Abstract

Background: There are many studies of women's experiences of care during the postnatal period, however little is known about women's expectations of postnatal care.

Objective: This study explores first-time pregnant women's expectations, both ideal and real life, of postnatal care in England.

Design: a descriptive, cross-sectional online survey design was used**.** The questionnaire took approximately 10 minutes to complete and was developed specifically for this survey. It included an informed consent section, socio-demographic questions and closed tick-box questions on where they had received information on postnatal care, and real and ideal expectations of postnatal care in hospital/birth centre and at home.

Setting: The survey was hosted on the National Perinatal Epidemiology Unit website and advertised through a number of third sector and commercial organisations in 2017.

Participants: Women who were pregnant, had not given birth before, were aged 16 years and over, and living in England were eligible to participate.

Analysis: Survey data were analysed using descriptive statistics and, where appropriate, chi square test using SPSS Version 23. Data from open ended questions were analysed by two researchers separately then codes and themes were discussed until consensus was reached.

Results: 283 women responded to the survey of whom 200 were eligible and included in the analysis. Most had received information on postnatal care from multiple sources, with pregnancy classes and midwives being most common. Most expected to stay one day or less in hospital or birth centre after normal delivery. Real life expectations were lower than ideal expectations, and hospital/birth centre real life expectations were higher than home real life expectations for physical health advice/checks and information/help with feeding. Categories developed from the open text answers were 'Respect, compassion and individualised care at a vulnerable time', 'The ward environment', 'Feeling ready for hospital discharge' and 'Help to find support in the community'.

Key conclusions: Women in this survey had high ideal world expectations of their postnatal care but in real life expected more focus on checking on their health and that of their baby and on giving information about the new challenges of how to breastfeed and look after a baby. While women valued checks of their health and that of their baby, ideally they wanted easy access to reassurance that they were feeding and looking after their baby well, that they were 'doing it right', and that what was happening to them was normal.

Implications for practice: As well as the necessary checks in the immediate postpartum period, consideration also needs to be given to the best way to meet the informational and support needs of women to optimise their wellbeing and transition to parenthood. A number of resources are used by women that could be enhanced to inform expectations of postnatal care and to provide valuable information to support their postnatal care.

Introduction

Postnatal care provides an important opportunity to optimise maternal health and wellbeing, support the transition to parenthood and to promote good family health. In the UK, this is recognised in the NICE Guideline on Postnatal Care (NICE 2006) with individualised postnatal care being recommended to ensure that information and support are offered to women and their families at the appropriate time. The Royal College of Midwives has expressed concerns that content and timing of postnatal care is not meeting women's healthcare needs (RCM 2014). The need to invest in postnatal care has also been highlighted by women's responses to English national surveys, with postnatal care being the aspect of care most commonly criticised by women (Redshaw et al. 2007; Redshaw and Heikkila 2010; Redshaw and Henderson 2015; Henderson and Redshaw 2017) and this finding is not unique to England (Alderdice et al. 2016; Hennegan, Kruske, and Redshaw 2014).

A recent review of women's expectations and experiences of hospital postnatal care found little information on women's expectations (Malouf, Henderson, and Alderdice 2019) . Where women's expectations have been reported, these have tended to be based on retrospective questions or inferred from the ways in which they are dissatisfied with postnatal care (Beake et al. 2010b; Beake et al. 2010; Bick et al. 2012; Fawcett 2016; Jomeen and Redshaw 2013). The reliability of these methods of identifying expectations has, however, been challenged (Eaves et al. 2014; Thompson and Sunol 1995; Scott and Alwin 1998). Consequently, it is unclear whether the lower satisfaction with postnatal care reported in national surveys, in comparison to antenatal or intrapartum care, is related to unmet expectations, poor experience during or after birth, the emotional or physical well-being of the women reporting their experiences, or some other factor.

