



Findings of a National Survey on Birth in Ireland



BIRTH
RIGHTS
ALLIANCE
IRELAND



UNIVERSITY OF
LIMERICK
OLLSCOIL LUIMNIGH

School of
Medicine

A collaboration between the *Birth Rights Alliance Ireland* and the *Participatory Health Research (PHR) Unit, School of Medicine, University of Limerick*.

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To cite:

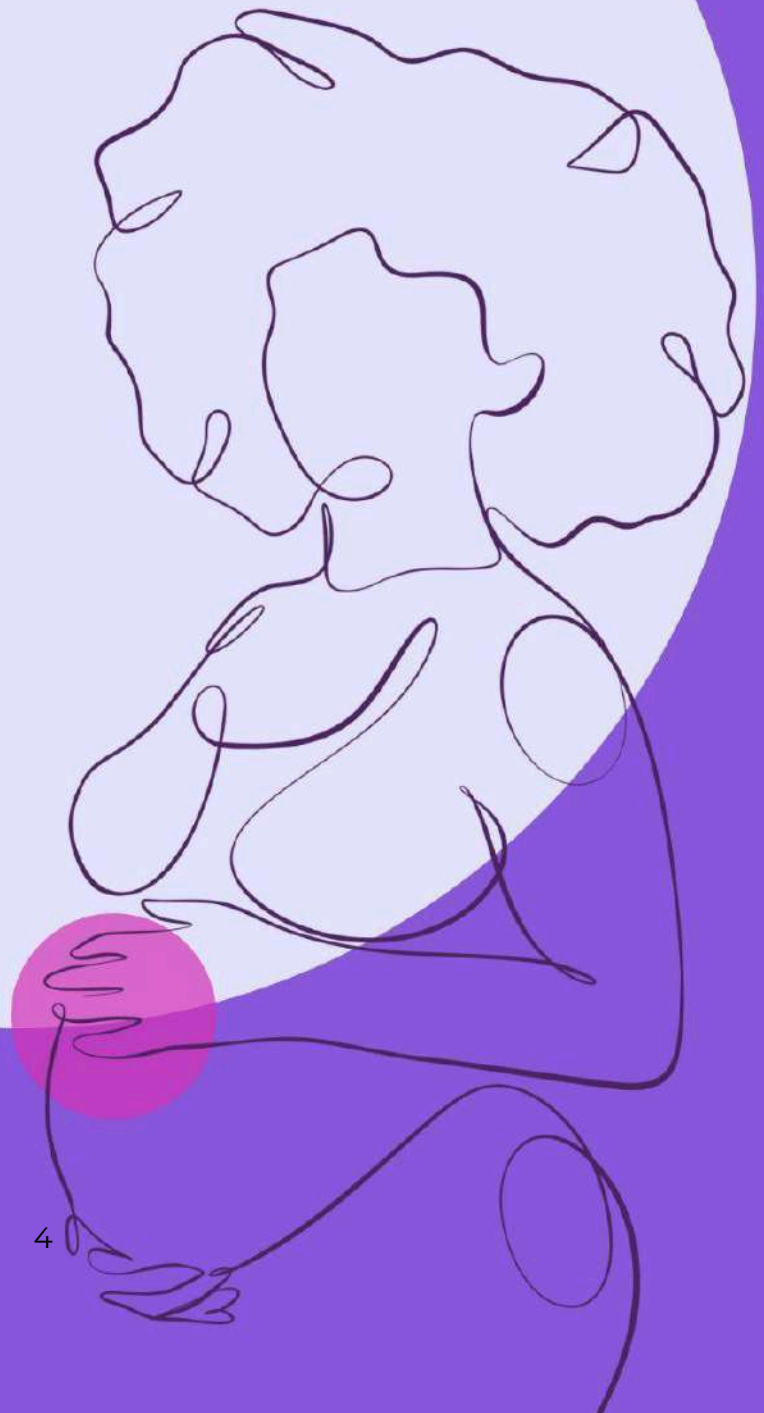
Huschke, S. et al. (2025): Findings of a national survey on birth in Ireland. University of Limerick Research Repository.

Graphic design: Lisa Reburn @ <https://uxe.ie>

Contents

PART 1: Introduction.....	5
Acknowledgements.....	5
About this research.....	6
How to read these results.....	7
Survey information and Consent.....	10
Key Findings.....	14
Women’s views on birthing in Ireland.....	14
High intervention rates.....	15
Informed consent.....	18
Obstetric violence.....	19
PART 2: Survey Results.....	23
1. Demographic Background.....	23
2. Your Pregnancy.....	26
3. Your Birth.....	27
4. Routine Interventions During Birth.....	35
5. Pain Relief.....	42
6. Induction.....	48
7. Augmentation of Labour.....	58
8. Vaginal Birth After C-section (VBAC).....	63
9. Breech Births.....	68
10. Mothers on Respect Index.....	72
PART 3: Appendix.....	74
Appendix 1: Demographics.....	74
Appendix 2: Your pregnancy.....	81
Appendix 3: Your Birth.....	85
Appendix 4: Routine Interventions During Birth.....	93
Appendix 5: Pain Relief.....	105
Appendix 6: Induction of labour.....	108
Appendix 7: Augmentation of labour.....	119
Appendix 8: VBAC.....	125
Appendix 9: Breech Births.....	130
Appendix 10: Mothers On Respect Index.....	136

Introduction



PART 1: Introduction

Acknowledgements

We would like to thank all the people who responded to our survey and everyone who shared the invitation across their networks. We thank Prof. Ailish Hannigan and Dr. Santosh Sharma in the School of Medicine, University of Limerick, who provided statistical support and guidance on the development of the survey and the report. We also thank Crystal Obiajulu for help with formatting the report and Lisa Reburn for the final design layout.

About this research

This survey is part of a research project on birth in Ireland. The survey was conducted by a team of midwives, doulas, and mothers who are members of the Birth Rights Alliance Ireland (BRAI). One of the team members (Dr Susann Huschke) is also a health researcher at the School of Medicine, University of Limerick. The survey received ethics approval by the Education and Health Sciences ethics committee at the University of Limerick in November 2023 (approval number 2023_09_08_EHS).

We created this survey in order to find out more about women and birthing people's experiences of birth in Ireland. In Ireland, the vast majority of births take place in the medicalised settings of maternity hospitals where birth interventions such as inductions and C-sections are very common. The aim of the research is to find out more about the reasons for these rates of birth interventions: why is this happening, what information are birthing people given to make decisions about their birth and labour, and how do birthing people feel about their experiences of giving birth in Ireland?

We invited anyone who gave birth in Ireland between 2018 and 2023 to fill out the survey. The survey was run online on Qualtrics. It was advertised via the Birth Rights Alliance Ireland (BRAI) Instagram, Facebook and Twitter accounts, and was shared on social media platforms by individual members of BRAI, as well as organisations and groups affiliated with BRAI, such as the Irish Birth Movement, the Community Midwives Association, the Doula Association of Ireland, the Association for Improvements in the Maternity Services Ireland (AIMSI). The survey ran from 16 November 2023 until 1 January 2024.

How to read these results

Sample size

A total of 3,824 people started the survey, although not all completed the entire survey. On average, respondents completed 77% of the survey. 2,522 respondents (66%) completed the entire survey. Some survey questions only applied to a subset of the respondents, e.g. questions relating to vaginal birth after a C-section (VBAC) and breech presentation, which led to fewer responses in these sections. In the appendix, we report the number of responses for each question separately.

Composition of the sample

Service users from all 19 maternity units were represented in our survey, as well as people who had a homebirth, and a small number of people who had a freebirth (a homebirth without a registered midwife).

When we compare the characteristics of our sample to those of birthing people in Ireland, our sample is more likely to be Irish citizens, older, and have a higher level of formal education. In the overall population, 65% of birthing people are between 30 and 40 years, compared to 75% in our sample¹. 75% of birthing people are Irish citizens, compared to 94% in our sample². In the general population, 50% of women have a third level education, compared to 84% in our sample³.

This is probably a result of the data collection used: online surveys tend to reach more privileged women and are not taken up as well by women who are more marginalised due to migration status or social class. Most surveys rely on voluntary responses from the target cohort, i.e. the sample is not randomised; it is a self-selection sample.

However, our sample is broadly comparable to other national maternity surveys. The *National Maternity Experience Survey* (NMES) 2020 included a sample of 3,204 women, 82% of whom identified as white Irish, with 72% aged between 30 and 40 years⁴.

¹ HPO (Healthcare Pricing Office) (2022). *Perinatal Statistics Report, 2020*.
https://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2020/Perinatal_Statistics_Report_2020.pdf

² HPO (Healthcare Pricing Office) (2022). *Perinatal Statistics Report, 2020*.
https://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2020/Perinatal_Statistics_Report_2020.pdf

³ CSO (Central Statistics Office) (2023). *Census 2022 Profile 8 - The Irish Language and Education*.
<https://www.cso.ie/en/releasesandpublications/ep/p-cpp8/census2022profile8-theirishlanguageandeducation/>

⁴ HIQA (Health Information and Quality Authority) (2020). *National Maternity Experience Survey*.
<https://yourexperience.ie/wp-content/uploads/2020/09/National-Maternity-Experience-Survey-results.pdf>

The MAMMI (Maternal health And Maternal Morbidity in Ireland) study, a mixed methods study examining the health of first time mothers, enrolled 3009 women⁵, with 70.1% aged between 30 and 40 years, 71% with a university degree or higher, and 68% Irish citizens.

55% of our sample were first time mothers (primiparas) and 45% had one or more births before the one they were reporting on (multiparas). First time mothers are over-represented in our survey, with national statistics indicating around 40% primiparas per year⁶. 66% of our respondents received public care (compared to 64.5% in the NMES) and 29% received private or semi-private consultant-led care (compared to 24% in the NMES). 6% of our sample opted for a homebirth (compared to 0.6% nationally⁷). Thus, while the proportion of public vs. private care is similar to the *National Maternity Experience Survey*, our sample includes a higher number of people who opted for homebirth.

In regard to routine or common medical interventions in birth, our sample was broadly similar to the overall national statistics as reported in the *Irish Maternity Indicator System Report*⁸. In our sample, 67% had a vaginal birth (including instrumental births with vacuum or forceps), compared to 61.5% of all birthing people. 33% of our sample had a C-section, compared to 38% in the overall population. 31% had an epidural for pain relief, compared to 41.6% nationally, and 25.6% of birthing people had an episiotomy, compared to 26.8% nationally.

Further research that is more inclusive of migrant and ethnic minority women, younger women and women with lower levels of formal education is needed, using other, more accessible research methods.

Despite these limitations, our study represents the experiences of a large sample of birthing people in Ireland.

⁵ Hannon, S., Gartland, D., Higgins, A., Brown, S.J., Carroll, M. Begley, C., Daly, D. (2022). Maternal mental health in the first year postpartum in a large Irish population cohort: the MAMMI study. *Archives of Women's Mental Health*, 25:641–653. <https://doi.org/10.1007/s00737-022-01231-x>

⁶ NWIHP (National Women and Infants Health Programme) (2024). *Irish Maternity Indicator System, National Report 2022 v1.1*. <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-report-s-on-womens-health/irish-maternity-indicator-system-national-report-2022.pdf>

⁷ CSO (Central Statistics Office) (2022). Vital Statistics Annual Report 2020. Births. <https://www.cso.ie/en/releasesandpublications/ep/p-vsar/vitalstatisticsannualreport2020/births2020/>

⁸ NWIHP (National Women and Infants Health Programme) (2024). *Irish Maternity Indicator System, National Report 2022 v1.1*. <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-report-s-on-womens-health/irish-maternity-indicator-system-national-report-2022.pdf>

Structure of the report

We provide an overall summary of the key survey findings, followed by more specific results from each sub-section of the survey. The appendix includes the entire list of questions asked in the survey and summary tables of the responses for each of the questions.

Free text responses/qualitative data

The survey included 20 open-ended questions where respondents could write free text responses. The number of responses to these questions ranged from less than 10 in the more specific questions to hundreds of responses in the more general questions. The exact number of responses for each open-ended question can be found in the appendix. Some responses contained a few words whereas others included detailed descriptions of experiences.

We have included a *selection* of responses to some of these questions in this report. Responses were selected to represent the *diversity of experiences and views* for each question.

Access to the anonymised data sets, which include all responses for the open-ended questions, may be granted by the research team to interested members of the public and to other researchers for the purpose of secondary data analysis. To ask for access to free text responses/qualitative data sets, please email Dr Susann Huschke: susann.huschke@ul.ie

Survey information and Consent

[The following information was provided to respondents before they started filling out the survey.]

