

THE UK MATERNITY REPORT

2018

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TODAY, MUMS-TO-BE COULD BE FORGIVEN FOR THINKING THAT MOTHERHOOD IS MORE COMPLICATED THAN IT HAS EVER BEEN.

FROM EXPERIENCING PRESSURE TO BREASTFEED OR TO EVEN FOREGO PAIN RELIEF DURING BIRTH, TO CONFLICTING ADVICE ABOUT WHETHER OR NOT DRINKING ALCOHOL IS SAFE, MUMS-TO-BE OFTEN RECEIVE A WIDE RANGE OF DIFFERENT MESSAGES FROM A VARIETY OF SOURCES - FROM THE MEDIA, OTHER SOCIAL MEDIA USERS TO LOVED ONES AND EVEN IN THE STREET.

WHAT'S MORE, MODERN LIFE MEANS A WORLD OF UNQUALIFIED MEDICAL ADVICE ABOUT PREGNANCY AND BIRTH IS AVAILABLE AT THE TOUCH OF A BUTTON 24 HOURS A DAY, SEVEN DAYS A WEEK - WHICH, WHERE WORRIED MUMS-TO-BE WHO HAVE QUESTIONS ABOUT THEIR SYMPTOMS ARE CONCERNED, IS NOT NECESSARILY A GOOD THING, ESPECIALLY IF THEY CANNOT GET HOLD OF A MIDWIFE TO ANSWER THEIR NON-EMERGENCY QUESTIONS AND PROVIDE CONTEXT ON WHAT THEY HAVE READ.

TO LIFT THE LID ON HOW MUCH OF AN ISSUE MUMS-TO-BE REPORT THESE THINGS ARE AND REVEAL WHAT BEING PREGNANT WOMEN FACE TODAY, HERE AT PRIVATE MIDWIVES WE CARRIED OUT TWO SURVEYS, INCLUDING ONE OF 531 MOTHERS AND ONE OF 300 WOMEN WHO HAVE GIVEN BIRTH IN THE UK IN THE PAST FIVE YEARS*.

WE HOPE YOU FIND THE RESULTS AND LEARNINGS USEFUL AND INSIGHTFUL.

BEST WISHES,
EDUARD SPARKES, CEO AT PRIVATE MIDWIVES

*RESEARCH CARRIED OUT BY USURV DURING DECEMBER 2017 AND JANUARY 2018

02 PRIVATE MIDWIVES

PRIVATE MIDWIVES IS A CARE QUALITY COMMISSION REGISTERED AND REGULATED SERVICE WHICH CONNECTS EXPECTANT PARENTS WITH EXPERT MIDWIVES WHO PROVIDE ANTENATAL CARE, BIRTH CARE AND SUPPORT, AND POSTNATAL CARE AT TIMES AND LOCATIONS THAT WORK BEST FOR PARENTS-TO-BE.

FOUNDED IN 2012, THE RUNCORN-BASED BUSINESS HAS A NETWORK OF MIDWIVES ACROSS THE UK AND IRELAND, WHO ARE AVAILABLE TO PROVIDE TREATMENT AND ADVICE DURING APPOINTMENTS ARRANGED AT A TIME TO SUIT MOTHERS-TO-BE. IN-BETWEEN SCHEDULED APPOINTMENTS, EXPECTANT PARENTS CAN ALSO CONTACT THEIR MIDWIFE 24 HOURS A DAY, 365 DAYS PER YEAR FOR URGENT ADVICE.

ALL MIDWIVES ARE REGISTERED AND REGULATED BY EITHER THE NURSING AND MIDWIFERY COUNCIL (UK) OR THE NURSING AND MIDWIFERY BOARD OF IRELAND.

FOR MORE INFORMATION, VISIT US AT

WWW.PRIVATEMIDWIVES.COM





03 ANTENATAL

1 IN 4 (25%) SAID THEY SOMETIMES FOUND THEMSELVES WAKING UP AT NIGHT WORRYING ABOUT THEIR PREGNANCY

• PREGNANT WOMEN WERE MOST LIKELY TO FEEL ANXIOUS ABOUT THE POSSIBILITY OF MISCARRYING THEIR BABY, WITH ALMOST 1 IN 2 (48%) FINDING THEMSELVES WORRYING ABOUT THIS

• 96% WERE NOT COMFORTABLE WITH PEOPLE THEY DIDN'T KNOW TOUCHING THEIR BUMP, WHILE 69% ARE NOT COMFORTABLE WITH PEOPLE THEY DO KNOW DOING SO

• 31% SAID PEOPLE THEY KNEW SUCH AS FAMILY AND FRIENDS HAD TOUCHED THEIR BABY BUMP WITHOUT ASKING FIRST, WHILE 1 IN 5 (21%) EVEN EXPERIENCED THIS WITH PEOPLE THEY DIDN'T ACTUALLY KNOW, SUCH AS STRANGERS IN THE STREET, AND JUST 6% SAID STRANGERS HAD DONE THIS WITH THEIR PERMISSION

• ALMOST 1 IN 3 (31%) WERE KEEN TO HAVE MIDWIFE APPOINTMENTS AT THEIR HOME, OR AT A LOCATION THAT WAS CONVENIENT FOR THEM, AND 1 IN 4 (25%) PREFERRED THEM TO BE HELD OUTSIDE OF STANDARD WORKING HOURS OR AT THE WEEKEND

• MORE THAN 1 IN 4 (28%) SAID THEIR PARTNER HAD BEEN UNABLE TO ATTEND SOME OF THEIR MIDWIFE APPOINTMENTS AS THEIR WORK HAD NOT ALLOWED THEM TO, AND JUST 25% SAID THAT THEIR PARTNER HAD FELT AS INVOLVED IN THE PROCESS AS THEY HAD WISHED.

WOMEN'S EXPERIENCES OF INFORMATION RESOURCES

- 94% TURNED TO NON-MEDICALLY QUALIFIED SOURCES FOR NON-EMERGENCY INFORMATION AND ADVICE DURING PREGNANCY
- 89% CONSULTED THE INTERNET FOR NON-EMERGENCY HEALTH ADVICE OR INFORMATION ABOUT THEIR PREGNANCY
- ONLY 38% FELT THEY HAD A GOOD SUPPORT NETWORK OF FAMILY AND FRIENDS LIVING NEAR THEM DURING THEIR PREGNANCIES
- DURING THEIR PREGNANCIES, MUMS-TO-BE ARE MORE LIKELY (53%) TO TURN TO THE INTERNET FOR NON-EMERGENCY ADVICE OR INFORMATION OUTSIDE OF MIDWIFE APPOINTMENTS THAN ANYONE OR ANYTHING ELSE
- SEARCH ENGINE RESULTS (41%) AND ONLINE FORUMS SUCH AS GROUPS AND CHAT BOARDS (38%) ARE THE SOURCES MOST LIKELY TO PROVIDE INFORMATION ON PREGNANCY RELATED HEALTH TOPICS THAT LEADS TO GREATER WORRY FOR MUMS-TO-BE
- 79% RECEIVED UNWELCOME, UNSOLICITED ADVICE AND INFORMATION ABOUT THEIR PREGNANCIES FROM NON-MEDICAL PROFESSIONALS
- MOTHER-IN-LAWS WERE THE MOST LIKELY (29%) TO PROVIDE MUMS-TO-BE WITH UNPROMPTED, UNWELCOME ADVICE, CLOSELY FOLLOWED BY THEIR OWN MOTHERS (25%)
- 22% RECEIVED UNSOLICITED ADVICE FROM STRANGERS OR MEMBERS OF THE PUBLIC ABOUT THEIR HEALTH WHILE PREGNANT