The ability of health care providers to meet population expectations is one of the indicators of system functioning (Kravitz 1996). The significance of expectations is often framed in terms of the extent to which they affect subsequent satisfaction with care (Bowling and Rowe 2014; Thompson

and Sunol 1995). In the broader health literature, expectations are considered to have affective and cognitive components (Bowling and Rowe 2014). They have been divided into 'real' expectations (what the patient anticipates will actually happen) and 'ideal' expectations (what they would like to happen) (Freidson 1961). Research on experiences of care suggests that there may be subgroups of women who have different expectations of care. For example, women from Black and ethnic minority groups generally have poorer experiences of maternity care than White women and in some cases may have expected more support from staff, particularly with breastfeeding. (McFadden, Renfrew, and Atkin 2013; Puthussery et al. 2010; Henderson, Gao, and Redshaw 2013). There is also some evidence that women reporting poorer general health felt less informed about the need for checks on their postnatal emotional and physical recovery (Cheyne et al. 2019; Hennegan, Kruske, and Redshaw 2014). Hennegan et al (2014) also found that having limited access to services because of rurality impacts on experience of care. Each of these factors may also impact on expectations of postnatal care because of their pervasive influence but research is lacking within maternity care and more broadly (Crow et al. 2003).

Previous work on postnatal care has not distinguished clearly between these different types of expectations or adequately examined factors that may influence expectations, in particular being a first time mothers. Mothers who have already had a baby are likely to have their real expectations of postnatal care shaped by their own previous experience, whereas first time mothers are reliant on external sources of information to generate real expectations. To understand first time mothers' expectations of postnatal care, it is therefore important to explore both ideal and real life expectations during pregnancy, as well as the sources of information that shape their expectations. This paper reports on an online survey that is part of a programme of work on postnatal care, including a large longitudinal qualitative study of first time mothers' expectations and experiences, which will be reported separately.

The aim of this study was to explore primiparous pregnant women's expectations of postnatal care. The research questions were:

1. What do women who are pregnant for the first time ideally want from their postnatal care?
2. Is this different from what they expect to receive in real life?
3. Are there subgroups of women who have different expectations of postnatal care?
4. Who provides information on postnatal care to women during pregnancy?

Methods

Design: A short descriptive, cross-sectional online survey design was used to explore pregnant women's expectations of postnatal care. This was hosted on the NPEU website and advertised through a number of third sector and commercial organisations (including NCT, Babycentre, TAMBA). The survey investigated women's real and ideal expectations of postnatal care during their first pregnancy and included an invitation to take part in in-depth interviews (interviews are reported in separate papers).

Participants. The sample was a convenience sample recruited online. Inclusion criteria were: currently pregnant, had not previously given birth, aged at least 16 years, living in England who provided online consent to participate in the survey. The approach to sample size was pragmatic and based on the number of women who could be recruited in a three month time frame.

Questionnaire: The questionnaire was developed specifically for this survey. The questionnaire development was informed by expectation research (Freidson 1961) and the different aspects of postnatal care highlighted in the closed questions were identified through a systematic review of women's expectations and experiences of postnatal care (Malouf, Henderson, and Alderdice 2019). It included an informed consent section, socio-demographic questions, closed tick-box questions to address the study research questions and two open text questions. The closed questions specifically addressed where women obtained information on postnatal care, and real and ideal expectations of postnatal care in hospital/birth centre and at home. The two open text questions offered participants an opportunity to highlight issues that were of importance to them personally in considering postnatal expectations in hospital/birth centre and at home, beyond those topics put forward by the research team (O'Cathain and Thomas 2004). The questionnaire content can be found as an online supplement (Appendix 1).

Procedure: The online survey was voluntary and anonymous. The survey was hosted on the NPEU website. The convenience sample was recruited through advertisements on a number of third sector and commercial organisations (including NCT, Babycentre, TAMBA). The aim of the survey was to provide context and a sampling frame for a large qualitative study on expectations and experiences of postnatal care until an adequate sample could be recruited for the qualitative study. A link to the information leaflet, consent form and survey was provided in the advertisement. An introduction to the survey explained the purpose of the study, how the data would be used and that participants could stop at any stage. A participant information sheet was provided as a download and the participant had to click on the tick box attached to every point on the consent form to provide consent before they could proceed to the survey.