What is this survey?

This survey is part of a research project on birth in Ireland. The study is being conducted by a team of midwives, doulas and mothers who are part of the Birth Rights Alliance Ireland (BRAI). One of the team members (Dr Susann Huschke) is also a health researcher at the School of Medicine, University of Limerick. We ask you questions about: your health during pregnancy and birth; interventions that you were offered; the information you had to make decisions; and about your experience of labour and birth.

Who can take part?

Anyone who gave birth in Ireland between 2019 and 2024 can take part. If you had more than one birth in this time period, please fill out this survey for your last (that is, your most recent) birth.

The research includes women/birthing people of all walks of life and respects the experiences and choices. We invite you to fill out the survey regardless of what kind of birth you had. Whether or not you had any interventions, and whether or not you had a positive experience. Freebirth, homebirth, hospital birth - we want to hear about all of these. To understand birth in Ireland better, we need to hear all of the views.

How long will this survey take?

It will take about 20-25 minutes to fill out this survey -depending on how much you want to share with us. If you get interrupted, you can save the responses and comeback to it later. You will have to return to the survey on the same device (phone or laptop) and the same browser to be able to continue the survey.

Why are you doing this survey?

The vast majority of births in Ireland take place in the highly medicalised settings of maternity hospitals. Birth interventions such as inductions and C-sections are very common. The aim of the research is to find out more about the reasons for these rates of birth interventions: why is this happening, what information are birthing people given to make decisions about their birth and labour, and how do birthing people feel about their experiences of giving birth in Ireland.

Is the survey anonymous?

Yes, it is. You are not asked to share your name, address, birth date or any other identifying information with us.

What happens with the findings?

The results of the survey will be analysed by the research team. Our findings and conclusions will be shared publicly via social media, public events and academic papers with the aim of improving services and practice throughout the maternity care system.

What if I get upset while I fill out the survey?

You can stop filling out the survey at any time and it is up to you if you want to submit your answers or not. We will only be able to read your response after you've pressed the SUBMIT button at the end. If you've experienced a difficult or traumatic birth, sharing your story may bring up all of those feelings. Please get in touch if that is the case, and we can offer a free, confidential online debrief session with one of the doulas/midwives on our team, or signpost you to groups or professionals that can support you.

Email: susann.huschke@ul.ie

How can I contact you?

Follow us on social media @birthrightsalliance or contact us via our website www.brai.ie

Email: brairesearch@gmail.com

You can also contact the lead academic researcher, Dr Susann Huschke, directly.

Email: susann.huschke@ul.ie

Who funded this research?

This study is independent and does not receive any external funding.

Consent

By taking part in this survey I declare that:

I understand that this survey is part of a research project led by the Birth Rights Alliance Ireland.

I fully understand that there is no obligation on me to participate in this study.

I fully understand that I will not be paid to take part in this survey.

I fully understand that I am free to stop filling out the survey at any time without having to explain or give a reason.

I fully understand that the survey is anonymous and I will not be asked to share my name, address, date of birth or other personal information.

I understand that once I submit the survey, my responses will be recorded and used for research purposes.

I consent to taking part in this survey and I am aged 18 and over.

[Only respondents who answered yes could access the survey.]

[The following information was provided to respondents after they filled out the survey.]

Thank you for taking part in the survey!

If filling out the survey has brought up difficult memories, please reach out to one of the services below.

HSE Mental Health

Internet: <https://www2.hse.ie/mental-health/>

This website includes information and advice about mental health and wellbeing for different groups.

AWARE: Depression and Bipolar Disorder Support

Phone: 1800 80 48 48

Internet: www.aware.ie

Email: supportmail@aware.ie

They also run support groups in various

cities: <https://www.aware.ie/support/support-groups/>

MENTAL HEALTH IRELAND

Tel: 012841166

Internet: www.mentalhealthireland.ie

Postnatal Depression Ireland

They are providing support & friendship to those suffering from Postnatal Depression.

Phone: 021 4922083

Internet: www.pnd.ie

Association for the Improvement of Maternity Services Ireland (AIMSI)

Birth Healing support group. A closed group for women whom have experienced a difficult or traumatic childbirth offering a safe place to share

stories and provide peer support. If you are interested in this group, please contact AIMS Ireland.

Email: support@aimsireland.com or via facebook messages

Perinatal Mental Health Service at University Maternity Hospital Limerick (UMHL)

Consultant Psychiatrist Dr Mas Mahady Mohamad and Clinical Midwife Manager Maria Gibbons
UMHL Phone: (061) 327 455

Soul Connections

Benig Mauger is a psychotherapist who specialises in supporting women after traumatic childbirth experiences through counselling, workshops and courses.

<https://www.soul-connections.com/>

Mindful Birth

Founded by Tara Killen, a mom of 3, wellness therapist, accredited clinical hypno-psychotherapist, mental skills coach and positive psychology practitioner.

<http://mindfulbirth.ie/about/>

Postpartum Anxiety Support Group

<https://www.facebook.com/groups/PPAsupport/>

Life After Baby (PostPartum Depression/Anxiety Support)

https://www.facebook.com/groups/1504446556469769/?ref=br_rs

Birth Trauma Recovery

<https://www.facebook.com/groups/MindfulBirthMums/>

Where to Get Help in a Crisis

Your GP is the first person you should seek help from if you are experiencing a mental health crisis or are feeling suicidal. You can also go to your nearest Emergency Department. If contacting a GP or going to the nearest emergency department is not an option, call the Samaritans free 24-hour helpline, Tel: 116 123, Text: 087 2 60 90 90, or call the AWARE support line (10 am to 10 pm, every day) Tel. 1800 80 48 48.

Key Findings

Women's views on birthing in Ireland

Overall, the responses in the survey indicated that many women accepted the care options that were offered to them. Free text responses relating to routine medical interventions, such as inductions, continuous CTG monitoring, and C-sections indicate that respondents felt these interventions were necessary to keep them and their baby safe.

However, our results also show significant issues in relation to informed decision-making, choice, and patient autonomy. We found that women experience the Irish maternity system differently, depending on their own views and preferences as well as the care pathways they can access.

Women were more likely to have a positive experience if their choices aligned with the medical paradigm, that is, if they requested or opted for medical interventions. On the other hand, those who wanted a physiological birth, that is a birth without routine interventions to start or speed up the birth process, were more likely to feel pressured or disrespected. Those who accessed the public homebirth scheme or private care, both in hospitals and in homebirths, tend to feel more involved in decisions, and more respected and heard compared to public patients in hospitals, which may be due to better continuity of care in these cases. There are also significant differences between first-time mothers and women who have had a baby before, with many first-time mothers feeling less involved in decisions and less informed about their options and rights.

To put these findings into context, it is important to note that the majority of women – those accessing public healthcare – do not have a choice regarding the type of maternity care they receive. Birthing in a highly medicalised, obstetrics-led hospital setting is the only option offered to most women. The *National Maternity Strategy 2016-2026* focused on “normalising birth” and made a commitment to create midwifery-led units alongside maternity hospitals, and to make the public homebirth scheme available to low-risk women⁹. These changes were not implemented. There are still only two midwifery-led units in all of Ireland, and no stand-alone birth centres. In regard to homebirths; international research evidence has found that the risk of foetal or neonatal death is not different for women who are low-risk and who intend to give birth at home compared to in hospital, and that indeed giving birth at home is safer for birthing people due to lower rates of routine medical interventions and complications that follow from these interventions¹⁰. However, public homebirth services are

⁹ Department of Health (2016): *Creating a better future together: National Maternity Strategy 2016-2026*.

<https://assets.gov.ie/18835/ac61fd2b66164349a1547110d4b0003f.pdf>

¹⁰ Hutton, E.K. et al (2019). Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who

not available to many women in Ireland, either because their hospital does not offer a homebirth service, or because women are excluded due to the narrow eligibility criteria for homebirths in the HSE¹¹.

This creates an organisational and cultural context where medicalised births in obstetric units are standard, and physiological births with individualised, person-centred care are the exception¹².

High intervention rates

Medical interventions during labour and birth include limitations on how to move around (e.g. having to lie on a bed during labour), limitations on what to eat or drink during labour, electronic foetal monitoring, vaginal examinations, inductions, “breaking the waters” (amniotomy) to speed labour up, epidurals, coached pushing (where a woman is told how and when to push), episiotomies, instrumental vaginal births, and C-sections¹³. In a physiological birth, on the other hand, labour starts on its own and progresses on its own without any measures to speed it up, the birthing person is free to move throughout labour, and no instruments or surgical procedures are used for the baby to be born.

Our survey responses indicate that the majority of births in Ireland are medicalised, with physiological birth being the exception rather than the baseline. Rates for common medical interventions that we asked about in this survey, including inductions, episiotomies and C-sections, were high. This is in line with the national statistics published by Irish maternity hospitals¹⁴.

intend to give birth in hospital: A systematic review and meta-analyses. *The Lancet* 14: 59-70. doi.org/10.1016/j.eclinm.2019.07.005

Olsen, O. and Clausen, J.A. (2023): Planned hospital birth compared with planned home birth for pregnant women at low risk of complications. *Cochrane Reviews*. <https://doi.org/10.1002/14651858.CD000352.pub3>

¹¹ The HSE homebirth eligibility criteria can be found here:

<https://www2.hse.ie/pregnancy-birth/pregnancy-care/home-births/#:~:text=A%20home%20birth%20may%20be,current%20or%20previous%20pregnancy%20complications>

¹² Murphy-Lawless, J. (1998). *Reading birth and death: a history of obstetric thinking*. Indiana University Press.

Grimes, L. (2024). Obstetric violence and consent during pregnancy and childbirth: the Eighth Amendment and its impact on the Irish maternity system. *Irish Political Studies*. <https://doi.org/10.1080/07907184.2024.2375096>

¹³ Jansen L, Gibson M, Bowles BC, Leach J. (2013). First do no harm: interventions during childbirth. *Journal of Perinatal Education*, 22(2):83-92. <https://doi.org/10.1891/1058-1243.22.2.83>

¹⁴ NWIHP (National Women and Infants Health Programme) (2024). *Irish Maternity Indicator System, National Report 2022 v1.1*. <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-report-s-on-womens-health/irish-maternity-indicator-system-national-report-2022.pdf>

While medical interventions in labour and birth can be lifesaving, they also come with significant risks and can be harmful when overused¹⁵. Using these interventions *routinely* in this many births does not make birth safer and better for mothers and babies. However, despite the lack of research evidence to support these high rates of routine interventions, medicalised birth has become the cultural norm in Ireland.

The following examples demonstrate this:

1. Vaginal examinations

Our data shows that most birthing people assume vaginal examinations to be a routine part of labour, with four in ten women saying they did not know they could decline them. Nearly 92% had at least one, usually more, vaginal examinations before or during labour. Vaginal examinations are used widely to measure cervical dilation as a way of assessing labour progress in a chart ('partogram'), developed from research conducted on a small group of women in the U.S. in 1950s¹⁶. These charts provide an expected timeframe for delivery.

However, recent evidence demonstrates that these population norms cannot be used to predict the length of labour. Dilation rates vary between women and frequently do not match a linear timeline. Thus, routine and repeated vaginal examinations to measure cervical dilation are an unnecessary intervention with no proven benefits, while at the same time exposing birthing people to increased risks such as infection and premature breaking of the waters¹⁷.

2. Induction

Induction of labour aims to start labour artificially, for example by giving a vaginal pessary with artificial hormones, breaking the waters, or giving an intravenous hormone drip. In our sample, half of all first-time mothers were induced, as well as two in five women who had given birth before.

This indicates that induction is a *routine* intervention in Ireland, rather than an exceptional intervention tailored to specific women and babies. Induction is offered and given to women significantly more frequently than

¹⁵ Miller, S., Abalos, E., Chamillard, M. et al. (2016). Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. *The Lancet*, 388: 2176-2192. [https://doi.org/10.1016/S0140-6736\(16\)31472-6](https://doi.org/10.1016/S0140-6736(16)31472-6)

WHO (2018). *WHO recommendations: intrapartum care for a positive childbirth experience*. <https://www.who.int/publications/i/item/9789241550215>

¹⁶ Friedman, E. A. (1955): Primigravid labor; a graphicostatistical analysis. *Obstetrics & Gynecology* 6(6): 567-589. Online: <https://doi.org/10.1097/00006250-195512000-00001>

Friedman, EA (1956): Labor in multiparas; a graphicostatistical analysis. *Obstetrics & Gynecology* 8(6): 691-70.

