

Better Births Lincolnshire are delighted to be launching the Pool Birth Hire Service for women planning water births.

We would like to hear your views and experiences regarding water births in order that we can plan adequate training and support for Midwives in Lincolnshire.

Your feedback is important to us which will help us to plan the Waterbirth Study Day for United Lincolnshire Hospitals NHS Trust on 12 April 2019, led by Waterbirth expert, Dianne Garland.

Please would it be possible to complete the survey by 26 February 2019.

**Please do not hesitate to contact Yvonne McGrath, Consultant Midwife,
- yvonne.mcgrath@lincolnshireeastccg.nhs.uk - Telephone: 01522 515404 if you have any queries or if you would like any further information.**

Thank you for your time.

1. Please provide details regarding your main area of work:-

- Community
- Labour Ward
- Antenatal Clinic
- Antenatal/Postnatal Clinic
- Antenatal Assessment Centre
- Specialist Role
- Management role
- Other (please specify)

2. Please provide your level of education:-

- Diploma in Midwifery
- Degree in Midwifery
- Masters in Midwifery
- Other (please specify)

3. Are you:-

- Band 5
- Band 6
- Band 7
- Band 8
- Other (please specify)

4. Please indicate your age group:-

- 21- 24
- 25 - 30
- 31 - 35
- 36 - 40
- 41 - 45
- 46 - 50
- 51 - 55
- 56 - 60
- 61 - 65
- 66 years plus
- Prefer not to say

5. And your gender:-

- Male
- Female
- Prefer not to say
- Other (please specify)

6. Please provide details of how many years you have been qualified as a Midwife:-

- 0 - 1 year
- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 - 25 years
- 26 years plus
- Other (please specify)

7. Did you:-

	Yes	No	Don't know
Receive information about the theory of waterbirth in your training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend women labouring in water or waterbirths as a Student Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive training as a qualified Midwife about waterbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a waterbirth as a qualified Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support a woman to labour in water as a qualified Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitate the birth of a placenta in water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments

8. To what extent are you satisfied with the following when you are delivering a baby during a water birth:-

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know
Maintenance of water temperature	<input type="radio"/>				
Physical stress on you	<input type="radio"/>				
Visibility of the perineum	<input type="radio"/>				
Knowledge around Perineal trauma	<input type="radio"/>				
Ability to estimate blood loss	<input type="radio"/>				
Aspiration of the newborn	<input type="radio"/>				
Hypothermia of the newborn	<input type="radio"/>				
Risk of Infection on the newborn	<input type="radio"/>				
Knowledge around shoulder dystocia in the pool	<input type="radio"/>				
Getting wet in the pool	<input type="radio"/>				
I feel equipped to undertake waterbirths	<input type="radio"/>				

If you are dissatisfied with any aspects, please provide us with further information and what additional help or support you require

9. To what extent do you understand the benefits to a mother during a water birth:-

	Fully understand	Partially understand	Don't really understand	Don't understand at all	Don't know
Relaxation for the mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased use of analgesia by mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive birth experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal relief from backpain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newborns are calmer/more peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quicker labour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower incidence of perineal trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased need for augmentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in maternal blood loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you do not understand any of the benefits, please provide us with further information and what additional help or support you require