04 BIRTH

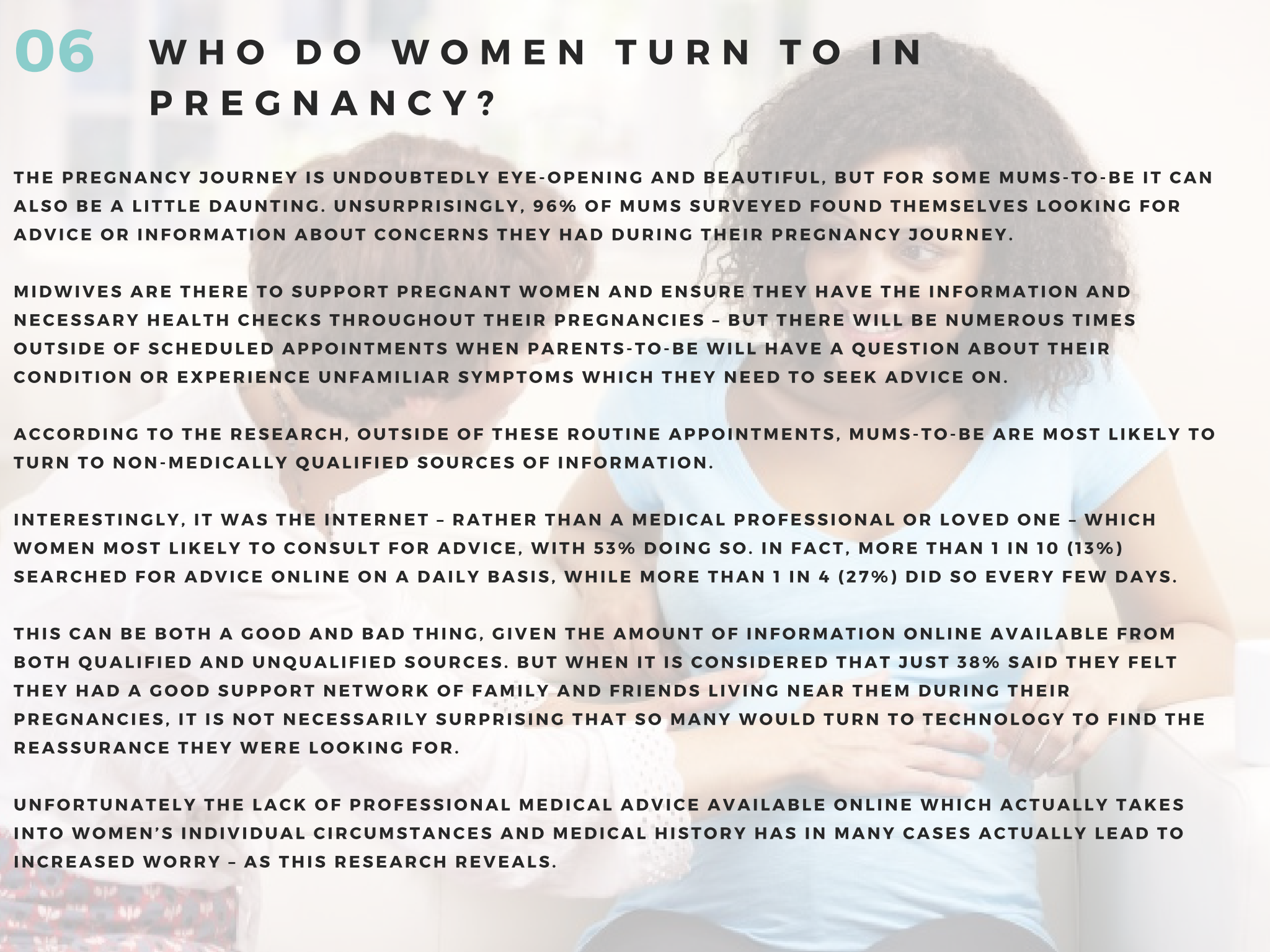
- 53% WOULD PREFER TO BE ATTENDED BY THE SAME MIDWIFE THROUGHOUT THE ENTIRE PREGNANCY JOURNEY
- 36% WOULD WELCOME THE OPPORTUNITY TO HAVE THEIR MIDWIFE STAY WITH THEM THROUGHOUT THEIR TIME IN LABOUR
- AND MORE THAN 1 IN 10 (12%) WOULD WELCOME THE OPPORTUNITY TO GIVE BIRTH IN THEIR OWN SURROUNDINGS, AT HOME



05 POSTNATAL AND BREASTFEEDING

- 41% OF THOSE SURVEYED CONFESSED THAT THEY HAD FOUND BREASTFEEDING HARDER OR SIGNIFICANTLY HARDER THAN THEY HAD BEEN EXPECTING





06 WHO DO WOMEN TURN TO IN PREGNANCY?

THE PREGNANCY JOURNEY IS UNDOUBTEDLY EYE-OPENING AND BEAUTIFUL, BUT FOR SOME MUMS-TO-BE IT CAN ALSO BE A LITTLE DAUNTING. UNSURPRISINGLY, 96% OF MUMS SURVEYED FOUND THEMSELVES LOOKING FOR ADVICE OR INFORMATION ABOUT CONCERNS THEY HAD DURING THEIR PREGNANCY JOURNEY.

MIDWIVES ARE THERE TO SUPPORT PREGNANT WOMEN AND ENSURE THEY HAVE THE INFORMATION AND NECESSARY HEALTH CHECKS THROUGHOUT THEIR PREGNANCIES - BUT THERE WILL BE NUMEROUS TIMES OUTSIDE OF SCHEDULED APPOINTMENTS WHEN PARENTS-TO-BE WILL HAVE A QUESTION ABOUT THEIR CONDITION OR EXPERIENCE UNFAMILIAR SYMPTOMS WHICH THEY NEED TO SEEK ADVICE ON.

ACCORDING TO THE RESEARCH, OUTSIDE OF THESE ROUTINE APPOINTMENTS, MUMS-TO-BE ARE MOST LIKELY TO TURN TO NON-MEDICALLY QUALIFIED SOURCES OF INFORMATION.

INTERESTINGLY, IT WAS THE INTERNET - RATHER THAN A MEDICAL PROFESSIONAL OR LOVED ONE - WHICH WOMEN MOST LIKELY TO CONSULT FOR ADVICE, WITH 53% DOING SO. IN FACT, MORE THAN 1 IN 10 (13%) SEARCHED FOR ADVICE ONLINE ON A DAILY BASIS, WHILE MORE THAN 1 IN 4 (27%) DID SO EVERY FEW DAYS.

THIS CAN BE BOTH A GOOD AND BAD THING, GIVEN THE AMOUNT OF INFORMATION ONLINE AVAILABLE FROM BOTH QUALIFIED AND UNQUALIFIED SOURCES. BUT WHEN IT IS CONSIDERED THAT JUST 38% SAID THEY FELT THEY HAD A GOOD SUPPORT NETWORK OF FAMILY AND FRIENDS LIVING NEAR THEM DURING THEIR PREGNANCIES, IT IS NOT NECESSARILY SURPRISING THAT SO MANY WOULD TURN TO TECHNOLOGY TO FIND THE REASSURANCE THEY WERE LOOKING FOR.

UNFORTUNATELY THE LACK OF PROFESSIONAL MEDICAL ADVICE AVAILABLE ONLINE WHICH ACTUALLY TAKES INTO WOMEN'S INDIVIDUAL CIRCUMSTANCES AND MEDICAL HISTORY HAS IN MANY CASES ACTUALLY LEAD TO INCREASED WORRY - AS THIS RESEARCH REVEALS.