¹⁷ Moncrieff, G. et al. (2022): *Routine vaginal examinations in labour*. Cochrane Review. Online: <https://www.cochrane.org/CD010088/routine-vaginal-examinations-in-labour>

research evidence and international best practice guidelines recommend¹⁸, despite the risks involved such as foetal distress, increased pain and discomfort for the birthing person, and a higher likelihood of follow-on interventions such as C-sections¹⁹.

3. Caesarean sections

C-sections can be life-saving surgical interventions if used appropriately. However, C-section rates above 10%-15% are not associated with reductions in maternal and newborn mortality rates²⁰. In our survey, one in three survey respondents (33%) had a C-section.

C-sections carry significant risks for both mother and baby including increased risks of hemorrhage, infection and pain in the postpartum period²¹, higher chances of future pregnancy complications such as placenta accreta, and negative effects on children's immune system due to a lack of exposure to the maternal microbiome during birth²².

Having a C-section in Ireland also significantly reduces the chances for a future vaginal birth. In our survey, only one in three women with a previous C-section went on to have a vaginal birth after a C-section (VBAC). The responses also indicate that this is often due to a lack of support for VBACs from care providers, with repeat C-sections being presented as the only option to many women despite that fact that best practice guidelines²³, including the HSE national guideline²⁴, state that VBAC is safe and

¹⁸ WHO (World Health Organization) (2018). *WHO recommendations: Induction of labor at or beyond term*. Geneva: World Health Organization. Online: <https://www.who.int/publications/i/item/9789240052796>

Dahlen, H.G., Thornton, C., Downe, S., de Jonge, A., Seijmonsbergen-Schermer, A. Tracy, S., Tracy, M., Bisits, A., Peters, L. (2021). Intrapartum interventions and outcomes for women and children following induction of labour at term in uncomplicated pregnancies: a 16-year population-based linked data study. *BMJ Open* 11:e047040. <https://doi.org/10.1136/bmjopen-2020-047040>

¹⁹ Seijmonsbergen-Schermer, A.E., Peters, L., Goodarzi, B., Bekker, M., Prins, M., Stapert, M., Dahlen, H., Downe, S., Franx, A., de Jonge, A. (2020). Which level of risk justifies routine induction of labor for healthy women? *Sexual & Reproductive Healthcare*, 23: 100479. <https://doi.org/10.1016/j.srhc.2019.100479>

²⁰ WHO (2015): *WHO statement on caesarean section rates*. Geneva: World Health Organization.

Online: <https://www.who.int/publications/i/item/WHO-RHR-15.02>

²¹ HSE (n.d.): *Risks of having a caesarean*. Online: <https://www2.hse.ie/pregnancy-birth/birth/caesarean-birth/risks/>

²² Sandall, Jane et al. (2018): Short-term and long-term effects of caesarean section on the health of women and children. *The Lancet* 392 (10155), 1349-1357.

²³ Royal College of Obstetricians and Gynaecologists (RCOG) (2016): *Birth After Previous Caesarean Birth. Green top Guideline no.45*. Online: <https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/birth-after-previous-caesarean-birth-green-top-guideline-no-45/>

²⁴ National Women and Infants Health Programme (NWIHP) (n.d.): *Vaginal birth after Caesarean section*. Online: <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/quick-summary-document-new-.pdf>

appropriate and should be offered to the majority of women with a previous C-section.

4. Continuous electronic foetal monitoring

Our survey results show that continuous foetal heart monitoring with a cardiotocograph (CTG) during labour is widely presented as an unavoidable routine intervention without alternatives. This contradicts international guidelines based on research evidence which recommend intermittent monitoring with a doppler as standard practice instead of a continuous CTG²⁵.

Continuous CTG monitoring can severely disrupt the labour process, as women are often unable to move freely with the CTG attached and may be told to lie still on their back instead. It can also lead to other unnecessary interventions, such as instrumental births and C-sections, due to false readings of the baby's heart²⁶.

5. Episiotomies

An episiotomy is a surgical procedure to widen the vaginal opening through a cut in the perineum, creating a controlled tear to facilitate birth or to allow the use of instruments such as a forceps to deliver the baby. One in four survey respondents had an episiotomy, suggesting that episiotomies are also a common intervention in the Irish maternity system.

Research indicates that episiotomies carry significant risks, including slower healing compared to natural tears and an increased risk of more significant damage to the perineum (i.e. 3rd and 4th degree tears)²⁷. International guidelines summarise that the risks of episiotomies outweigh its benefits. They should therefore not be used routinely²⁸.

Informed consent

The HSE national consent policy²⁹ mandates that consent involves a voluntary choice, where the service user is not acting under duress, and has received relevant information about the proposed intervention and the

²⁵ NICE (2022). *Fetal monitoring in labour. NICE guidelines.*

<https://www.nice.org.uk/guidance/ng229/chapter/Recommendations>

²⁶ Devane, D. et al (2017). Cardiotocography versus intermittent auscultation of fetal heart on admission to labour ward for assessment of fetal wellbeing. *Cochrane Review.* <https://doi.org/10.1002/14651858.CD005122.pub5>

²⁷ Yang, J. and Bai, H. (2021) 'Knowledge, attitude and experience of episiotomy practice among obstetricians and midwives: a cross-sectional study from China', *BMJ Open*, 11(4), e043596, available: <http://dx.doi.org/10.1136/bmjopen-2020-043596>.

²⁸ WHO (2018): *WHO recommendations: intrapartum care for a positive childbirth experience.* Online: <https://www.who.int/publications/i/item/9789241550215>

²⁹ HSE (Health Service Executive) (2022). *HSE National Consent Policy.* Online: <https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/>

involved risks, benefits and alternatives. It also states that service users have the right to decline any intervention, and that healthcare providers have to respect this informed refusal, even if they disagree with it and even if the refusal may have adverse consequences, including death.

Our survey results show that this policy is frequently not adhered to in practice. The information that birthing people are given by their care providers about routine interventions is often not sufficient. While some women felt well informed by their care providers about the pros, cons and alternatives – particularly those who had a private obstetrician and those planning a homebirth – a significant proportion (as many as 3 in 4 women for some interventions) did not. The experiences women shared with us give examples of risks being downplayed by care providers or not mentioned at all, benefits of routine interventions being over-emphasised, and no alternatives being offered.

The results also show that a significant proportion of birthing people were not made aware that they have the right to accept, decline or postpone any intervention during pregnancy and birth. Respondents shared experiences of interventions such as vaginal examinations, induction of labour, augmentation of labour, and repeat C-sections after a previous C-section not being presented as an option, but as a given without an alternative. This is an important finding because if women do not know they have a choice and they can decline, their consent is, by definition, not valid.

Obstetric violence

Obstetric violence is physical, verbal and sexual violence experienced by pregnant and birthing people in maternity care services³⁰. Examples of obstetric violence include the following interactions between service users and care providers (obstetricians as well as midwives and nurses working in obstetric settings):

- performing interventions without consent;
- neglect (e.g. when women are left to labour on their own without appropriate support or pain relief);
- gaslighting (a form of manipulation where care providers convince women that they are not remembering events correctly or misinterpreting what happened);
- shaming women for their views, feelings or behaviour;

³⁰ Van der Waal, R. et al. (2023) : Obstetric Violence: An Intersectional Refraction through Abolition Feminism. *Feminist Anthropology* 4 (1): 91-114. Online: <https://doi.org/10.1002/fea2.12097>

- and discrimination (e.g. based on race/ethnicity).

Obstetric violence is considered a structural problem. It is embedded in the policies, processes and relationships that govern institutionalised maternity care services.

It is important to highlight that obstetric violence is often committed without the intention to do harm. However, just like other forms of violence, such as sexist and racist micro-aggressions, this lack of awareness does not justify it or reduce the very real *effects* of the violence³¹. The acknowledgment of obstetric violence as a common and deeply embedded structural problem in obstetric maternity care is a necessary first step, both on an individual level and a societal level, to tackle this form of violence against women³².

While the survey did not ask directly about obstetric violence, we found that in their free text responses, survey participants shared experiences that can be categorised as obstetric violence. In some cases, invasive interventions such as vaginal examinations, cervical sweeps and breaking of waters were done by care providers without asking for consent. International research on obstetric violence and birth trauma has shown that non-consensual interventions, especially when they involve sexual organs, are a cause of birth-related trauma and/or may retraumatise survivors of sexual violence³³.

Gaslighting, belittling and ignoring women, for example in relation to the level of pain they are in, are other forms of obstetric violence that survey respondents described.

The stories shared by respondents also described experiences of duress, for example by care providers who use highly emotive language, selective information, shaming, manipulation of the birth partner, and prolonged pressure to get birthing people to agree to interventions. These experiences of not being in control of the decisions made during labour and birth are examples of obstetric violence.

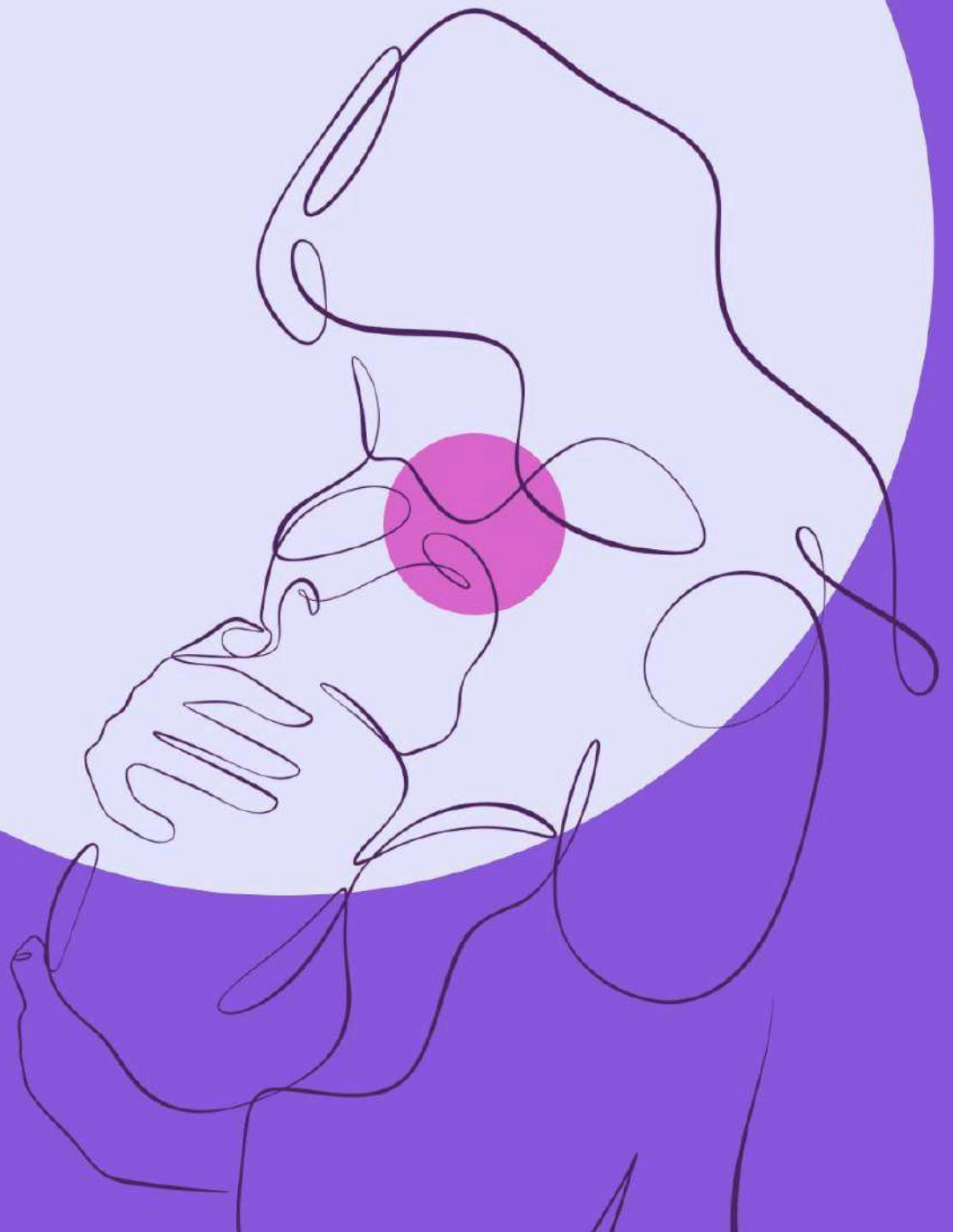
³¹ Bohren, M. A. et al. (2015): The Mistreatment of Women During Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLoS Medicine* 12 (6): e1001847. Online: <https://doi.org/10.1371/journal.pmed.1001847>

³² United Nations (UN) General Assembly (2019): *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*. Report of the Special Rapporteur on violence against women. Online: <https://www.ohchr.org/en/calls-for-input/report-human-rights-based-approach-mistreatment-and-obstetric-violence-during>

³³ APPG (The All-Party Parliamentary Group on Birth Trauma) (2024): *Listen to Mums: Ending the Postcode Lottery on Perinatal Care. A report by The All-Party Parliamentary Group on Birth Trauma*. Online: https://www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf

In sum, our survey results highlight significant issues within the Irish maternity system, including the routine overuse of medical interventions in births, a lack of choice and person-centred care, a lack of informed consent, and incidences of obstetric violence. At the same time, the data offers insights into positive experiences within the Irish maternity system, which can be used to guide further research with the aim of identifying solutions to these issues.