The survey took approximately 10 minutes. Participants were invited to opt into a prize draw with a voucher prize of £250 by entering their email address. The prize was randomly allocated when the survey closed. Data were collected using Lime Survey which is a secure online data collection system.

Analysis: Research questions one and two were analysed using simple descriptive statistics; number and percentage of women responding to each item. Research questions three and four were analysed with descriptive statistics and variations across groups were explored using chi square test. The analyses were conducted in SPSS Version 23.

Where women had ticked an aspect of care they valued in real life but had not ticked it in an ideal world, it was assumed that this aspect of care was also valued in an ideal world. In subgroup analysis where the numbers in some subgroups were small the following subgroups were used: gestational age at time of survey (<28 week and 28 weeks or more), living in rural or urban (large town or city) environment, absence or presence of a long term health condition (LTC), age (<35 years and 35+years due to age distribution of the sample) and education (left education aged 19 or less or left education aged 20 or more).

Responses to the two open text questions were analysed using a basic form of inductive content analysis, with an initial stage of open coding, followed by the grouping of codes into categories (Hsieh and Shannon 2005). As the purpose of this analysis was to identify additional topics of concern to first time mothers, comments that reiterated points from the closed survey questions were omitted. Two researchers analysed all the comments separately then codes and themes were discussed until consensus was achieved. Throughout the process of data collection and analysis, the researchers worked with a reflexive awareness of their own perspectives on the transition to motherhood and postnatal care, including professional knowledge and diverse personal experiences.

Ethics: The University of Oxford Medical Sciences Inter-Divisional Research Ethics Committee (reference R52703/RE001) approved the study. An information leaflet was provided and informed consent to participate was obtained before starting the survey using an online consent form. The survey was anonymous. If participants wanted to be entered into the prize draw contact details were requested at end of the survey and were stored on a separate file. No personal identifiers were placed on the online questionnaire. Data were stored securely at the NPEU at the University of Oxford.

Results

Of the 283 women who completed the survey, 72 did not live in England and 11 already had at least one child, leaving 200 eligible responses. The women who took part in the survey were predominantly White, living with a partner, between 25-34 years of age, educated to degree level or

above, in their third trimester of pregnancy and expecting a vaginal delivery; 66% reported that they lived in a city/large town environment (Table 1). Twenty six women reported having a LTC including seven with endocrine and metabolic disorders, three with haematological disorders, three with cardiac disorders, six with mental health problems, five with other conditions, one with multiple conditions and one unclassified.

Insert Table 1 here

Postnatal care in hospital

The majority of women expected to stay one day or less in hospital (56%); 33% expected to stay two days and 11% expected to stay three or more days. Women who were planning to have a caesarean section anticipated being in longer than those planning a vaginal delivery. There was no difference in expected length of stay by any other characteristics.

Table 2 shows women's responses to the question *'Thinking ahead to after the birth of your baby/babies, we would like to know: a) what you would hope for in an ideal world if postnatal care was provided exactly as you want it to be, and b) what you expect to happen in real life. These questions are about your expectations of your care in the* ***hospital or birth centre****. Please tell us if these things are what you would like in an ideal world, and/or what you expect will happen to you in real life.'* In an ideal world 85-90% of women wanted most aspects of physical and mental health of mother and baby to be part of their routine care. Women had lowest ideal world expectations of 'having help looking after my baby' (77%). However in real life their expectations were much lower with only 'checks on my physical health', 'checks on my baby's health' and 'information about feeding my baby' over 80%. Women's lowest real life expectation were 'having help looking after my baby' (6%), physical facilities (shower (15%), single room (12%)), and a 'having a health professional to talk to about my experience of birth' (18%).