06 WHO DO WOMEN TURN TO IN PREGNANCY?

INDEED, JUST 46% CONTACTED THEIR MIDWIFE OUTSIDE OF ROUTINE APPOINTMENTS TO ASK QUESTIONS OR CONSULT THEM FOR THEIR ADVICE, WHILE THE NON-EMERGENCY 111 MEDICAL TELEPHONE ADVICE SERVICE WAS CONSULTED BY JUST 14% - SUGGESTING MANY ARE NOT MAKING FULL USE OF THE PROFESSIONAL NON-EMERGENCY OPTIONS AVAILABLE TO THEM.

PREGNANCY IS A TIME WHEN WOMENS' SENSE OF SISTERHOOD CAN COME INTO ITS OWN - THE DATA SHOWS THAT MUMS' OWN SOCIAL NETWORKS ARE A KEY SOURCE OF SUPPORT DURING THE PREGNANCY JOURNEY, AS 1 IN 2 (50%) TURN TO FRIENDS WITH CHILDREN FOR ADVICE. AND WOMEN'S BONDS WITH THEIR OWN MOTHERS CAN ALSO BE STRENGTHENED - 46% TURN TO THEIR OWN MATERNAL FIGURES FOR ADVICE OR INFORMATION DURING THEIR PREGNANCIES. AND AS MANY AS 1 IN 4 (26%) WILL CONSULT OTHER FEMALE RELATIVES WHO HAVE HAD CHILDREN - SUCH AS SISTERS, COUSINS AND AUNTIES. OUTSIDE OF SCHEDULED MIDWIFE APPOINTMENTS, WHO/WHAT DID YOU TURN TO WHEN YOU HAD (NON-EMERGENCY) QUESTIONS OR WORRIES ABOUT YOUR PREGNANCY?

- THE INTERNET (E.G. GOOGLE) - 53%
- FRIENDS WITH CHILDREN - 50%
- MY MOTHER / FEMALE PARENT OR GUARDIAN - 46%
- MIDWIFE - 46%
- OTHER FEMALE RELATIVES WHO HAVE HAD CHILDREN (E.G. AUNTIE, COUSIN, SISTER, ETC.) - 26%
- THE NHS 111 TELEPHONE LINE - 14%
- MOTHER-IN-LAW - 13%
- MY GRANDMOTHER / MY FEMALE PARENT OR GUARDIAN'S MOTHER - 9%
- I DIDN'T TURN TO ANYONE WITH NON-EMERGENCY QUESTIONS OR WORRIES ABOUT MY PREGNANCY - 4%

07 THE WORLD AND HER MIDWIFE

CLEARLY, MUMS-TO-BE ALSO FIND THEMSELVES ON THE RECEIVING END OF UNSOLICITED ADVICE AND INFORMATION ABOUT THEIR PREGNANCIES FROM A WIDE RANGE OF SOURCES - IN FACT, ALMOST 3 IN 4 (79%) HAD EXPERIENCED THIS.

INTERESTINGLY, THE DATA REVEALED THAT IT IS IN FACT OVERENTHUSIASTIC, WELL-MEANING MOTHER FIGURES WHO WERE THE MOST LIKELY TO IMPART ADVICE AND INFORMATION WITHOUT ANY INDICATION OF THE MUM-TO-BE REQUIRING OR WANTING IT.

MOTHER-IN-LAWS WERE THE MOST LIKELY (29%) TO DO THIS, CLOSELY FOLLOWED BY MUMS-TO-BE'S OWN MOTHERS (25%).

SURPRISINGLY, PREGNANT WOMEN REPORTED THAT STRANGERS OR MEMBERS OF THE PUBLIC WHO THEY DIDN'T ACTUALLY KNOW CAME IN THIRD PLACE, WITH JUST UNDER 1 IN 4 (22%) REPORTING THIS.

AND IN FACT STRANGERS WERE MORE LIKELY TO DO THIS THAN EVEN THE BABY'S FATHER, WHOM JUST 1 IN 5 (20%) SAID WERE GUILTY OF VOLUNTEERING UNWARRANTED INFORMATION AND TIPS. THIS IS DESPITE THE FACT THAT ALMOST ALL (92%) RESPONDENTS SAID THEY DID NOT WELCOME ADVICE FROM STRANGERS ON THEIR PREGNANCIES.

WELL-MEANING FRIENDS (17%) COMPLETED THE TOP FIVE TYPES OF PEOPLE WHO MUMS-TO-BE HAD RECEIVED UNSOLICITED ADVICE FROM.

IN THE MAJORITY OF CASES, MUMS RECEIVE ADVICE ON SIMPLE THINGS SUCH AS WHAT TO EAT (43%) DURING PREGNANCY. BUT IF INCORRECT ADVICE IS GIVEN, EVEN SOMETHING AS SIMPLE AS THIS CAN BE HARMFUL.

07 THE WORLD AND HER MIDWIFE

MOST COMMONLY, THIS UNWANTED ADVICE AND INFORMATION FOCUSES ON SUBJECTS SPECIFICALLY RELATING TO THE MOTHER'S EXPERIENCE OF BIRTH.

MORE THAN 1 IN 3 REPORT HAVING BEEN GIVEN ADVICE ABOUT PAIN RELIEF DURING LABOUR. THANKFULLY, THE DISPENSING OF THIS IS CAREFULLY REGULATED DURING THE BIRTH AND WOMEN WILL HAVE TO CONSULT A MEDICAL PROFESSIONAL BEFORE RECEIVING ANY SUCH RELIEF - BUT WHERE CONVERSATIONS TURN TO WHETHER OR NOT TO HAVE PAIN RELIEF WHATSOEVER, THIS CAN PUT PRESSURE ON MUMS, WHEN REALLY IT SHOULD BE A HIGHLY PERSONAL CHOICE.

CONTROVERSIALLY, ALMOST THE SAME NUMBER (32%) EVEN REPORTED HAVING BEEN INVOLVED IN UNSOLICITED CONVERSATIONS ABOUT THEIR WEIGHT GAIN DURING PREGNANCY - WHICH CAN BE A SENSITIVE SUBJECT FOR MANY.

BUT IT WASN'T ALL CONTROVERSIES - THE SUBJECT OF THE SEX OF THEIR BABY CAME UP FOR THE SAME PROPORTION OF MUMS SURVEYED (32%).

BIRTH CHOICES - SUCH AS WHETHER TO HAVE A HOME OR HOSPITAL BIRTH - WAS SOMETHING 1 IN 4 (26%) REPORTED HAVING HAD BROUGHT UP BY A LOVED ONE OR STRANGER UNPROMPTED.

07 THE WORLD AND HER MIDWIFE

WHICH OF THE FOLLOWING TYPES OF INDIVIDUALS PROVIDED UNWELCOME UNSOLICITED ADVICE OR INFORMATION DURING YOUR PREGNANCY OR IN THE IMMEDIATE AFTERMATH OF BIRTH?

1. MOTHER-IN-LAW - 29%
2. MY MOTHER - 25%
3. STRANGERS - 22%
4. THE BABY'S FATHER - 20%
5. FRIENDS - 17%

WHAT TYPE OF THINGS RELATING TO YOU AND YOUR PREGNANCY DID PEOPLE (BOTH STRANGERS AND LOVED ONES) GIVE YOU ADVICE ABOUT? (SELECT ALL THAT APPLY)

1. WHAT TO EAT - 43%
2. PAIN RELIEF DURING LABOUR - 36%
3. WEIGHT GAIN - 32%
4. THE SEX OF THE BABY - 32%
5. BIRTH CHOICES (E.G. HOME, HOSPITAL OR BIRTH) - 26%
6. MOOD SWINGS - 18%

08 DR GOOGLE ISN'T ALWAYS HELPFUL

WHILE THE INTERNET IS UNDOUBTEDLY INVALUABLE, HAVING A WEALTH OF HEALTH ADVICE AT YOUR FINGERTIPS IS PERHAPS NOT AS HELPFUL AS IT MAY FIRST SOUND. IN FACT, SEARCH ENGINE RESULTS (41%) AND ONLINE FORUMS SUCH AS GROUPS AND CHAT BOARDS (38%) ARE THE SOURCES WHICH ARE MOST LIKELY TO PROVIDE INFORMATION ON PREGNANCY HEALTH WHICH CAUSES MUMS-TO-BE FURTHER WORRY.