Survey Results



PART 2: Survey Results

1. Demographic Background

Gender

- Of 3,519 respondents, 3,511 identified as female, and eight respondents identified either as transgender ('male assigned female at birth'), as non-binary/gender-fluid, or as 'other'. In order to reflect that not all of our respondents identified as women, we are using the gender-neutral terms 'birthing person/birthing people/parent' alongside the terms 'women/mother'.

Age when giving birth

- The majority of respondents (75%) were between 30 and 40 years old, with 15% between 40 and 50 years old and 10% between 20 and 30 years old.

Relationship status

- Most respondents were in a relationship (31%), married (67%) or in a civil partnership (<1%). Just under 2% stated they were single.

Education

- 84% had a college degree (BA/BSc) or higher.

Citizenship

- The majority were Irish citizens (93%), with 233 respondents (7%) stating they had another nationality (in some cases in addition to Irish citizenship). The main other countries of citizenship were Brazil, United Kingdom, USA and other EU countries such as Germany, France, Poland, Spain and Lithuania.

Ethnicity and race

- Of the 3,475 people who offered this information, 3,278 identified as 'white Irish' (94%), 156 identified as 'white but not white Irish' (5%), including white European, Irish Traveller, and white American, and 41 identified as a person of colour (1%).

Long-lasting conditions

- Respondents were asked about long-lasting conditions. This included blindness or a visual impairment (4%); deafness or a hearing impairment (1%); a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying (2%); an intellectual disability (<1%); a difficulty with learning, remembering or

concentrating (4%); a psychological or emotional condition or a mental health issue (17%); and/or a difficulty with pain, breathing or any other chronic illness or condition (7%).

Social background

- Respondents were asked how they felt their background, their nationality, class, gender, race/ethnicity, ability - who they are as a person - affected the care they received in the Irish maternity services, either positively or negatively. The 2,817 free text responses included the following:

How do you feel your background, i.e. your nationality, class, gender, race/ethnicity, ability - who you are as a person - affected the care you received in the Irish maternity services, either positively or negatively?

“
Physical appearance paired with Gestational Diabetes led to lesser care or assumptions I was lazy or unhealthy. I lost a lot of weight during pregnancy and was congratulated for it even though I was weak with hunger and went to bed regularly to avoid eating to keep sugars under control for fear of judgment if sugars spiked.

“
I was a semi-private patient with private health insurance and I was called “the semi-private lady” regularly, I was put to the front of queues, given the first appointments so I wasn’t waiting, I got the epidural as soon as I asked for it, and a second one when I needed it. That kind of thing, very much privileged!

“
Likely due to my level of education and my research occupation, I felt comfortable discussing my [own] and my baby's medical care in a technical fashion. However this could be challenging for those less familiar with the medical/research environment.

“
As white middle class Irish in a rural county, I'd imagine care received was pretty standard. Condescending and not very open or respectful at times but I doubt that's unusual. I've since learned that a woman of colour died in that hospital after giving birth, 1 month before having my son and it was the same doctor delivering.

“
I don't believe it affected my care which is probably a positive as being privileged to not noticing a difference.

“
I'm aware I had a more positive experience than many as a white, able bodied, educated woman.

“
I didn't feel it had an impact in either way.

“
On the antenatal ward and labour ward the midwives chatted with me so the care felt personable. I don't think this would have happened if my English wasn't great.

“
I am not sure if it was racism but I feel that probably my brown skin together with my choice to not have antenatal care and a freebirth made the doctors think that I was uninformed and making potentially dangerous choices for my baby.

2. Your Pregnancy

First time births vs. subsequent births

- Over half of the respondents in our survey were first time mothers (primiparas) (55%). The remaining 45% were describing their second, third or subsequent births (multiparas).

Year of birth

- 200 respondents (7%) were describing a birth in 2019, 374 (12%) birthed in 2020, 667 (21%) in 2021, 824 (26%) in 2022, 1058 (34%) in 2023 and 3 (<1%) in 2024. This means that a significant proportion (60% birthed between 2020 and 2022) and were possibly affected by the restrictions that were put in place in the Irish maternity service during the Covid-19 pandemic, such as restricted access for partners during labour, birth and postpartum.

Type of care

- Two thirds of the respondents (66%) received public care, with labour and birth taking place in hospital (including consultant-led care as well as DOMINO care, care in midwifery-led units and antenatal care in community midwives clinics). Nearly one third of the respondents (29%) received private or semi-private consultant-led care. 190 respondents (5%) chose home birth with self-employed community midwives (SECM) or private midwives.

Pregnancy complications

- Nearly half of the respondents (47%) were diagnosed with a pregnancy complication. The most common diagnoses included gestational diabetes (10%), hyperemesis (10%), Group B Strep (9%) and high blood pressure (7%). The remaining 53% were not diagnosed with any pregnancy complications.

3. Your Birth

Place of birth

- The vast majority of the respondents (89%) were planning to give birth in a hospital. 102 respondents planned for a birth in a midwifery-led unit (3%), 240 planned to birth at home with a midwife (8%), and 11 planned for a freebirth (a birth at home without a medical professional present) (<1%).
- Not all of those who had planned for an out-of-hospital birth had their baby in their chosen place of birth. In total, 93% of the respondents did in the end give birth in a hospital, 47 birthed in a midwifery-led unit (2%), 128 birthed at home with a midwife (4%), 16 freebirthed (<1%), and another 26 had a baby before they could make it to the hospital or before their midwife arrived ('born before arrival') (<1%).

Type of birth

- Only about half of our respondents had a spontaneous vaginal birth (48%). One in five had an instrumental birth (19%). One in three had a C-section (33%).
- When dividing the results into first time mothers (primiparas) and mothers with one or more previous births (multiparas), we can see that for first time mothers in Ireland, the rates of instrumental births and C-sections are significantly higher. 29% of primiparas had an instrumental birth compared to 7% of multiparas and 37% of primiparas had a C-section compared to 28% of multiparas. Only one in three (34%) first time mothers had a spontaneous vaginal birth compared to two in three (66%) of multiparas.
- It is worth noting that 'spontaneous vaginal birth' only refers to the result of labour process, i.e. a vaginal birth without instruments. This does not mean these respondents had a physiological labour and birth. For example, measures to start or speed up the birth process, namely induction, augmentation and/or episiotomy, were used in 88% percent of spontaneous vaginal births, i.e. only 12% of the respondents who had a vaginal birth did not have either of these interventions.³⁴

³⁴ Of the 1485 respondents who had a spontaneous vaginal birth, only 122 answered the survey questions regarding induction, augmentation *and* episiotomy (as respondents were only asked the question about augmentation if they were not offered induction). Of the 122 who had a spontaneous vaginal birth and answered these questions, only 15 respondents (12%) stated that they had neither an induction, nor an augmentation, nor an episiotomy. While this calculation is based on a small sample, this trend is worth noting.

Decision-making around type of birth

- When asked if they were involved in the decision about what kind of birth to have (spontaneous vaginal birth, instrumental birth, C-section), just over half of the respondents (53%) were fully involved in the decision, stating that they were asked every step of the way what they wanted and that their decisions were accepted no problem.
- 13% stated that they were involved, but that they had to argue for what they wanted. 14% were not sure if they felt involved, responding that they were asked about their preferences but did not really feel fully involved in the decisions about the birth in the end.
- One in five respondents (19%) stated that they were not involved at all in the decision about the type of birth they had, they just agreed to what their care providers said they should do.

Information about instrumental births and C-sections

- We asked the respondents who had an instrumental or surgical birth (C-section) if they had all the information about the risks, benefits and alternatives of these interventions needed to make a decision. Just over a third (37%) felt they were well informed, stating that their midwife or doctor really took time to explain the risks, benefits and alternatives to them.
- Just under a third of the respondents (28%) stated that they were given some information by their doctor/midwife but that they did not fully understand all the risks, benefits and alternatives of this kind of birth.
- One in seven (14%) of the respondents had informed themselves. They stated that they were not given much information by their doctor/midwife, but they had done their own research before the birth and as a result felt very well informed before they made a decision.
- One in five birthing people (22%) who had an instrumental or a surgical birth felt very ill-informed, stating that they definitely did not have all the information they needed before they agreed to have a C-section or an instrumental birth, and that they wished they had known more.

Experiences of instrumental births and C-sections

- Respondents were invited to share anything they wanted about their experience of instrumental births and C-sections. The 1,209 responses included:

If you had an instrumental birth or a C-section, please tell us more about this experience if you like.

“
All the staff who were with me before during and after the section were amazing. I couldn't say a bad word about any of them. They were so caring in all aspects of my birthing journey.

“
Failure to progress, baby OP [occiput-posterior or 'back to back'] and face first. Theatre was excellent. Could not fault one member of theatre staff.

“
As it was unplanned [the C-section], I was disappointed this was the outcome especially as I had reached 9cm [of cervical dilation], but there were late decelerations on CTG and I knew it was the safest thing for my baby.

“
From 37 weeks, I experienced high blood pressure. I was admitted to hospital twice prior to birth. As it was 2020, my husband was not allowed to be with me at this point. I had a rushed consultation with a registrar [junior doctor], where I was rushed into an examination and a sweep without consent, then told that “we’ll induce you today”. Whilst on the antenatal ward, I heard so many women being induced and labouring alone. I felt that at 37 weeks, my baby and body were not ready to deliver, I didn’t even feel heavily pregnant. I was anxious after all I witnessed on the antenatal ward and didn’t not want to experience a failed induction, hours of labour and then an emergency C-section, along with the fact that I was told a number of times that my baby was very large (she ended up weighing 7lbs 15 at 39wks), I pushed for an elective section.

“
It was traumatic. Had a post-partum haemorrhage. I felt so out of control with everything.

“
Elective c-section after previous traumatic birth. Second birth was very positive experience and all went to plan. Level of care received was excellent.

“
The hospital thought my waters had been slowly breaking. I did not want to be induced however they explained that the risks of my waters breaking gradually over weeks could be fatal. I went through a full induction on this advice (even though I explained that it was not my wishes) prostaglandin x1, oxytocin drip max dose for 6 hours. [It was] discovered my waters had not broken when I had not dilated. Waters were [then] broken. This was attempted by x3 midwives, the second midwife walked out of the room in frustration leaving me in agony, bleeding in the bed, my partner had to help me clean up. Opted for the epidural as I was emotionally exhausted. Dilated 2cm 6 hours later and was told we would have to go for an emergency c-section.

“
My labour was induced and culminated in my little girl being born with the aid of a ventouse. I was also given an episiotomy. It was not explained to me that my baby would be delivered using a ventouse. It was also not explained to me that I was being given an episiotomy. I was not asked to consent to either of these things. Both my husband and myself have discussed this numerous times and I have asked him if he remembers it being explained to us or my consent being obtained. He does not. We very clearly remember the risks of the epidural being explained and being provided with a consent to sign. This was the last thing we remember being specifically asked about or asked for consent to. Very shortly after my baby was born (within 15 mins or so) I asked my consultant while he was working on me if I needed many stitches. He said “not too many”. I still to this day don't know how many stitches I needed. I didn't know until after the delivery if I had a tear or if I'd been given an episiotomy.

“
Felt very rushed. I started vomiting profusely and all of a sudden there was a lot of people in the room. The consultant appears and tries a ventouse (no explanation given to me as to what was happening), then the forceps were used after the consultant had performed an episiotomy. It felt very rushed and I still don't know why it happened that way.

“
It was ok. It was not what I wanted. My lovely domino midwives were with me all the way but the consultant that came in took over and pretty much forced me to sign a waiver for a C-section. You just agree to these things because they say it's for the best. And you feel like if you say no then you are putting your baby's life at risk.