Insert Table 2 here

There was no variation between subgroups regarding what women expected in an ideal world. However, in terms of what women expected to happen in real life in a hospital or birth centre, fewer women who left education aged 19 or less expected to 'have someone to look after me' in comparison to those who left education at aged 20 or more (51% v 68%, x^2= 4.26, p=0.049), whereas more women who left education aged 19 or less expected to be given 'information on looking after my baby' (53% v 34%, x^2= 5.31, p=0.034).

A lower proportion of women living in rural locations expected to have physical checks in comparison to those living in an urban environment (79% v 94%, x^2= 9.86, p= 0.004) or have advice on their physical recovery (72% v 87%, x^2=5.73, p=0.024).

Fewer women with a LTC reported that they expected to be given information on infant feeding in hospital in comparison to those without a LTC (73% v 90%, x^2=5.68, p=0.026) and there was a trend towards significance in the proportion of women with a LTC who expected a single room (27% v 11%, x^2= 5.07, p=0.052).

Postnatal care at home

Women were then asked *'These questions are about when you are **at home with your baby/babies.** Please tell us if these things are what you would like in an ideal world, and/or what you expect will happen to you in real life'* (Table 3).

Insert Table 3 here

Over 90% of women ideally expected support with all aspects of care at home, but in terms of what they expected to happen in real life only 'checks on my baby's health' remained high (86%), followed by 'information on feeding my baby' (70%). Real world expectations on 'help with feeding' (42%) or 'information on looking after my baby' (41%) were lowest. There was no variation in response to questions about ideal care at home by subgroups of women. The only significant variation in relation to expectations about care in the real world was that women who had a LTC expected less 'information about feeding my baby' when they went home (58% v 78%, x^2= 5.13, p=0.046) and there was a trend towards significance with a lower proportion of women with LTC expecting less 'information on looking after my baby' when they went home (27% v 48%, x^2= 3.92, p=0.056).

Information sources

Women were asked *'Where have you received information from on postnatal care?'* Seventy eight percent of women said that they received information from a pregnancy class (28% NHS classes and 50% non-NHS). Seventy percent of women said they received information on postnatal care from a midwife, 56% said family and friends, 53% said an online website/social media/app, and 44% said a pregnancy book or magazine (Table 2). There was no difference in use of online sources and pregnancy books or magazines by gestational age at time of survey. However there was variation regarding other sources of information by gestational age. Women less than 28 weeks' gestation reported receiving more information from a GP or family and friends, whereas a higher proportion of women 28 weeks or more received information from pregnancy classes and the health visitor

(Table 4). Twenty three percent of women said they had not received any information on postnatal care, however this varied by gestational age at the time of the survey with 14% women 28 weeks' gestation or more reporting they had not received any information on postnatal care in comparison to 39% of women of less than 28 weeks.

Insert Table 4 here

Categories from survey open text

Thirty eight women responded to the two open text questions, *'Is there anything else you are expecting from your postnatal care in the hospital or birth centre?'* and *'Is there anything else you are expecting from your postnatal care when you are at home?"'* Whereas the questions in the survey asked about the expected *content* of postnatal care, these free text comments focused on *how* care would be offered, the ward environment, and on two key transition points: between hospital/ birth centre and home, and between NHS care and other support in the community.

Some of these comments were clearly identifiable as real life expectations, for example: *"My understanding from hearing others' stories is that there'll be a few routine checks on me and baby, and then we'll be discharged as soon as possible after I've fed her."* Others were identifiable as ideal world expectations, for example: *"I would hope to be listened to when asking what I'm sure are repeated and inane questions to a nurse who works in the field day in day out, but to me will be new*". In some cases it was not possible to tell whether the expectation was real or ideal, for example: *"Knowing that there is someone to contact no matter what the time."*

There were four key categories identified, including both real and ideal expectations: 'Respect, compassion and personalised care at a vulnerable time', 'The ward environment', 'Feeling ready for hospital discharge', and 'Finding support in the community' (Table 5). In first category, which concerned expectations both about hospital or birth centre or the community, women described their desire for postnatal interactions to fully support their experience of transition to parenthood, and their fears that staff attitudes or time pressure would undermine this. In the second category women expressed hopes for postnatal wards to be a calm, safe environment for recovery, and their fears that this would not be the case. In the third category some women expressed hopes that they would be allowed to stay in hospital until they felt ready to leave, and that they would be given the information they needed to make the transition home, while others expressed fears that this would

not happen. In the fourth category, women wanted postnatal care in the community to orientate them to other local support and services so that they could move on confidently when postnatal care finished.