10. Do you have any concerns when undertaking a water birth and is there anything you would like to change

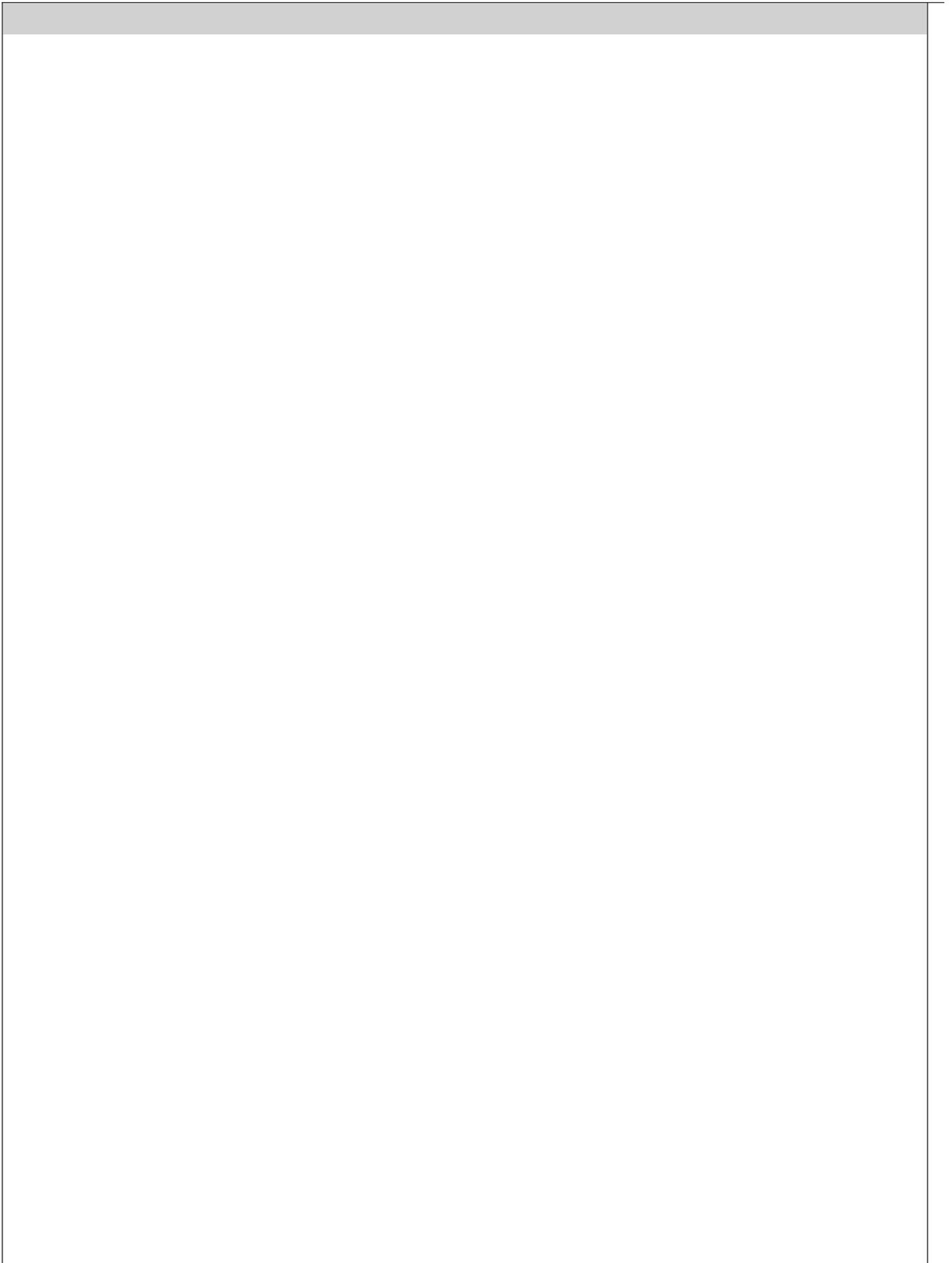
- No
- If yes, please tell us below and provide us with your suggestions on how this can be addressed

11. Would you be interested in attending a waterbirth study day?

- Yes
- No
- Don't know

Please provide any further comments

12. Your views are important to us. Please provide us with any additional comments, suggestions or expand on any of the answers you would like to make regarding Water Births



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.

*** 13. Gender**

- Male
- Female
- Prefer not to say

*** 14. Age**

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

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

- Yes
- No

16. Please select from the below list:

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

* 17. 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

* 18. 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)

* 19. Please indicate the option which best describes your sexual orientation

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

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

- Yes
- No
- Prefer not to say