“
Wish I had been given a little longer to push without intervention of suction and episiotomy.

“

My waters broke at home at 37+3. I was hoping for a VBAC [vaginal birth after caesarean]. After 24hrs of contractions I had not progressed beyond 1cm so the doctor said I needed to be put on a Pitocin [syntocinon] drip to speed up labour. The drip was gradually increased to the highest possible dose over 4hrs and then my contractions were back to back so they first reduced the dose and then turned it off completely. I was kept in bed the whole time with a foetal monitor on and told that was necessary when I asked to walk. 6hrs after the drip was started I had another vaginal exam and was told I was still 1cm dilated and that because I was not progressing at all and my waters were gone over 24hrs there was a risk of infection and it was necessary to do a section. My obs [observations] and the baby's obs [observations] were fine at the time. I was not tired, I felt good. There was no discussion, all the prep for the section was done in minutes. The theatre was so hectic. The nurses abrupt and no-one gave me any information about what was happening. I was left standing in the corner of the room alone while they prepped. Then they sat me down for the epidural. I asked to be told before the needle was inserted. They didn't and I jumped which meant it had to be repeated. The section felt very rough in comparison to my first. My partner was alarmed at how much I was moved around on the table. After the birth I started to feel pain in my right side while they were closing me up and they knocked me out. I woke up in recovery with a drain in my side but they wouldn't tell me why. I was still in pain so they injected me again and I fell asleep again. I was 3hrs in recovery before I was brought to the ward and reunited with my baby. 3 weeks later I was readmitted with a suspected internal infection. A scan showed severe inflammation in the tissue around my scar site.

“

I had a trial forceps in theatre. My babies heart rate was dropping throughout the labour. I was well informed and really giving the best chance to have a vbac.

Presence of support person during the birth

- We asked respondents to share anything they wanted about the presence of a support person and the role they played during the birth. The 2,104 responses included the following:

Please tell us anything you want to share about the presence of the support person/people and the role they played during the birth.

“It was important to me that as few people as possible were present. I only wanted my partner and a midwife. That was only partly respected (it was during my first birth). It felt like a lot of people were coming and going, which I did not like.

“Would choose a doula for next pregnancy. Partner unable/ill equipped to assist. Would like someone solely present for my benefit, with my wishes in the forefront of their mind. My partner is too easily swayed by my Dr's suggestions.

“The hospital staff in the pre-labour ward were horrific, unempathetic and gaslighting. Burned out and seemed to have no care for women in labour. The theatre team were wonderful, showed empathy, were kind. It doesn't take much. My husband was there but was also traumatised from this medicalised birthing gone wrong, he was afraid he would lose us. The importance of kind and supportive staff can never be underestimated.

“
My partner was amazing during my labour/delivery. I had asked the midwife twice if my contractions were 'normal' given I was so early in labour. I told her I couldn't feel the baby move anymore (baby/contractions were not being monitored) - she told me I was likely distracted by the pain. My partner called her for a third time - and she agreed to pop a monitor on me for peace of mind. My daughter was born 30 minutes later and her life was saved. My partner, however, was not communicated with during the rush/emergency - he had no idea what was going on as I was being pushed away in the bed to the OR.

“
The midwives were absolutely fantastic, the Dr was not a bit nice. I would have been due antibiotics at 4pm (for GBS [group B strep]) at 3.50 I felt the urge to push, the midwives encouraged me to trust my body and let it happen. I had a cannula in, but the oxytocin drip was in it, so the Dr forced down my other arm, and forced in a cannula for antibiotics, as I was pushing the baby out! Baby was born at 3.56. I asked the Dr to stop, and pushed him off, but he continued.

“
My husband was very good support however he didn't have enough knowledge (like me) to advocate properly for me. He was looking to follow my lead during the labour rather than taking the lead and properly looking after me.

“
He's the father of the baby, can't say he was much help during the labour though.

“
One of the midwives in particular was amazing. She really listened to me, asked what my preferences were and was super supportive of all.

4. Routine Interventions During Birth

Foetal monitoring during labour

- Nearly three quarters (73%) of birthing people had continuous foetal monitoring with a CTG (cardiotocograph) during labour.
- The majority of respondents were happy with or did not mind how their baby's heart was monitored (83%). The remaining 17% however were not happy with the monitoring, mainly because they felt that continuous CTG monitoring negatively affected their labour, e.g. mobility, pain levels and labour progress and that it led to further interventions.

Experiences of foetal monitoring

- We asked respondents who had stated that they were not happy with how their baby's heart was monitored during labour to say more about this. The 475 responses included:

I was not happy with the monitoring - please tell us why not?

“ I was happy with the monitoring at home but once I got into the ambulance it was my midwife and me in the back. She stopped monitoring his heartbeat periodically and just wrote her notes. I asked her if she should check him and she said well there's nothing we can do now we just have to get to the hospital. That was not comforting and made me feel there might be something wrong.

“ The cords [of the CTG machine] were very short and I could only be 1 foot away from bed. They wouldn't have let me refuse it. I wasn't allowed anything I wanted.

“ It [the continuous monitoring with CTG] was fine and I didn't mind much but it left me bed-bound before my epidural.

“
The CTG monitoring wasn't sufficiently picking up my baby's heart rate and so they had to attach the internal monitor vaginally [fetal scalp electrode] and I felt the midwives and consultants were not very well trained or had much practice attaching this monitor as it took them several attempts to attach it and [they] were not very considerate of me not having had any pain relief at this point.

“
I didn't like having to sit still on a bed [with the continuous CTG monitoring]. When the midwife realized this she got a portable monitor but I found it really annoying how she would keep her hand on one monitor so I couldn't really move then either.

“
It [the continuous CTG monitoring] made labouring harder as I wasn't free to move to help with the pain. The monitor kept dropping [baby's] heartrate so I had to stay still and have a midwife hold the monitor on.

“
In the end I was in major pain with contractions and had to lie a specific way [for the CTG monitor] which made the pain much worse, needed to stand for a few minutes to ease the pain and the midwife was not impressed.

“
I had a previous difficult experience with CTG where I accepted it under extreme coercion. I was aware of the evidence of the harm CTG can cause. It also restricts your movement & the midwives can focus too much on it - paying more attention to it than the humans it's attached to.

Vaginal examinations

- The vast majority of birthing people (92%) had vaginal examinations before or during labour.
- Just over a quarter (28%) felt they were given all the information about the risks, benefits and alternatives to vaginal examinations by their care providers and another quarter (27%) stated they were not informed by their midwives/doctors but that they had informed themselves instead. The remaining respondents were not fully informed. Some stated that they were given some information by the midwife/doctor but did not fully understand all the risks, benefits and alternatives to vaginal examinations (19%) while others stated that they did definitely not have all the information they needed and that they wished they had known more (26%).
- While the majority of women who had vaginal examinations (61%) stated that they were happy with that, just over one in eight women (13%) said that they would have preferred not to have any, had they been informed that it is up to them to make that choice, and another 26% were not sure about it.

Experiences of vaginal examinations

- We asked respondents to share anything they wanted about their experiences with vaginal examinations. The 1,375 responses included the following:

Please tell us more about your experience with vaginal examinations if you want.

“

I put on my birth wishes I didn't want vaginal exams. However I was forced into them and never explained any risks or alternatives. I didn't argue as I was trying so hard to keep my oxytocin up to continue with a physiological birth. The doctor insisted on them as I was refusing a C-section again the small amount of bleeding was their reason for everything. We asked everyone after the birth to explain why the bleeding was so worrying and what caused it. We were told it was nothing and normal.

I was happy have the vaginal exam in the labour ward. But in admissions, I felt I had to agree to proceed to the labour ward.

Consent was requested beforehand it was explained to me why they wanted to do it. Consent was also requested right before it happened (usually).

I asked for my two examinations as I was in immense pain and wanted to get to the delivery suite [note: many hospitals only admit birthing people to the labour ward once a vaginal examination indicates a certain cervical dilation, usually 4 cm]. The midwife was not interested in listening to me and all I had was 2 Panadol for pain relief. I wanted an epidural, but only got to delivery suite 40 minutes before delivery so had no time.

I found them extremely uncomfortable. I did say I didn't want them but because I was after starting the induction process they said they needed to do them to monitor progress.

As my waters had broken, and baby was in breech position, there was a concern that I could go into labour which was not wanted. I began having extreme pains like contractions overnight and it was agreed with consultant to have a vaginal exam to see how far dilated I was. This gave comfort that I was not yet in full labour and would be able to move ahead with the c-section as planned.

I was induced on the antenatal ward. I was told that to be transferred to the labour ward they needed to confirm I was in active labour by checking that I was 1cm dilated through a vaginal exam. I did not know I could decline this. My contractions were 2 minutes apart and the examination had to happen with me on my back, which I said made the pain much worse. When I was transferred to the labour ward, they wanted to carry out another vaginal exam there to "confirm" I was in active labour, which I wasn't told was optional and would also need to be done on my back. They tried to put me on my back for it but I was complaining about the pain. My husband asked if it was necessary and the midwife managing the ward was called. She said she was making a decision that a vaginal exam wasn't required, that I could go ahead and get an epidural (this was something I'd been asking for) and they'd do the vaginal exam afterwards. I don't know why the antenatal and labour wards would need separate vaginal exams. I wasn't in a position to discuss the second exam because of the pain but without my husband's intervention it would have gone ahead.

I liked knowing how many cm I was and how baby was descending.

When I got to the hospital I was in a lot of pain as I was dilating very quickly. I asked for pethidine to ease some of the pain, after only an hour I felt the need to push. The midwife was very dismissive as if she didn't believe I was really ready to push. She asked if I wanted a VE [vaginal examination] to see how far along I was, I consented as I didn't know what else to do. She took barely a second to look then very quickly said "can you walk? Time for the labour ward". I was fully dilated! It felt as though my own voice was not believed until they did the VE.

Episiotomies and perineal tears

- A quarter of the respondents (26%) had an episiotomy. First time mothers (primiparas) were more likely to have an episiotomy: more than one in three (37%) compared to around one in eight (12%) of birthing people with previous births (multiparas).
- About half of these episiotomies resulted in 1st and 2nd degree tears (53%). A significant proportion of women had a more severe tear (3rd or 4th degree) as a result of the episiotomy (13%). One third of the respondents (34%) did not know what degree their tear was.
- Of those who did not have an episiotomy, around two thirds had no tearing. One third had a natural perineal tear. The majority of these natural tears were not severe, i.e. a 1st or 2nd degree tear (89%), only 6% had a more severe tear (3rd or 4th degree), a significantly lower percentage compared to those with an episiotomy. 5% of respondents who had a tear did not know what degree the tearing was.

Antibiotics during labour

- 22% of the respondents were told by their care providers that they should take intravenous antibiotics during the birth, with the main reasons given testing Strep B positive during pregnancy, prolonged rupture of membranes, a fever during labour or having a C-section.

Presence of support person during decision-making

- While seven in ten of the respondents (70%) always had a support person (e.g. a partner or a doula) with them when medical interventions were discussed with them during labour and birth, one in ten birthing people (10%) were always on their own when interventions were proposed and a further two in ten (20%) were sometimes on their own.
- The number of those who were on their own when decisions were made was significantly higher in the years 2020 and 2021, when Irish maternity hospitals restricted access for birth partners and doulas. In 2020, nearly half of all mothers were always or sometimes on their own (50% in 2020 and 44% in 2021), compared to 17% in pre-Covid 2019, 29% in 2022 and 19% in 2023.

Consent and refusal

- Of those who were offered antibiotics during labour, more than half of the respondents (59%) were not aware that they could decline antibiotics, they thought they had to take them.
- Almost half of the respondents (43%) were not made aware that their consent is needed for a vaginal examination to be performed, they

thought that had to have them. Of the 205 birthing people who did not have a vaginal examination, only 16 actively declined a vaginal examination, that is 0.6% of all those who answered this question.

- Of those who had CTG monitoring during labour, nearly three quarters of respondents (72%) were not aware that they could decline this.
- Of those who had an episiotomy, more than two in five (44%) were not made aware that their consent was needed for this surgical intervention, i.e. they did not know they could decline.

5.Pain Relief

Pain relief plans vs. actual options

- Even though around one third of respondents (32%) were planning to labour without any pain relief, only one in ten (11%) did in the end.
- Only around one third (32%) were planning for an epidural, but around half (53%) had one in the end.
- Nearly one in five birthing people wanted to labour in water (18%) but only one in twenty (5%) were given access to a birthing pool when they were in labour, which may partially explain the higher rates for pharmaceutical pain relief above.