Insert Table 5 here

Discussion

As with other research exploring ideal and real world expectations in health care, women's expectations during pregnancy of what would happen in reality during postnatal care were lower than their ideal expectations (Bowling and Rowe 2014). Women had very high ideal world expectations of postnatal care in the hospital or birth centre and at home, but in real life women expected postnatal care primarily to focus on checking; both checking on their health and that of their baby and on giving information about the new challenges of how to breastfeed and look after a baby. Women clearly valued these aspects of care, however i*deally* they also wanted easy access to reassurance that they are feeding and looking after their baby well, that they are 'doing it right', and that what is happening to them is normal. As well as the necessary checks in the immediate postpartum period, consideration needs to be given to the best way to also meet the informational and support needs of women to optimise their wellbeing and transition to parenthood. This is in keeping with other areas of health research were it has been reported that support and information are more valued than technical intervention (Williams et al. 1995). Information about women's ideal world expectations of postnatal care and expectations in real life are both of value when planning how to improve the quality of postnatal services. They represent what women value and, where there is disparity between ideal and real, may identify areas of practice that could be improved.

The results of the survey did not suggest much variation across subgroups, however the numbers were small and should be interpreted with caution. Fewer women in rural locations expected physical checks or advice regarding their physical health in comparison to urban women. This expectation reflects findings from a study exploring the impact of rurality on care in Australia where postnatal contact with care providers was lower in rural areas. Women who lived in remote or rural locations were much less likely to be telephoned or visited by a care provider in the first 10 days after birth. Despite these differences, women from remote areas were more likely to be breastfeeding at 13 weeks and confident in caring for their baby at home (Hennegan, Kruske, and Redshaw 2014). Similarly, a comprehensive literature review of rural-urban health status differentials within Australia, New Zealand, Canada, the USA, the UK, and a variety of other western European nations, found that while rural location plays a major role in determining the nature and

level of access to and provision of health services, it does not always translate into health disadvantage (Smith, Humphreys, and Wilson 2008). This finding may also be reflected in expectations of care and is worthy of further exploration

The antenatal period provides an important opportunity to prepare women for the postnatal period and likely care, and the survey highlighted the many possible sources of information. Not surprisingly, there was some variation in the sources of information reported depending on the stage of pregnancy but online resources were an important source of information at all stages. The importance of online resources for first time mothers was also highlighted in the 2014 National Maternity survey with 85% of first time mothers reporting that they used websites to obtain information in pregnancy (Redshaw and Henderson 2015). The number of women using online resources also highlights the need to raise awareness about the variability of information that can be found and the need to evaluate the quality of information given (Alderdice et al. 2018) .

Pregnancy classes were an important source of information for the first time mothers in this survey. While the high usage of private classes reflects the recruitment mechanism of the survey, pregnancy classes were also found to be popular with first time mothers in the NMS 2014 (Redshaw and Henderson 2015). However the effects of general antenatal education for childbirth or parenthood is largely unknown (Gagnon and Sandall 2007) and evaluation of the content of pregnancy classes in regard to postnatal care, managing physical and psychological challenges after birth and transition to parenthood is warranted.

Strengths and Limitations

The study had a number of strengths including a theoretical approach to defining expectations and providing information on women's expectations of postnatal care during pregnancy rather than depending on retrospective reporting. A limitation of the study was that respondents were disproportionately White, older, well educated women. This could be related to the pragmatic approach to sampling, however the observed biases have also been reported in other surveys using a random, population based sample (Redshaw et al. 2007; Redshaw and Heikkila 2010; Redshaw and Henderson 2015; Henderson and Redshaw 2017). Consideration should be given in future online surveys to methods to broaden the advertising of the survey and how to engage a range of women with different backgrounds, including those reflecting seldom heard voices.