IN THE ABSENCE OF CONTEXT AND A REAL LIFE HUMANBEING WHO IS ABLE TO CONSIDER INDIVIDUALS' MEDICAL HISTORIES AND INDIVIDUAL CIRCUMSTANCES, THE INFORMATION ONLINE CAN PROVE BOTH CONFUSING AND WORRYING. AND IN SOME CASES, IT MAY EVEN BE INACCURATE.

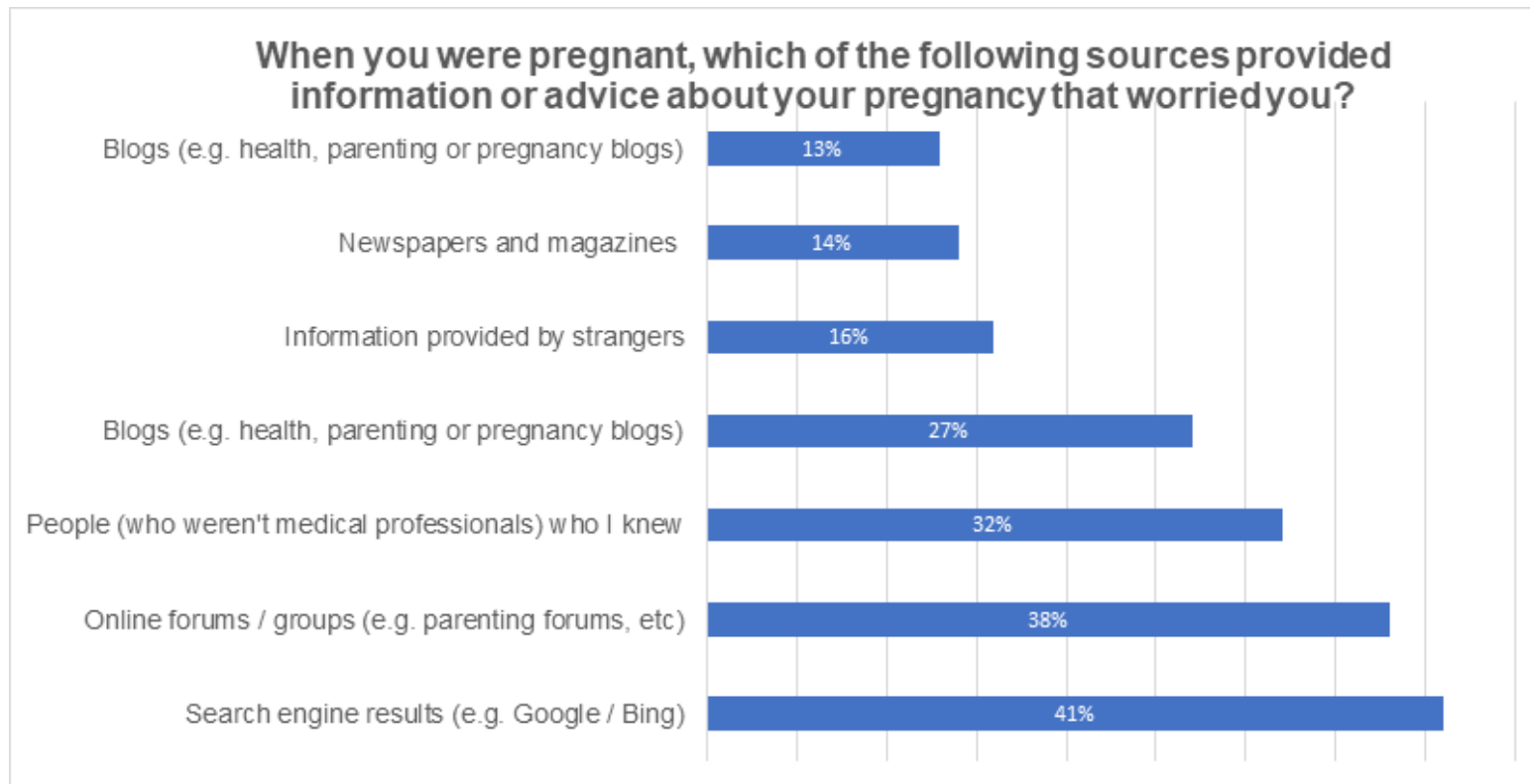
WELL-MEANING LOVED ONES (32%), SUCH AS FAMILY MEMBERS, COLLEAGUES AND FRIENDS, WERE ALSO GUILTY OF PROVIDING INFORMATION WHICH CAN LEAD TO GREATER WORRY FOR PREGNANT WOMEN.

INFORMATION PROVIDED BY STRANGERS (WHO WERE NOT MEDICAL PROFESSIONALS) WAS A CAUSE OF CONCERN FOR 16%.

MEDIA OUTLETS SUCH AS NEWSPAPERS AND MAGAZINES (14%) AND BLOGS (SUCH AS PREGNANCY AND MUMMY BLOGS) LED TO MORE WORRY FOR 13% OF MUMS SURVEYED.

THE YOUNGEST DEMOGRAPHICS OF MUMS SURVEYED WITHIN THE RESEARCH (18 - 24 YEARS OLD) WERE THE MOST LIKELY TO DISCOVER INFORMATION AND ADVICE ONLINE ABOUT THEIR PREGNANCIES WHICH CAUSED THEM CONCERN, WITH RESULTS ON SEARCH ENGINES SUCH AS GOOGLE AND BING (55%) BEING THE MOST LIKELY TO CAUSE ANXIETY FOR THIS AGE GROUP, CLOSELY FOLLOWED BY OTHER SOCIAL MEDIA USERS (43%), ONLINE FORUMS AND GROUPS (36%) AND BLOGS (27%).





09 COMMON PREGNANCY WORRIES

ALMOST ALL OF THE MUMS SURVEYED IN OUR RESEARCH (90%) EXPERIENCED ANXIETY AND WORRY DURING THEIR PREGNANCIES. IN FACT, JUST 10% OF THOSE SURVEYED SAID THEIR PREGNANCY WAS COMPLETELY ANXIETY-FREE.

INDEED, MORE THAN 1 IN 4 (26%) SAID THEY SOMETIMES FOUND THEMSELVES WAKING UP AT NIGHT WORRYING.

AND 1 IN 10 (11%) WENT AS FAR AS TO SAY THEY ACTUALLY FELL ILL AS A RESULT OF THE ANXIETY THEY EXPERIENCED WHILE CARRYING THEIR BABY.

PREGNANT WOMEN WERE MOST LIKELY TO FEEL ANXIOUS ABOUT THE POSSIBILITY OF MISCARRYING THEIR BABY, WITH ALMOST 1 IN 2 (48%) FINDING THEMSELVES WORRYING ABOUT THIS.

ACTUALLY GOING INTO LABOUR AND GIVING BIRTH WAS A CONCERN FOR NEARLY THE SAME NUMBER (44%).