Views on pain relief

- Three quarters (73%) of the respondents stated that they felt they received the pain relief that they wanted or needed.
- The remaining quarter did not feel that they received the pain relief they wanted or needed – either too little, too much or not the right kind. Nearly one in five (17%) stated that they got pain relief but that it was not great and that they would have liked other options. A small number of respondents got pain relief that they did not need or want (4%) and wanted pain relief but were not given any (6%).

Decision-making around pain relief

- Two thirds of the respondents (66%) stated that they were asked every step of the way what they wanted regarding pain relief and that their decisions were respected.
- Just under one in ten (9%) felt involved but only because they argued for what they wanted. One in seven (14%) stated that they were asked about their preferences but did not really feel involved in the decisions in the end. One in ten birthing people (11%) were not involved in the decisions around pain relief, they just did what they were told to do.

Future decisions around pain relief

- Around two thirds of the respondents (64%) would make the same decision about pain relief again in a future birth, around one quarter (25%) would not, and one in nine (11%) were not sure.
- The number of those who would make the same decision again is higher for those who had no pain relief (80% would make same decision) and those who laboured in water (94% would make same decision). This is significantly higher compared to those who had pharmaceutical pain relief: of those who had an epidural, 63% would

opt to have it again, and only 50% of those who had pethidine would have it again.

- We asked those who would opt for the same pain relief why they would make this same decision again. The 1,406 responses included:

Yes, I would make the same choices about pain relief if I had another birth because:

“
I was happy with my choices. I needed both the gas and air and the epidural. The epidural needed a top up and then to be re-sited but once it worked it was great. I couldn't have done it without. I was in a lot of pain beforehand.

“
I think it was good to birth without epidural, as I could feel every contraction, walked very soon after giving birth and felt more liberated.

“
I didn't know if I would need an epidural and wanted to try without it but I wasn't able to have it as they didn't bring me to the delivery suite until I was 10cm and it was too late. I had no gas and air until I was pushing so laboured all day without anything except one dose of pethidine. I would be naive to think that the next labour I won't ask for an epidural because I probably will! I was proud that I got through it without it but still it was hard to not have the option..

I used the TENS [transcutaneous electrical nerve stimulation – small machine used to reduce pain perception] and winner flow [exhalation device] during labour and birth and I'm planning to use again. For the stitches the doctor didn't use enough local anesthetic and refused to use more and only offered gas and air. I used this but stopped as I didn't like [it]. I would fight for more local anesthetic the next time.

In my 3 previous births I had an epidural. There was no time on my 4th. I wish I had been supported more through the pain on my previous births to not have an epidural.

I feel the gas and air and the birthing pool was all I needed.

I had done my research about the effects of pain relief and the increase of interventions and I did not want any interventions if it could be helped. I would have had no problem having pain relief if the pain had become too much but the labour had no complications so it was not needed.

My first birth was incredibly traumatic and protracted so I was very forthright in requesting an epidural at the earliest possible stage this time and my wishes were met. I didn't feel like this during my first birth. I would hope that the labour for my current (3rd) pregnancy would go as smoothly as my second.

I asked for an epidural but I was too far gone and gave birth about 20mins later. I actually had a better birthing experience without the epidural compared to the use of the epidural for my first birth. I felt more in control of my body.

- We also asked those who said they would *not* make the same decision around pain relief again to say more about why they would not. The 597 responses included the following:

No, I would not make the same choices about pain relief if I had another birth because:

“
The pethidine I felt didn't work. In fact I threw up 3 times after it. The gas and air took the edge of the contractions. Which helped distract me from the pain. The epidural I found made my birth much more enjoyable because it took away so much pain I was feeling I had a very fast birth of 5 hours as a FTM [first time mother] so my labour was fast and intense. I only found out after that I practically laboured on my own without the epidural the midwife who did my birth review told me I probably didn't even need it and that in fact it can make labour harder because you have to work harder to push as you can have limited feelings when pushing, which I agree, you can't tell if baby's moving down more as it's hard to feel that and contractions seem much lighter etc., so knowing what I know now I don't regret it but I'm aware that it can make it harder on the mother and also the lack of movement for the mother and also it can lead to more instrumental births. Doing my birth review made me realise I had gotten so far without much pain relief that I could totally get that far in the future without. I do wish I had the water birth I had wanted and I think I would have done much better in water, as when I have very painful periods being in the bath helps immensely, I have dysmenorrhea.

”

I wanted to birth in a pool but wasn't allowed.

I'd look for an epidural earlier.

I was open to the idea of getting an epidural and when my contractions got to a point I felt I couldn't handle much more I was given one. But I was in transition and my baby was born minutes later. Had I known this I wouldn't have gone through the torture of trying to hold still over the side of the bed while it took three attempts to place an epidural. I thought this was how I was going to feel for hours yet and didn't know it was the peak. Also my baby arrived before I got full relief from the epidural anyway. Then a comment of "what's wrong with her?" from the anesthesiologist when I was contracting every minute or so and struggling to hold still hunched didn't help. The three attempts at the end of his shift, as he said he had been up 26 hours, didn't fill me with confidence either. Don't get me wrong I would class my birth as positive compared to some people, but I wish cervical dilatation wasn't relied on so heavily as I had all other signs of my baby being ready to be born, but as I was "barely 1cm" not long ago they [the signs of imminent birth] were ignored until her head was visible. I wouldn't be against epidural again next time, but I would listen and advocate for my body a lot more.

Definitely not. I was railroaded into getting an epidural because it now thinking back seems to me that the midwife didn't want to be constantly there with me applying pain relief methods and coaxing me through, she wanted me to quieten down and lie down and get the epidural and when I did she went off to do other work and was barely in the room.

“
My preference would be a water bath and gas and air and movement. I feel if I could have moved more in my labour I would have needed less pain relief.

“
I wouldn't have pethidine as I don't think it worked, it just made me very tired but I still felt all of the pain.

“
I really didn't want an epidural but I was induced and I tried to refuse the syntocin drip as I was over stimulated by it on my last birth, but the midwife was horrible to me and refused to listen and insisted I get the drip. I then panicked and asked for an epidural as strong contractions came instantly and so so quick like last time. Labour was starting after they broke my waters so the drip was unnecessary. I begged to be let labour by myself but I was ignored. It was like I had to be out of the room in a couple of hours and that I couldn't have more time.

“
If I had a choice, I would want an unmedicated vaginal birth.

“
Would like to understand all options.

“
I kept asking for pain relief and was given the pethidine too late, it had no effect. I was 10cm then so no epidural. If I had some pain relief I feel I would have enjoyed the delivery more.

“
I would like to labour longer in the pool and then keep moving. I was told I wasn't progressing and needed an epidural and oxytocin or else I'd have to have a c-section. But it wasn't what I wanted.

6. Induction

Induction rates

- Two thirds (62%) of our respondents were told that they should have an induction.
- Nearly three in four (68%) of first-time mothers were told their labour needed to be induced, compared to just over half (55%) of respondents who had given birth before.
- Two in three (64%) of those who were offered an induction had an induction in the end.
- Of all the birthing people who responded to this section of the survey (n=2606), the induction rate was 46%. For first time mothers, the rate was 51% and for mothers with one or more previous births it was 40%.

Reasons for induction

- The main reasons why birthing people were told they needed an induction were: because their estimated 'due date' was approaching or they had gone beyond the estimated 'due date' (27%); baby 'measuring big' on the scans (14%); pre-labour spontaneous rupture of membranes (when the waters break but contractions do not start within a given time frame) (8%); a diagnosis of gestational diabetes (7%); maternal age (5%); and maternal request (including reasons such as being in physical pain or experiencing anxiety) (4%).
- A significant proportion of women (9%) who were told they needed an induction were not given any specific reason or stated they did not know why induction was recommended to them.

Involvement in decision-making around induction

- About half of the respondents (52%) felt that they were involved in and respected during the decision-making process regarding induction.
- 14% were involved in the decisions but they felt they had to argue for what they wanted and 12% were asked for their preferences but did not feel fully involved in the end.
- Nearly a quarter of the respondents were not respected as the decision-makers, with 19% stating they just did what they were told to do and 3% stating they were not even asked or informed before the induction (e.g. cervical sweep or breaking the waters) was performed.

Experience of induction

- Half of the respondents who had an induction described the experiences as very positive (21%) or fairly positive (27%).
- A quarter of the respondents found the induction to be 'not great' but they managed to cope (23%).
- A quarter of the respondents (26%) described the induction as a very difficult experience.
- A small number (3%) were not sure how they felt about it.
- We asked respondents to share anything else that they would like to say about inductions. The 474 responses included the following:

Please tell us anything else that you would like to say about inductions.

I often say that if you'd stood still long enough in the hospital that week, you'd have been induced, pregnant or not. I felt that there was huge pressure and what felt like inductions everywhere (it was also the weeks coming up to Christmas).

I had a positive experience. After 3 gels, my waters broke and things progressed quickly.

I would have like to be offered pain relief when I was in pain from the induction.

Found them extremely intense and painful and in my experience I only ever needed one round of gel both births, just found it very painful almost immediately after gel and went almost immediately to fully dilated from 2 cm after water breaking, with just gas... so painful and intense.

“
If I could do it all again, I'd decline the induction and go home, but when you're in that situation it's extremely hard to refuse or go against the doctor's advice. Even though in theory I was aware I could refuse it and take myself home, in practice that is a very difficult thing to do. My family were putting pressure on me also to 'do the safe thing' so even if I had gone home instead of agreeing to the induction it would have been so difficult for me to relax and feel confident in that situation. For many mothers like me, we need to feel assured by the professionals. There is too much at stake to feel that we're taking risks.

“
In [my hospital], the doctor physically broke my waters along with another 3 (at least) women in the ward. There was no privacy and you could hear everything. We all went into labour some time later and at similar times and the hospital had NO where to let us labour with dignity. They shouldn't have induced us all if they had nowhere to put us. I felt like an object on a production line and the doctor "popped" us all, without any thought for what would happen to us next. I did complain.

“
For me it was fine. They didn't rush me into it and my waters were gone from 36+5 [weeks] with no sign of labour starting so I was happy to trust it was the best approach.

“
I found that, as a first-time Mum, the expectation was that the induction would take longer to work & this was certainly not the case with me as our son came within 5 hours. This, I believe, is part of the reason I was not listened to & made to feel like I was overreacting.

Had 2 sweeps with a female midwife and a female doctor and it wasn't painful, and they spoke with me the whole way through. Then had 3 sweeps (after gel induction) with male doctors and they were horrific. A nurse held my hand, and I cried with pain. Was so rough and uncomfortable and I felt very upset after.

You feel like you're on a conveyor belt, and they just want to get you through as quickly as possible, there's no sense that they are seeing you as an individual labouring person with individual needs. I felt unseen and an inconvenience.

Please listen to the woman. Don't dismiss her because you know best. If she was hypersensitive to the drip in her last birth, then she is likely to be again. A lot more support is needed and should be provided to scared, vulnerable women being induced.

My induction was a great idea for my second birth. You only hear the horror stories with inductions, but I found mine very empowering.

It ruined my life. I feel I will never recover mentally or physically from this experience, and it breaks my heart.

I had a straight forward pregnancy and when i questioned being induced on due date regardless I was dismissed. My birth might have been smoother if I has skipped the induction and not pushed things

Information about the risks, benefits and alternatives of an induction

- One third (35%) of the respondents said that their care providers explained the risks, benefits and alternatives of an induction and that they felt well informed. One quarter (26%) had done their own research and felt well informed, even though their care providers had not given them much information.
- 23% said that they were given some information by their care providers but they did not fully understand the risks, benefits and alternatives of an induction.
- Nearly one in six women (16%) who were offered an induction stated that they did not have enough information and wished they had known more.

Consent and refusal

- Three quarters of birthing people (77%) knew they could decline an induction, whereas the remaining quarter (23%) were not informed that they could refuse, they assumed they had to have an induction if this was suggested by their care providers.

Future decisions about induction

- When asked if they would make the same decision about induction again in the future, half of the respondents (51%) said yes, they would. A quarter (27%) were not sure, and just under a quarter (22%) said they would not make the same decision about induction again.
- When divided into those who had an induction and those who did not, respondents were more likely to make the same decision again if they declined an induction. Of those who did not agree to an induction, the majority (69%) would make the same decision again, whereas one in five (19%) were not sure and the remainder (12%) stated they would make a different decision in the future.
- A higher percentage of those who *had* an induction stated that they would decide differently in the future. Only two in five of those who had an induction would have one again (42%), around a third were not sure (30%) and another quarter stated they would not make the decision to have an induction again (28%).