Implications for future research

The open text questions provided additional information on women's expectations, but it was not always clear whether women were referring to real or ideal expectations and what the terms

actually meant to them. Additional qualitative research would be beneficial to see if the concepts of real versus ideal expectations are clear to women and whether any other distinctions also need to be made e.g. unformed expectations that may be hard to verbalise (Thompson and Sunol 1995). It is also important to tease apart the complex relationships between expectations, maternal satisfaction and maternal outcomes. We have conducted a longitudinal qualitative study starting in pregnancy and finishing in the postnatal period which will address this gap in the literature and explore the relationship between expectation and experience and provide more clarity on the relationship between expectations and satisfaction with care and maternal outcomes.

The study also highlighted that women valued online resources and information from health professionals. Online resources provide opportunities to build upon and extend the development of evidence based resources in relation to postnatal care, both locally in terms of facilities, and more generally in terms of informing women on what they may experience postnatally. However the benefits of such resources need to be evaluated.

Implications for practice

As well as the necessary checks in the immediate postpartum period, consideration also needs to be given to the best way to meet the informational and support needs of women to optimise their wellbeing and transition to parenthood. Raising awareness of women's expectations among maternity care staff should enhance understanding of women's perspectives, and assist improved communication. In some cases it may not be possible to meet a woman's ideal expectation, such as providing single rooms or having help looking after their baby, and in this survey most women did not expect these in reality. Nevertheless, providing information to women in advance on what to expect would help them prepare for the postnatal period.

Conclusions

Women in this survey had high ideal world expectations of their postnatal care but in real life expected more focus on checking on their health and that of their baby and on giving information about the new challenges of how to breastfeed and look after a baby. Women clearly valued these aspects of care, however ideally they also wanted easy access to reassurance that they were feeding and looking after their baby well, that they are 'doing it right', and that what was happening to them was normal. A number of resources are used by women that could be enhanced to inform expectations of postnatal care.

Table 1: Characteristics of women who took part in the survey (n=200) and women who provided free text responses (n=38)

Characteristic	Survey n(%)	Free text n(%)
Age		
<25	7(3.8)	-
25-34	139(76.0)	26(70.3)
35+	37(20.2)	11(29.7)
Total	183(100)	37(100)
Missing	17	1
How old were you when you left full-time education?		
<16	1(0.5)	-
16-17	12(6.6)	1 (2.7)
18-19	32(17.5)	6(16.2)
20-22	96(52.5)	20(54.1)
23+	42(23.0)	10 (27.0)
Total	100	37(100)
Missing	17	1
Do you have a partner?		
Yes	178(97.3)	35(94.6)
No	4(2.2)	2(5.4)
Prefer not to say	1(0.6)	-
Total	183(100)	37(100)
Missing	17	1
To which of these ethnic groups would you say you belonged?		
White	173(94.5)	37(100)
Asian or Asian British	6(3.3)	-
Mixed / multiple ethnicity	3(1.6)	-
Prefer not to say	1(0.6)	-
Total	183(100)	37(100)
Missing	17	1
Do you live in:		
A large town or a city	120(65.8)	28 (75.7)

The countryside or a small village	61(33.3)	9 (24.3)
Prefer not to say	2(1.1)	-
Total	183(100)	37 (100)
Missing	17	1
Do you have a long term health condition/pregnancy related condition that might affect your postnatal care?		
Yes	26(14.2)	6(16.2)
No	157 (85.8)	31(81.6)
N/A		-
Total	183(100)	37(100)
Missing	17	1
Number of weeks pregnant at time of survey		
1-12	7(3.6)	3(7.9)
13-27	68(34.5)	12(31.6)
28-term	122(61.0)	23(60.5)
Total	197(100)	38(100)
Missing	3	-
Planned type of delivery		
Vaginal birth in hospital or birth centre	174 (87)	36(94.7)
Vaginal birth at home	9(4.5)	2(5.3)
Caesarean section	15(7.5)	-
Total	198(100)	38(100)
Missing	2	-
Number of babies		
1	189 (95.9)	38 (100)
2	7 (3.6)	-
3+	1(0.5)	-
Total	197(100)	38(100)
Missing	3	