AND THE POSSIBILITY OF HAVING A STILLBIRTH PLAYED ON THE MINDS OF MORE THAN 1 IN 3 (35%).

EXPERIENCING MATERNAL COMPLICATIONS DURING BIRTH WAS A WORRY FOR 28%, WHILE 27% WERE CONCERNED ABOUT THE POSSIBLE COMPLICATIONS THEIR BABY COULD EXPERIENCE DURING THE BIRTHING PROCESS.



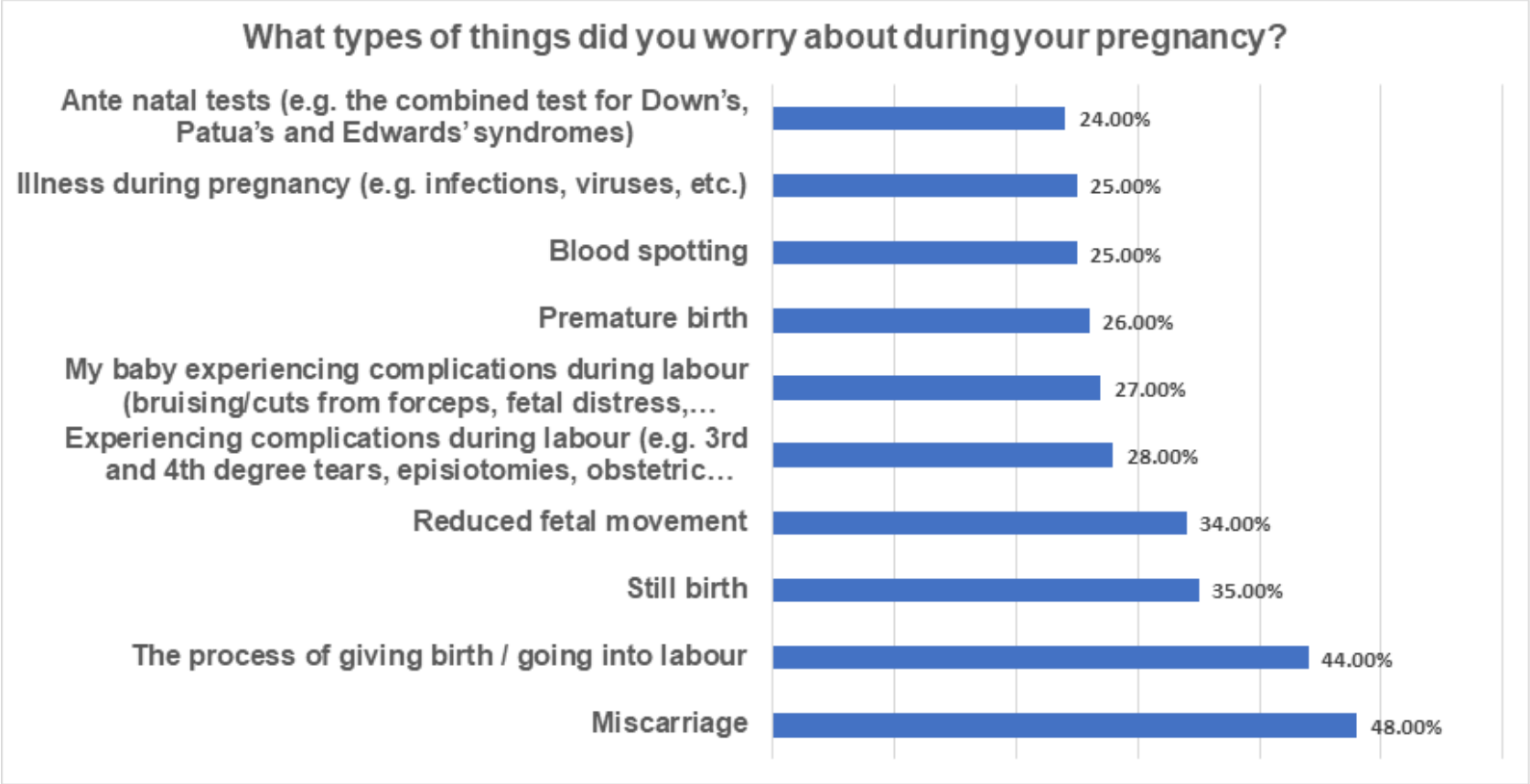
09 COMMON PREGNANCY WORRIES

WHAT TYPES OF THINGS DID YOU WORRY ABOUT DURING YOUR PREGNANCY?

1. MISCARRIAGE (48%)
2. THE PROCESS OF GIVING BIRTH / GOING INTO LABOUR (44%)
3. STILLBIRTH (35%)
4. REDUCED FOETAL MOVEMENT (34%)
5. COMPLICATIONS DURING BIRTH E.G. (28%)
6. MY BABY EXPERIENCING COMPLICATIONS DURING BIRTH (27%)
7. PREMATURE BIRTH (26%)
8. ILLNESS DURING PREGNANCY / BLOOD SPOTTING (BOTH 25%)
9. ANTE NATAL TESTS (24%)
10. BIRTH DEFORMITIES (23%)



09 COMMON PREGNANCY WORRIES



10 YOUNGER MOTHERS

YOUNGER MUMS ARE MORE LIKELY THAN ANY OTHERS TO RECEIVE ADVICE FROM NON-MEDICALLY QUALIFIED SOURCES

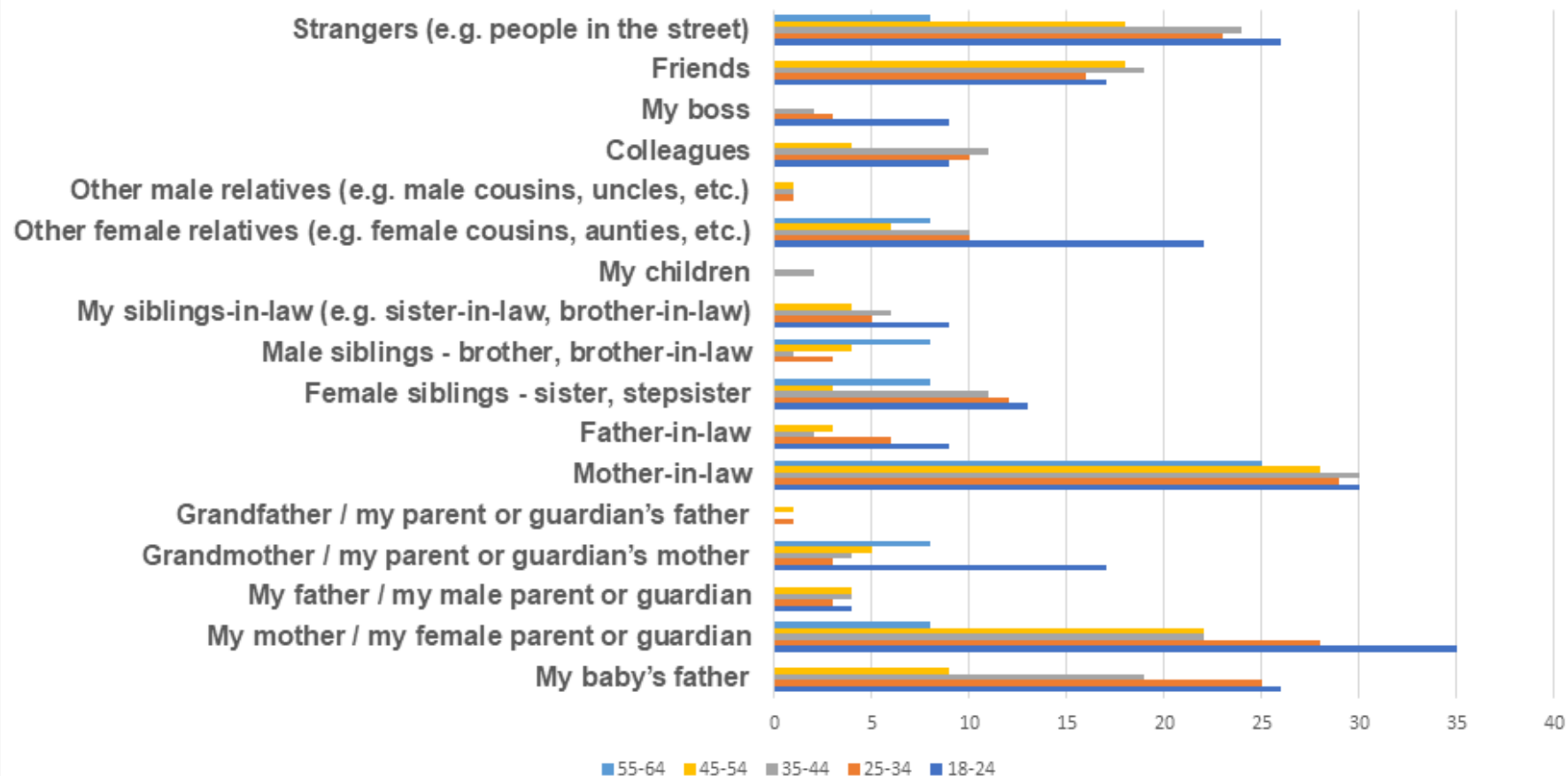
MUMS IN THE YOUNGEST AGE BRACKET SURVEYED (18 - 24 YEARS OLD) WERE OVERWHELMINGLY MORE LIKELY TO RECEIVE ADVICE AND INFORMATION ABOUT THEIR PREGNANCIES FROM PEOPLE WHO WERE NOT MEDICAL QUALIFIED TO SUPPLY IT.