Reasoning for future decisions around induction

- We asked respondents to share more about why they would or would not make the same decisions again. The following are examples of those who had induction and felt they would make the same decision again.

I had an induction and would definitely make the same decision again.

“
It [the induction] was very effective and I went on to have an uncomplicated and positive birth.

“
I didn't want a bigger baby.

“
Knowing I have such quick labours and living so far from hospital makes me anxious about spontaneous labour. The induction was planned, I knew I would be in hospital. My first baby was a BBA [born before arrival], my second labour was less than 50 minutes total. I am now pregnant with my 3rd and feel like I have no chance making it to the hospital if not induced.

“
I wanted my baby delivered safely and it was necessary to induce due to bile acid levels.

“
It was right for me - I didn't feel I could continue carrying the baby due to extreme pain in my ribs and exhaustion.

“
Cause I wanted the baby out.

- The free text responses also included those who declined an induction and would do so again in the future:

I declined an induction and would definitely make the same decision again.

I don't deem them necessary in a healthy, low-risk pregnancy.

I just had a feeling my body would end up doing its own thing and advancing. It just needed a little extra time and once I spoke to my midwife and consultant, I felt listened to.

I had decided that I would decline induction and opt for an elective C-section. I had a very traumatic first birth and would have done anything to avoid an emergency section this time around. I felt the odds of having an emergency C-section would be too great if I was induced.

Because I had such a lovely birth by not interfering with a natural process.

I feel inductions are routinely offered in maternity services and not for genuine medical reasons. A high proportion of these inductions end up in emergency C-sections and women are being traumatised as a result. I would not wish to start the cascade of interventions unless absolutely necessary. I feel the majority of women aren't giving proper informed consent.

- Those who stated they were not sure whether they would make the same decision again included the following, mostly referring to people who had induction:

I am not sure if I would make the same decision about induction again.

For context, I am petite - I'm a dress size 8 and about 7/7 and a half stone. My consultant's view was that induction at that time was the best chance of a vaginal delivery for me. While I think I'd make the same decision, knowing now how one intervention can lead to another I would probe more about the risks on waiting for spontaneous labour.

I was not aware of the effect the [syntocinon] drip would have on my body. I would like to avoid it in the future or in the case that it is required, be offered appropriate pain relief.

I was almost 42 weeks and was told that I wouldn't be allowed to go any further so was booked in for induction.

I didn't know a [cervical] sweep was a form of induction.

I would probably allow for induction again with G.D. [gestational diabetes]. Both my pregnancies I had gestational diabetes. I would fear something happening to my baby because of GD if I didn't follow doctors' orders. However, both babies were born under 7lb so sometimes I feel I could have been let go to 40 weeks.

- The free text responses from those who would not make the same decision again all referred to having had an induction and not

I had an induction and would not make the same decision again:

I had researched beforehand but felt too scared to decline an induction knowing my waters had broken and I had Group B Strep [GBS]. I am not sure if I would feel confident to go against it if same happened again. I was threatened that my baby would be put on antibiotics after birth if I declined, which seemed worse to me than me being on them and [being] induced. I didn't know how to say no to antibiotics for my baby, I was told I was putting my baby in danger. Logically I know that the chances of my baby being sick [from a Group B Strep infection] are very low, given that not everyone is tested for GBS near being full term. But I kept thinking: what if it happens.

I was induced/had my waters broken at 42 weeks. Ended in a repeat C-section. I really wanted a VBAC and I do wonder if the pressure by [the staff] to have the baby 'on time' wasn't as strong, would I have felt comfortable and supported to wait for natural labour and then had a better chance at VBAC.

I would hope to go into labour naturally, contractions were every 5mins from Friday midday until birth Saturday 10pm after gel induction plus other steps, very exhausting, and also, I didn't know the induction can cause a haemorrhage which happened to me.

Whilst in the end having the induction worked out for me, I really felt under pressure to do it. I postponed it for one day and was told by the hospital I couldn't postpone it again. I didn't feel like the information they were giving me about a "big baby" was sufficient grounds for induction and when I questioned the risks, I was told there was a risk of shoulder dystocia or my baby "could die". I really felt pressured into making a decision I wasn't comfortable with and was in effect being accused of potentially harming my baby if I didn't present myself for induction. It was quite a stressful time.

I would stick to my own opinions and say no to induction and straight for a planned C-section. I always wanted that but was told first time mothers have to do induction.

[The induction] was very traumatic. I felt like a school child being told what to do. I had the gel and my waters broke then and I was hoping to see how I'd go. I was put on the [syntocinon] drip very quickly and I wish I hadn't.

I was not involved in the decision to induce as the correct terms were not used and no risks or benefits specific to my situation given. I trusted fully and my trust was broken. In hindsight I naively thought I would have the birth I hoped for...and if anything else occurred I assumed I would be fully supported.

If I could do it again, I would have had a home birth.

I'm currently pregnant and I'm asking for a [C-]section straight away.

7. Augmentation of Labour

Augmentation rates

- A quarter of the respondents (26%) who were not offered an induction of labour were then later offered an augmentation of labour, that is the speeding up labour that has started on its own through artificially breaking the waters and/or giving intravenous syntocinon to increase contractions.
- Of those who were offered augmentation, 81% had an augmentation.

Routine interventions to initiate or speed up labour

- Three quarters (75%) of the respondents were offered either an induction, or an augmentation, or both. Only one in four women were not offered either. This means, three in four women were told by their care providers that their labour needed to be initiated or sped up via pharmaceutical or surgical means instead of waiting for labour to start and progress on its own.

Decisions about augmentation

- When asked about their involvement in the decision-making around augmentation of labour, two in five (39%) of respondents said that they were asked every step of the way what they wanted and that their decisions were accepted no problem.
- A third of the respondents felt somewhat involved in the decision-making: 8% stated that they were involved in the decision but had to argue for what they wanted, and 22% said that they were asked about their preferences but that they did not feel fully involved in the end.
- A quarter of the respondents were not actively involved in the decision-making process: 25% stated that they just agreed to what their care providers told them to do.
- 6% stated that they did not consent to the augmentation. The intervention (such as breaking their waters or putting them on an intravenous syntocinon drip) was done without them being asked or even informed beforehand.

Informed refusal

- 62% of the respondents knew they could decline augmentation, whereas the remaining 38% thought they had to agree. This renders their consent invalid, as they were not aware that they had the right to accept or refuse the intervention.

Reasons for augmentation

- The main reasons that respondents were given for why their labour should be augmented were: 'not dilating fast enough', labour taking 'too long' after the waters had gone, and contractions not being 'strong or fast enough'.
- Another common reason mentioned by respondents was that their waters had not broken on their own during the process of labour, without any other indication for why the labour needed to be augmented³⁵.
- One in five women (21%) who had an augmentation were not given any reason at all why their labour needed to be speeded up.
- We asked those who ticked the box 'other reasons' to explain those. The 109 responses included:

Other reasons why women were told their labour needed to be speeded up:

“
I had an early epidural so the condition for that was for me to agree to have the oxytocin drip.

“
I was given oxytocin unknown to me. Only found out when I read my notes, no reason noted.

“
Not sure, they just asked did I want it, and I had strong contractions.

“
My waters didn't break on their own (this also happened during my first birthing experience).

“
“
My waters broke naturally during the night, but the midwife didn't believe me initially, she said it was just a show, which I think affected me psychologically. My contractions had also started, but when I was dismissed ("you're a first-time mum, it's going to take a long time"). I think I no longer believed I was in labour. My contractions stalled. I later asked another midwife to test if the liquid I had discharged was my water. She confirmed it, but at that stage it was time to get the oxytocin drip anyway, so I was brought to the labour ward.

“
“
I asked after and it seems to just be standard. Was unnecessary in my case. Baby born in under an hour in hospital.

“
“
I overheard that there were 2 inductions that morning and they needed the room.

“
“
They say there could be meconium in the water [so they had to break them]. They broke them and there was no meconium at all. For the membrane sweep, I was not informed or asked for consent, and when I ask the doctor to stop 3 times, she did not, until the intervention was finished. I was explained that was to speed the labour and to help me reduce the labour, after the procedure was done.

“
“
I was 7-8cm and my waters hadn't broken, I was feeling very uncomfortable from the pressure so was happy to have waters broken, it provided some relief.

“
“
I was told I wasn't progressing.

“
“
They just broke my waters, didn't ask.

Information about risks, benefits and alternatives

- A quarter of the respondents (25%) stated that their care providers had given them all the information they needed to make a decision about augmentation.
- One in three (30%) said that they were given some information by their doctor or midwife but that they did not fully understand the risks, benefits and alternatives to an augmentation.
- One in five women (19%) had not been given much information by their care providers but had looked for other sources of information and felt well informed because of that.
- A quarter of the respondents (26%) stated that they did not have all the information they needed and that they wished they had known more before they agreed to an augmentation.

Experiences of augmented labour

- ❖ We asked respondents to share anything else they would like about their experience of augmentation. The 103 responses included:

Please tell us more about your experience of augmentation if you like.

“
Once I received the epidural my contractions slowed down so to bring them back and deliver my baby I had augmentation, I felt it was appropriate as in the end baby was becoming tired and distressed in the birth canal.

“
Breaking waters was the most horrific thing I've ever gone through. Worse than contractions or epidural. I had no idea it hurt that much.

“
After my hours on the drip and no progression the midwife insisted I needed to increase to the max. I asked about alternatives and she said there weren't any. Oh.

“
It was completely unnecessary. It was a first labour which obviously can take longer, I shouldn't have consented but felt I couldn't argue against it.

“
I definitely wouldn't say I felt traumatised or that I was treated poorly. I just think the language needs to change. If these are options that we are allowed to make our own decision on, it should be posed as a question rather than "this is what I'm going to do now" because that language makes you feel like you have to go along with it.

“
It was fine but once I took it [the syntocinon drip] I was fully dilated in an hour. I'm not sure what the rush was. And I wondered why the baby was distressed when it was time to push.

“
I don't actually know why I had it. I just said yes because I was scared and in a lot of pain/not thinking straight.

“
It went well. They broke my water but I don't remember them asking me if it was ok. It felt more like "that's the way we do things".

8. Vaginal Birth After C-section (VBAC)

VBAC rates

- Of the respondents who had a previous C-section (n=267), just over half (55%) stated that they were planning a vaginal birth after Caesarean (VBAC) and the remainder (45%) were planning a repeat (elective) C-section.

Based on responses in the first section of this survey ('what type of birth did you have this time around?') and the responses in the VBAC section, we can calculate the following.

- In total, 83 of 267 had a vaginal birth after C-section (VBAC). 57 of these were spontaneous vaginal births and 26 were instrumental births (with a suction cup or a forceps). This is an overall VBAC rate of 31%, meaning a third of people who had a previous C-section had a vaginal birth after that.
- Of those who had planned a VBAC, only 55% had a VBAC in the end.
- Of those who had planned a VBAC but had a repeat C-section instead, around half had a planned pre-labour C-section (e.g. due to being considered ineligible for a VBAC at the end of the pregnancy for reasons such as 'going over their due date', baby measuring 'too big for a VBAC' or symptoms of pre-eclampsia at the end of pregnancy); and the other half had an unplanned/emergency C-section during labour.
- Of the respondents who had two previous C-sections (n=36), only two had a VBAC. Of the respondents who had three previous C-sections (n=5), none had a VBAC. This is a VBAC rate of less than 5% for women with more than one previous C-section.
- Overall, our survey results indicate that VBAC rates are low in Ireland, with the majority of women having a repeat C-section.

VBAC as an option

- The majority of respondents with a previous C-section (69%) were told by their care providers that VBAC was one of their birthing options.
- The remainder were told that it was not an option available to them (28%) or were not sure what they were told (3%).
- One in six women (18%) who were planning a repeat C-section said that they would have liked a VBAC instead. None of those planning a VBAC would have liked a C-section instead.

Reasons why VBAC was not offered

- One in nine (12%) said that they were not given any specific reason why they could not plan for a VBAC, it just was not offered.
- Of those who were told VBAC was not an option for them, the main reasons they were given by their care providers were having had more than one C-section before, (i.e. this birth would have been a VBA2C or VBA3C) and baby measuring 'too big' on the scans for a vaginal birth.
- The 37 open text responses describing 'other' reasons why VBAC was not offered as an option included:

Other reasons why VBAC was not offered:

“
Was told it [repeat C-section] was the safest option.

“
Baby was breech and it was my 3rd c section.

“
I was told I'd be responsible for killing my baby and rupturing my uterus [if I tried a VBAC].