Table 2: Expectations of postnatal care in hospital (n=200)

Expectation	Ideal World n (%)	Real life n (%)
Someone to look after me	176 (88)	120 (60)
Checks on my physical health	178 (89)	167 (84)
Advice about my physical recovery	178 (89)	154 (77)
Checks on my emotional and mental health	177 (88.5)	127 (64)
Information about feeding my baby/babies	178 (89)	165 (83)
Help with feeding my baby/babies	178 (89)	124 (62)
Information on looking after my baby/babies (e.g. how to cope with crying/sleeping)	173 (86.5)	72 (36)
Help with looking after my baby/babies (e.g. someone to look after my baby while I sleep)	154 (77)	12 (6)
Checks on my baby's/babies' health	178 (89)	172 (86)
A health professional to talk to about my experience of birth	163 (81.5)	35 (18)
Staff responding when I use the call button	177 (88.5)	152 (76)
Partner or family member able to be with me all the time	174 (87)	96 (48)
Privacy when I need it (e.g. when feeding my baby)	176 (88)	97 (49)
My own bathroom/shower	173 (86.5)	30 (15)
A single room	171 (85.5)	24 (12)

Table 3: Expectations about postnatal care at home (n=200)

Expectation	Ideal World n(%)	Real Life n(%)
Checks on my physical health	181(91)	133(67)
Advice about my physical recovery	182(91)	131(66)
Checks on my emotional and mental health	181(91)	121(61)
Information about feeding my baby/babies	181(91)	139(70)
Help with feeding my baby/babies	181(91)	83(42)
Information on looking after my baby/babies (e.g. how to cope with crying, sleeping)	179(90)	82(41)
Checks on my baby's/babies' health	183(92)	172(86)

Table 4: Sources of information on postnatal care (n=142)

Source	1st & 2nd Trimester (n=42) n(%)	3rd Trimester (n=100) n(%)	Total (N=142) N(%)
Midwife	30 (71)	70 (70)	100/142 (70)
GP*	8(19)	6(6)	14(10)
Obstetrician	4 (9.5)	9(9)	13(9)
Health visitor***	3(7)	35(35)	38(27)
Family/friends**	31(74)	48(48)	79(56)
NHS pregnancy class(es)**	5(12)	34(34)	39(28)
Other pregnancy classes**	13(31)	58(58)	71(50)
Voluntary organisations	2 (5)	3 (3)	5(4)
Online website/social media/app	22(52)	53(53)	75(53)
Pregnancy book/magazine	16(38)	47(47)	63(44)
I haven't received any information about postnatal care***	27(39)	16(14)	43 (23)

*p<0.05, **p<0.005, ***p<0.005

Multiple responses possible

Table 5: Categories identified from open ended questions

Category	Illustrative quotations
Respect, compassion and individualised care at a vulnerable time	'Respect and for staff to remember how special this is for me and my husband.' 'Compassion, time to be taken - no rushing through as if I'm just a number.' 'You hear horror stories about health care visitors being overly forceful and pushing their ways, makes me already on edge about them coming in to my home.'
The ward environment	'I'm expecting overworked staff … not to get a good sleep and my partner not being able to stay over.' 'A suitably quiet environment to rest, sleep and recover a little before going home.' 'Clean, hygienic environment to give me confidence that I won't contract an infection.'
Feeling ready for hospital discharge	'Time to feel ready to leave and not pressured so they can have the bed.' 'I am expecting to not spend as much time in hospital as I would like. I expect to get home and feel underprepared!' 'Information about what happens when I get home in terms of visits from health visitor, midwife...'
Help to find support in the community	'Information about where else to go for advice and support when midwife or health visitor stops visiting.' 'Recommendations of local groups I can join to support my wellness and learning.'

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