INDEED, THIS AGE GROUP WAS THE MOST LIKELY TO RECEIVE UNSOLICITED ADVICE FROM THOSE WHOM THEY DID NOT ACTUALLY KNOW (26%).

AND WHILE THIS COULD IN PART BE DOWN TO SEEMING MORE APPROACHABLE - AS THIS AGE GROUP WAS MORE LIKELY THAN ANY OTHER TO WELCOME ADVICE FROM THOSE THEY KNEW (65%) AND MEMBERS OF THE PUBLIC (26%) - IT IS STILL CONCERNING THAT THE YOUNGEST DEMOGRAPHIC OF MUMS ARE THE MOST LIKELY TO RECEIVE UNQUALIFIED MEDICAL ADVICE.



Thinking about the people who provided you with advice or information during your pregnancy or in the immediate aftermath of birth, which of the following types of individuals provided unwelcome unsolicited advice or information? (By age)



LOOK, BUT DON'T TOUCH

AS WELL AS UNSOLICITED ADVICE AND INFORMATION ON THEIR PREGNANCIES AND UNBORN CHILDREN, MANY WOMEN FIND THEMSELVES ON THE RECEIVING END OF UNWANTED PHYSICAL CONTACT FROM WELL-MEANING MEMBERS OF THE PUBLIC. CLEARLY, THE EXCITEMENT OF PREGNANCY CAN BE INFECTIOUS, WITH MANY UNABLE TO CONTAIN THEIR ENTHUSIASM AND INTEREST.

IN MANY CASES, THIS HAPPENS WITHOUT THEIR CONSENT. ALMOST 1 IN 3 (31%) SAID THAT THIS WAS THE CASE EVEN WITH PEOPLE THEY KNEW - SUCH AS FAMILY AND FRIENDS - WHO HAD TOUCHED THEIR BABY BUMP WITHOUT ASKING FIRST.

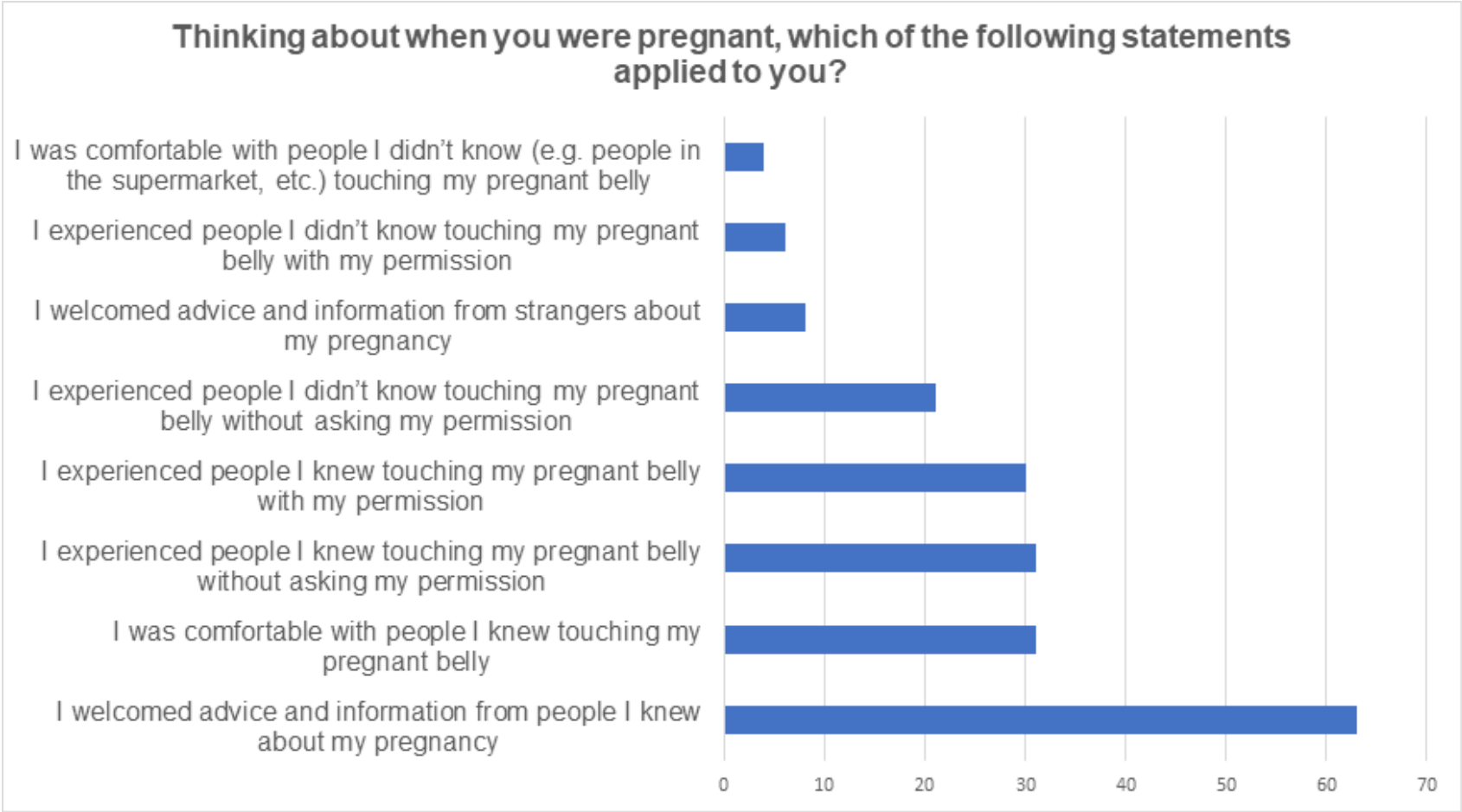
1 IN 5 (21%) EVEN EXPERIENCED THIS WITH PEOPLE THEY DIDN'T ACTUALLY KNOW, SUCH AS STRANGERS IN THE STREET. AND IN FACT, THEY WERE FAR MORE LIKELY TO DO THIS WITHOUT CONSENT THAN WITH - JUST 6% SAID MEMBERS OF THE PUBLIC HAD DONE THIS WITH THEIR PERMISSION.

