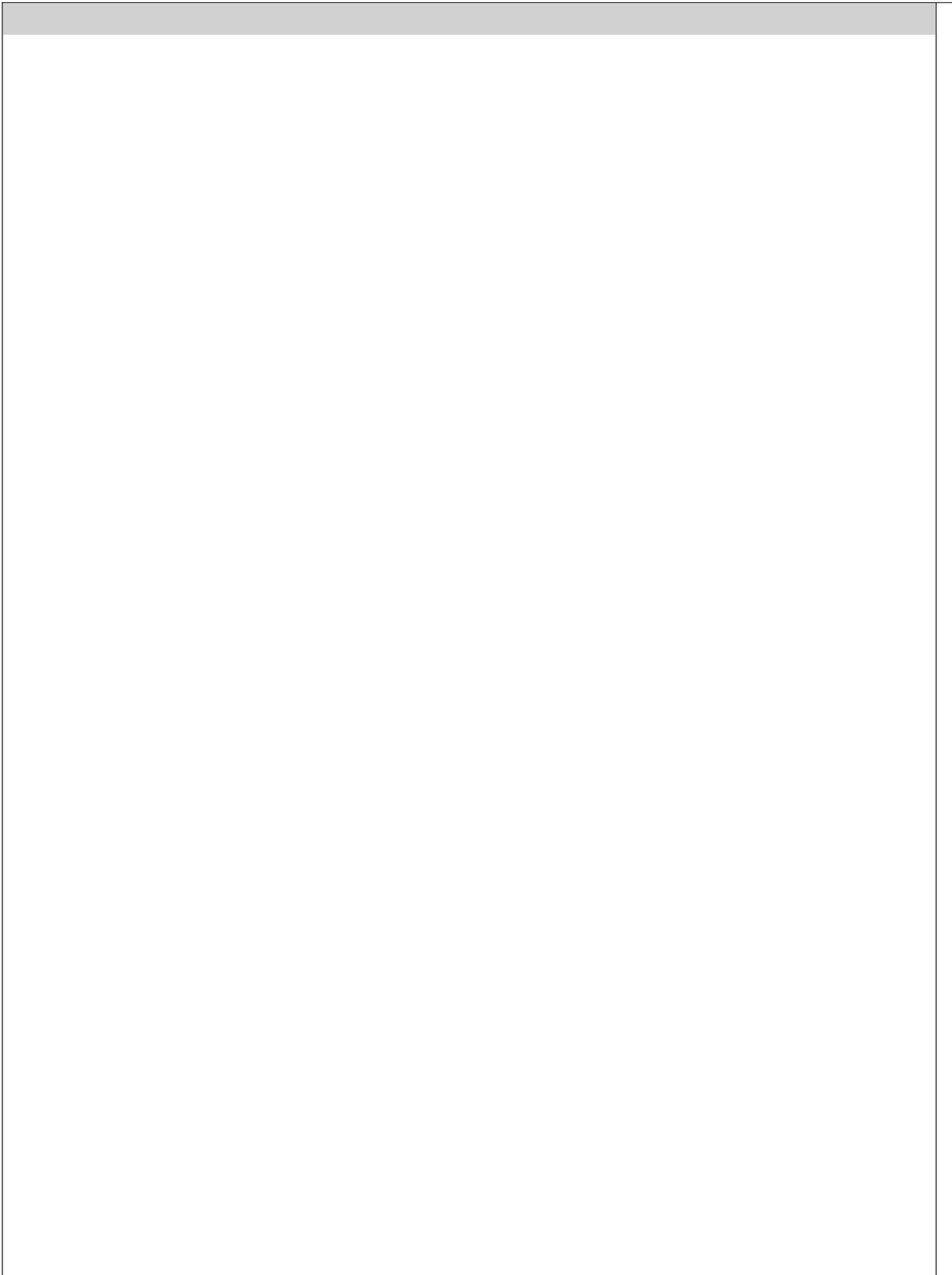
Please provide additional comments

17. Would you like to be part of a safety video regarding babies movements?

- Yes
- No
- Do not know

If yes, please provide contact details - email and telephone number

18. Please provide us with any additional comments you wish to make



Equalities Monitoring

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair, and that they are not discriminating or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Please help us to monitor how well we engage with the population we serve, by completing the monitoring section below. Your answers will be kept strictly confidential in line with the Data Protection Act 1998 and you will not be personally identifiable through your answers.

19. Gender

- Male
- Female
- Prefer not to say

20. Age

- Under 18
- 18-30
- 31-40
- 41-50
- 51+
- Prefer not to say

21. Do you consider yourself to have a disability or long term health condition?

- Yes
- No

22. Please select from the below list:

- Physical impairment
- Mental health condition
- Long-standing illness
- Sensory impairment
- Learning Disability/Difficulty
- Prefer not to say

23. How do you describe your ethnic origin?

- White British
- White Irish
- White European
- White other
- Black British
- Black Caribbean
- Black African
- Black other
- Asian British
- Asian Indian
- Asian Pakistani
- Asian Bangladeshi
- Asian Chinese
- Asian Other
- Mixed background
- Prefer not to say

24. Please indicate the option which best describes your marital status?

- Married
- Civil partnership
- Legally separated
- Widowed
- Single
- Co-habiting
- Divorced
- Prefer not to say
- Other (please specify)

25. Please indicate the option which best describes your sexual orientation

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Prefer not to say
- Other (please specify)

26. Do you identify with a gender other than that assigned to you at birth?

- Yes
- No
- Prefer not to say