THIS IS DESPITE THE FACT THAT AN OVERWHELMING MAJORITY - 96% - SAID THAT THEY WERE NOT COMFORTABLE WITH PEOPLE THEY DIDN'T KNOW TOUCHING THEIR BUMP.

INDEED, 3 IN 4 (69%) ARE NOT COMFORTABLE WITH PEOPLE THEY DO KNOW DOING SO - SUGGESTING, FOR MANY, THIS IS UNWELCOME BEHAVIOUR REGARDLESS OF WHO IT IS.



LOOK, BUT DON'T TOUCH



AS THIS RESEARCH SUPPORTS THE THEORY THAT THE ACCESS TO PROFESSIONAL MEDICAL ADVICE WOMEN RECEIVE DURING THEIR PREGNANCIES IS CRUCIAL. MIDWIFE APPOINTMENTS ALLOW WOMEN TO VOICE ANY CONCERNS OR WORRIES THEY HAVE ABOUT THEIR CONDITION AND RECEIVE QUALIFIED ADVICE AND INFORMATION.

WHAT THIS RESEARCH HAS ALSO SHOWN IS THAT WOMEN PREFER A MORE TRADITIONAL, PERSONAL STYLE OF MIDWIFERY - IN WHICH THEY ARE ATTENDED BY THE SAME MIDWIFE THROUGHOUT THE ENTIRETY OF THEIR PREGNANCY JOURNEY, AND HAVE THEIR ROUTINE APPOINTMENTS IN THEIR OWN HOMES.

INDEED, WHEN ASKED ABOUT THE TYPES OF SERVICES THEY WOULD PREFER TO BE OFFERED BY THEIR MIDWIFE, HAVING CONTINUITY OF CARE AND BEING ATTENDED BY THE SAME MIDWIFE THROUGHOUT THE ENTIRE PREGNANCY JOURNEY - FROM EARLY STAGES OF PREGNANCY, DURING LABOUR AND THROUGH TO THE POST-NATAL PERIOD - WAS THE MOST POPULAR PRIORITY, WITH MORE THAN 1 IN 2 (53%) SAYING THEY WOULD PREFER THIS.

MEANWHILE, 36% SAID THEY WOULD WELCOME THE OPPORTUNITY TO HAVE THEIR MIDWIFE STAY WITH THEM THROUGHOUT THEIR TIME IN LABOUR.

GREATER CONVENIENCE OF APPOINTMENTS WAS ALSO POPULAR, WITH ALMOST 1 IN 3 (31%) BEING KEEN TO HAVE MIDWIFERY APPOINTMENTS AT THEIR HOME, OR AT A LOCATION THAT WAS CONVENIENT FOR THEM, AND 1 IN 4 (25%) PREFERRING THEM TO BE HELD OUTSIDE OF THE WORKING DAY SUCH AS OUTSIDE OF STANDARD WORKING HOURS OR AT THE WEEKEND.

THIS IS PERHAPS NOT SURPRISING WHEN IT IS CONSIDERED THAT MORE THAN 1 IN 4 (28%) SAID THEIR PARTNER HAD BEEN UNABLE TO ATTEND SOME OF THEIR MIDWIFE APPOINTMENTS AS THEIR WORK HAD NOT ALLOWED THEM TO, AND JUST 25% SAID THAT THEIR PARTNER HAD FELT AS INVOLVED IN THE PROCESS AS THEY HAD WISHED.

IF YOU COULD, WHICH OF THE FOLLOWING CHOICES WOULD YOU PREFER TO BE OFFERED FOR BIRTH AND MIDWIFERY APPOINTMENTS (E.G. ANTENATAL APPOINTMENTS, POSTNATAL APPOINTMENTS, ETC)?

- 1. TO BE ATTENDED BY THE SAME MIDWIFE THROUGHOUT MY PREGNANCY, LABOUR AND DURING POST-NATAL APPOINTMENTS - 53%**
- 2. A MIDWIFE WHO WOULD STAY WITH ME THROUGHOUT MY LABOUR - 36%**
- 3. MIDWIFE APPOINTMENTS AT MY HOME OR SOMEWHERE CONVENIENT FOR ME - 31%**
- 4. MIDWIFE APPOINTMENTS OUTSIDE OF THE WORKING DAY (E.G. AFTER 5.30PM, AT THE WEEKEND, ETC) - 25%**
- 5. HOME BIRTH - 12%**

WHICH OF THE FOLLOWING TYPES OF INDIVIDUALS PROVIDED UNWELCOME UNSOLICITED ADVICE OR INFORMATION DURING YOUR PREGNANCY OR IN THE IMMEDIATE AFTERMATH OF BIRTH?

- 1. MOTHER-IN-LAW - 29%**
- 2. MY MOTHER - 25%**
- 3. STRANGERS - 22%**
- 4. THE BABY'S FATHER - 20%**
- 5. FRIENDS - 17%**



13 BREASTFEEDING BRITAIN

WHILE THE VAST MAJORITY (81%) OF MUMS POLLED HAD ATTEMPTED TO BREASTFEED (41%) OF THOSE SURVEYED CONFESSED THAT THEY HAD FOUND IT HARDER OR SIGNIFICANTLY MORE DIFFICULT THAN THEY HAD BEEN EXPECTING.

IN FACT, MORE THAN 1 IN 10 (11%) SAID THEY HAD TRIED TO DO SO BUT HAD NOT BEEN ABLE TO, AND 1 IN 6 (17%) SAID THEY BREASTFED FOR A SHORT PERIOD OF TIME BEFORE SWAPPING TO BOTTLE FEEDING, AS THEY HAD FOUND IT TOO DIFFICULT.

WORRYINGLY, SOME WOMEN ALSO EXPERIENCED PRESSURE FROM THOSE AROUND THEM TO BREASTFEED. 5% SAID THAT THEIR LOVED ONES HAD MADE THEM FEEL PRESSURE TO DO SO - WHILE ALMOST 1 IN 6 (15%) HAD PERCEIVED PRESSURE TO BREASTFEED COMING FROM SOCIETY AS A WHOLE.

SHOCKINGLY, RESPONDENTS WERE MOST LIKELY TO REPORT HAVING EXPERIENCED PRESSURE TO BREASTFEED FROM THE VERY PEOPLE WHO ARE TASKED WITH LOOKING OUT FOR THEIR PHYSICAL AND MENTAL WELLBEING - MEDICAL PROFESSIONALS. IN FACT, 1 IN 5 WOMEN REPORTED HAVING EXPERIENCED THIS.

13 BREASTFEEDING BRITAIN

IT IS THEREFORE NOT SURPRISING THAT MANY MUMS REPORT HAVING STRUGGLED EMOTIONALLY WITH BREASTFEEDING.

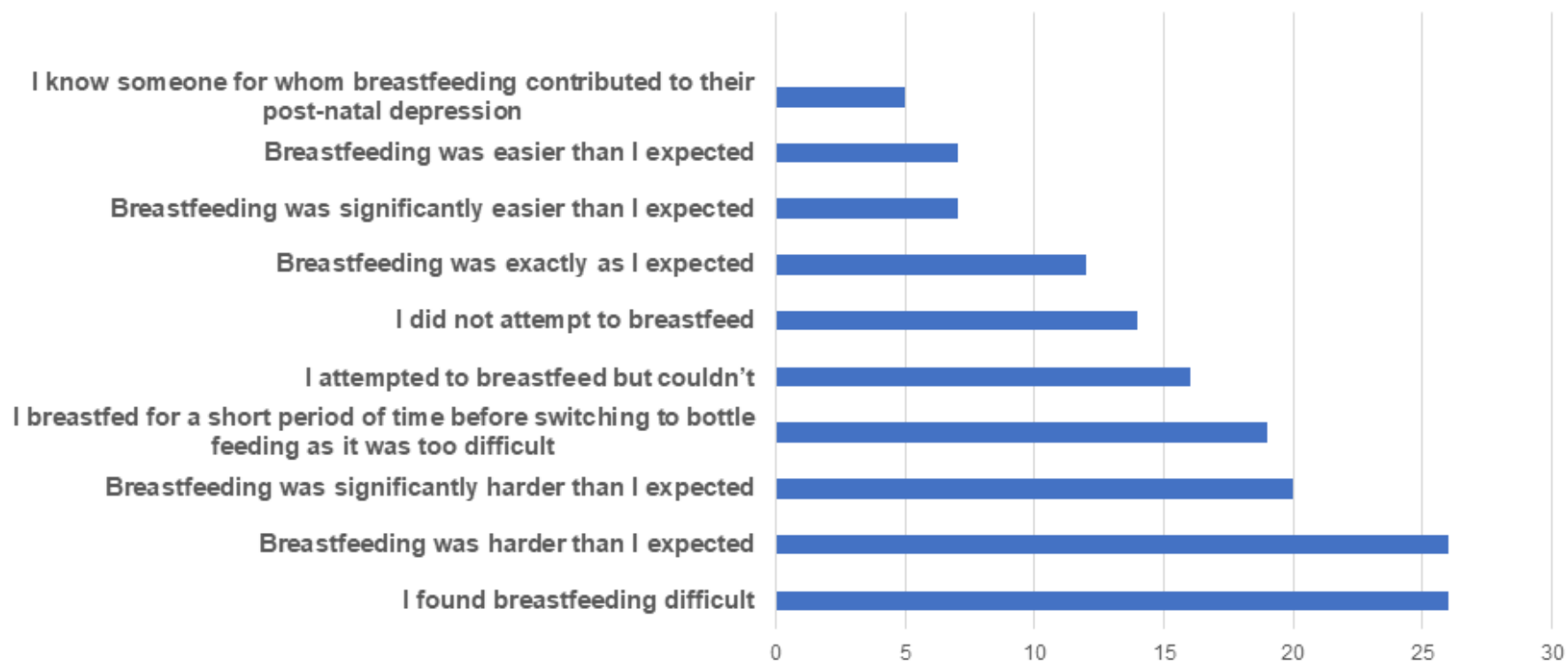
INDEED, ALMOST 1 IN 10 (8%) OF THOSE WHO SAID THEY COULD NOT BREASTFEED HAD FOUND IT HAD AFFECTED THEIR MENTAL HEALTH, LEADING TO FEELINGS OF STRESS OR EVEN DEPRESSION.

HEARTBREAKINGLY, ALMOST 1 IN 6 (14%) CONFESSED THAT THEY HAD FELT LIKE A BAD MOTHER BECAUSE THEY HAD NOT BEEN ABLE TO BREAST FEED THEIR BABY. A SLIGHTLY HIGHER NUMBER - 16% - ADMITTED THAT THEY HAD FELT LIKE A FAILURE AS A RESULT. 6% EVEN REPORTED KNOWING SOMEONE WITH POST-NATAL DEPRESSION WHICH THEY BELIEVED BREASTFEEDING HAD PLAYED A PART IN.

CLEARLY, THERE IS A NEED FOR MUMS TO BE OFFERED THE OPPORTUNITY TO RECEIVE A GREATER LEVEL OF PROFESSIONAL SUPPORT WITH BREASTFEEDING. THERE IS A CLEAR NEED WITHIN SOCIETY AS A WHOLE FOR A GREATER LEVEL OF RESPECT FOR WOMEN'S PERSONAL CHOICES WHEN IT COMES TO BREASTFEEDING, WHETHER THEY CHOOSE TO FEED USING BREAST, BOTTLE OR BOTH.

13 BREASTFEEDING BRITAIN

If you have attempted to breastfeed, please select all of the following statements that apply:



CLEARLY, THE PREGNANCY JOURNEY CAN NOT ONLY BE A BEAUTIFUL AND INCREDIBLY SPECIAL TIME, BUT ALSO ONE IN WHICH WOMEN EXPERIENCE PRESSURE AND ANXIETY ABOUT A WIDE RANGE OF SUBJECTS - FROM BIRTH CHOICES TO BREASTFEEDING AND EPIDURALS TO EXERCISE.

IN MANY INSTANCES, THE INTERACTIONS WHICH LEAD TO THIS ARE WELL-MEANING, BUT UNWELCOME, AND MANY WOMEN EXPERIENCE BOUNDARIES - BOTH PHYSICAL AND CONVERSATIONAL - BEING FORGOTTEN AS BOTH LOVED ONES AND STRANGERS ALIKE GET SWEEPED UP IN THE INFECTIOUS EXCITEMENT OF THIS SPECIAL TIME.

BUT MANY WILL FORGET HOW BIG AN IMPACT THIS CAN HAVE, AND MANY WOMEN REPORT THAT BOTH THE PRESSURE AND IMPARTED INFORMATION AND ADVICE THEY EITHER STUMBLED UPON ONLINE OR RECEIVED FROM A WELL-MEANING LOVED ONE CAN ACTUALLY LEAD TO THEM EXPERIENCING WORRY, STRESS OR EVEN DEPRESSION.

WHAT'S MORE, MANY EXPERIENCED ISOLATION DURING THEIR PREGNANCIES - EITHER DUE TO PARTNERS NOT BEING ALLOWED TO TAKE TIME OUT OF WORK TO ATTEND ALL OF THEIR MIDWIFERY APPOINTMENTS, OR DUE TO NOT HAVING A SUPPORT NETWORK LIVING CLOSE BY.

WITH THIS IN MIND, IT HAS NEVER BEEN MORE IMPORTANT FOR WOMEN TO HAVE ACCESS TO A QUALIFIED, EXPERIENCED MEDICAL PROFESSIONAL WHEN THEY NEED IT, INCLUDING IN NON-EMERGENCY SITUATIONS.

WHETHER IT'S TO HELP THEM COPE IN THE FACE OF THIS PRESSURE, PROVIDE REASSURANCE AND CONTEXT FOR INFORMATION THEY HAVE FOUND ONLINE OR TO PROVIDE A PROFESSIONAL DIAGNOSIS OF THEIR SYMPTOMS, THE ROLE OF THE MIDWIFE HAS NEVER BEEN MORE IMPORTANT.

THIS RESEARCH HAS SHOWN THAT WOMEN PREFER A MORE TRADITIONAL, PERSONAL STYLE OF MIDWIFERY - IN WHICH THEY ARE ATTENDED BY THE SAME MIDWIFE THROUGHOUT THE ENTIRETY OF THEIR PREGNANCY JOURNEY, WITH ROUTINE APPOINTMENTS IN THEIR OWN HOMES AND CONTINUITY OF CARE BY THEIR MIDWIFE STAYING WITH THEM THROUGHOUT THEIR TIME IN LABOUR BOTH AT HOME AND IN HOSPITAL.

FOR MORE INFORMATION AND TO CREATE A TAILORED PACKAGE OF CARE OR BOOK INDIVIDUAL APPOINTMENTS, VISIT
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