“
My arthritis was very bad and I have bowel issues that we decided C-section would be best.

“
In my first birth I had a third-degree [perineal] tear. Within a year I gave birth again by elective C-section due to the tear. My third baby I was advised to have a C-section as the risks of tearing again were increased.

“
I was told my baby had a high chance of dying if I attempted a VBAC.

“
Age was against me.

Decision-making around birth after C-section

- Nearly three quarters (71%) of the respondents stated that they were asked what they wanted and that their decisions regarding what kind of birth to have after a C-section was respected.
- One in five (19%) said that their decisions were respected but that they had to argue for it.
- A smaller number of respondents (8%) stated that they did not feel fully involved in the decision, and a similar number (8%) stated that they did not feel at all involved, they just did what their care providers said.

Information about risks, benefits and alternatives

- Three in five respondents (60%) felt that their care providers had explained the risks, benefits and alternatives of their chosen birth option (either a VBAC or a repeat C-section) to them and that they were well informed. One in five (20%) said their care providers did not inform them well but that they did their own research and felt well informed because of that.
- One in eight respondents (13%) had some information but did not fully understand the risks, benefits and alternatives, and a smaller number of respondents (7%) stated that they did not have all the information that they needed and that in hindsight, they wished they had known more.

Looking back on the decision

- When asked if in hindsight, they would make the same decision about a VBAC or repeat C-section again, the majority (76%) said yes, they would make the same decision again, including both those who planned VBACs and those who planned repeat C-sections. One in six (18%) said they were not sure. A smaller number (6%) said they would not make the same decision again.

Experiences of women with previous C-section

- We asked respondents to share anything else about their experience of either having a repeat planned C-section or a vaginal birth after C-section. The 162 responses included:

Please tell us more about your experience of this VBAC/repeat C-section if you like.

I found the process of having the repeat C-section quite daunting i.e. everything that is involved in the process. The midwife we had that day was amazing, it meant so much to have the same person with us all day.

I'm now pregnant with my third and will be pushed to have a scheduled section as I have had 2 sections now. I want 4 kids minimum. I always have. What if there is too much of a risk? What if I have to have another section?

I really, really wanted a VBAC and I felt I was frightened into book[ing] an elective section. The section itself went fine but once back in the postnatal ward I suffered a PPH and lost a third of my blood. I wonder if the same thing has happened after natural labour.

I was lucky when the midwives changed shifts. I got an NHS trained midwife who really believed I could have a VBAC and fought for me to have it. She shooed the ward manager and consultant out of the room when they came to try coerce me into having a C-section. She helped me get my son into the position he needed to be in to give birth. In my previous birth I wasn't given advice or direction as to how to resolve malposition. My son was delivered posterior, the kiwi [suction cup] was used to help him tuck his chin. I could have done this in my first labour, but they didn't know and we ended up needing an emergency C-section.

Given my medical history and previous labour I was certain I wanted a C-section but was told I would be put down for a VBAC. I told the Dr I didn't want that, but was not listened to until I was 28 weeks pregnant and had several hospital stays due to vaginal bleeding.

Very straight forward surgery. I felt at ease as I knew my doctor very well. The whole theatre team made me feel really looked after and at ease. They brought my baby to me and we had cheek to cheek skin contact.

My first birth was extremely traumatic. Having a planned C-section made me feel safe and in control and less afraid.

Nobody speaks about the disappointment when you 'fail' to have the VBAC you so desperately want.

This was my perfect birth. I laboured at home with my husband and doula and birthed baby in the car on the way to hospital, which I am very happy about, as I believe that if I got to hospital, I would have ended up having a third C-section, as hospital staff were very unsupportive of my decision to have a VBA2C. This birth was healing to me after a "failed VBAC attempt" with my second baby.

[My hospital] has a special VBAC unit run by great sensible experienced midwives to run hypnobirthing courses etc. Fantastic service. Felt supported - even given advice on how to 'manage' the consultants.

9. Breech Births

Type of birth for breech babies

- About half of the 158 respondents whose baby was in a breech position at the end of pregnancy stated that they planned a vaginal breech birth (52%) and the other half planned a C-section (48%).
- In total, 132 respondents stated that their baby was in a breech position at birth, indicating that some babies turned into a cephalic (head down) position before birth. Of those who were breech at birth, 93% were born via C-section, with the majority being planned pre-labour C-sections.
- This represents a vaginal breech birth rate of 7%.

Vaginal breech birth as an option

- Only one in six respondents (17%) were offered a vaginal breech birth as an option by their care providers.
- One in five (20%) were told about vaginal breech birth but informed that it would not be an option for them.
- Over half of the respondents (53%) were never told that vaginal breech birth is an alternative to a planned C-section.
- One in ten (11%) were not sure what they were told.
- Of those who were planning a C-section, half (50%) were happy with that plan and one in eight (13%) did not mind either way. However, over a third (37%) of those who planned a C-section would have preferred a vaginal birth but were told this was not an option for them.

Reasons for low vaginal breech birth rates

- The main reason why those who would have liked a vaginal breech birth could not have one was that vaginal breech birth was not offered at their hospital, i.e. none of the consultants and midwives were trained and willing to support vaginal breech births.
- The 9 free text responses stating 'other reasons' why vaginal breech birth was not an option included:

If you would have liked to have a vaginal breech birth but were told it's not possible, please tell us the reasons for this.

I was told that if the baby was still breech it would be an automatic section. This was before I had oligohydramnios.

The hospital did not support vaginal breech births.

My baby was completely breech but also I had previous bladder surgery which could be undone by a vaginal birth.

I was told that as it was twins and they were breech it was too dangerous to have anything other than a planned section.

I was told that as I had never had a vaginal delivery before they would recommend a C-section as risk was high, I never really clarified what that risk meant, the private obstetrician did say I had a choice but he strongly recommended the C-section. When I went into labour spontaneously, I ended up having a different obstetrician and he again asked if I wanted to consider a vaginal delivery, but I was so freaked out by the "risk" I had reconciled with the idea of a C-section at that point. I do wonder if I could have managed the vaginal delivery but I'm glad me and baby were safe with C-section although post recovery did affect me and breastfeeding.

Involvement in decision-making around breech birth

- Two in five (42%) of the respondents felt that they were asked every step of the way what they wanted and that their decisions were accepted no problem.
- One in nine (12%) stated their decisions were respected, but they had to argue for what they wanted.
- The remaining half of the respondents did either not feel fully involved in the decision (7%), or just agreed to what they were told they should do (16%)
- Over one in five were not asked what they wanted at all and just told what would happen (23%).

Experiences of breech pregnancies and births

- We asked respondents to share any other comments with us in relation to breech births. The 73 responses included the following:

Please tell us more about your experience of this pregnancy and birth if you like, or anything else you would like to say about breech births in Ireland.

I didn't know breech vaginal births were ever a possibility.

I was not given any other option than C-section.

It's so sad that if a baby is breech you are forced to have a C-section. Thankfully I've done some spinning babies and my baby was in the right (cephalic) position during labour, but I was ready to have a freebirth.

I would like to see more option for vaginal breech birth in Ireland, even if I wouldn't have chosen it I believe women should still have the option. My own aunty had an emergency vaginal breech birth in the same hospital years ago, successfully, but yet the hospital does not offer it routinely. There should be more support for options on how to aid turning the baby other than ECV [external cephalic version, i.e. the attempt to turn a breech baby from the outside], e.g. positioning etc., not just self research.

My breech birth was a surprise. It was completely straightforward and beautiful and happened in my living room with zero interventions. Vaginal breech birth is something that should be on offer for women in this country.

I wish I had known if there was any options to have a breech vaginal birth and also to have been told more about VBAC births, risks and what is entailed in the criteria for it for the next pregnancy as the staff knew this was my wish after the planned section.

I was happy with having a C-section as I think it was the right decision for my baby's position. I'm not sure a VBAC was really supported for my second pregnancy in 2022. I feel once you have a c section in Ireland, you'll likely have a second one.

It was explained extremely poorly to [us]. Mr and I came home from hospital crying about my baby being breech. I don't think it was explained very well or any options were given. I was told what to do and there wasn't any choice.

It's appalling the complete lack of discussion of [vaginal breech birth as a] viable birthing option for a healthy woman and baby. The complete lack of care and concern for the effects on the woman is still entrenched in Irish hospitals. The woman is still no more than a vessel.

10. Mothers on Respect Index

The *Mothers on Respect* index (MOR) is an international scale developed to assess the nature of respectful patient-provider interactions and their impact on a person's sense of comfort, behaviour, and perceptions of racism or discrimination.

Informed consent and informed refusal

- The majority of the respondents (82%) stated that they felt comfortable asking questions. However, the remaining one in six (18%) said they did not feel comfortable asking questions about the care that was offered to them.
- While the majority of respondents (56%) stated that they chose the care options they received, two in five birthing people (44%) felt pushed into accepting options that their care providers suggested.
- In regard to informed refusal, two in five (41%) of the respondents stated that they did not feel comfortable declining care that was offered. This indicates that many birthing people do not feel supported to make active choices in regards to their care if this means declining what is offered.

Personal and cultural preferences

- The vast majority of respondents (96%) felt that their cultural preferences were respected.
- In relation to personal preferences, three quarters of the respondents (76%) stated that these were respected. However, a significant proportion (24%) felt that their personal preferences were not respected.

Poor treatment during labour and birth

- Respondents were asked if they felt treated poorly during labour and birth by their doctor or midwife due to their social background and choices. The vast majority did not feel mistreated based on their race, ethnicity, cultural background or language (97%), nor their sexual orientation and gender identity (98%) or health insurance status (94%).
- However, in relation to a difference in opinion with their care providers about the right care for themselves or their baby, nearly one in five respondents (19%) felt that having a different opinion led to them being treated poorly.

Appendix



PART 3: Appendix

This appendix includes the data tables for each of the questions in the survey, as well as information about how many people responded to each of the open-ended questions.

Appendix 1: Demographics

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this section, we ask about your background. This matters to us because we are aware that different women may experience different treatment in the maternity services and we would like to understand that better.

Q1. Age now

#	Answer	%	Count
1	16-19	0.1%	3
2	20-24	1.9%	66
3	25-29	7.8%	274
4	30-34	32.2%	1135
5	35-39	42.6%	1503
6	40-44	14.4%	509
7	45-49	0.9%	32
Total		100%	3522

Q2. Age at time of giving birth

#	Answer	%	Count
1	16-19	0.5%	16
2	20-24	2.9%	102
3	25-29	11.7%	413
4	30-34	42.3%	1490
5	35-39	36.1%	1270
6	40-44	6.4%	224
7	45-50	0.2%	7
Total		100%	3522

Q3. Relationship status at time of birth

#	Answer	%	Count
1	Single	1.79%	63
2	In a relationship	30.72%	1082
3	Civil partnership	0.82%	29
4	Married	66.67%	2348
Total		100%	3522

Q4. Gender

#	Answer	Count
1	Female (I was assigned female at birth)	3511
2	Male (I was assigned female at birth)/Non-binary/Gender fluid/Other	8
Total		3519

Q5. Sexuality

#	Answer	%	Count
1	Straight/heterosexual	96.70%	3402
2	Gay/homosexual	0.60%	21
3	Bisexual	2.44%	86
4	Other	0.26%	9
Total		100%	3518

Q6. What is the highest level of education/training (full-time or part-time) which you have completed to date?

#	Answer	%	Count
1	No formal education/training	0.06%	2
2	I left school after primary school (1-6 years)	0.00%	0
3	I went to high school/secondary school but left before finishing high school (before leaving cert/A-levels)	0.40%	14
4	I completed high school with a leaving cert/A-levels/equivalent	4.46%	157
5	I completed a training course/apprenticeship/community college	11.34%	399
6	I completed a BA/BSc degree	46.97%	1653
7	I completed a MA/MSc degree	33.11%	1165
8	I completed a PhD	3.67%	129
Total		100%	3519

Q7. Please describe your current work situation.

#	Answer	%	Count
1	Working for payment or profit	80.64%	2836
2	Looking for first regular job	0.17%	6
3	Short-term unemployed (less than 12 months)	0.77%	27
4	Long-term unemployed (12 months or more)	2.53%	89
5	Student or pupil	0.57%	20
6	Looking after home/family	11.52%	405
7	Retired from employment	0.03%	1
8	Unable to work due to permanent sickness or disability	0.54%	19
9	Other - please specify	3.24%	114
Total		100%	3517

Q7.TEXT - Other - please specify. [112 responses]

Q8. What was/is your occupations in your main job? Please describe the occupation fully and precisely, giving the full job title. [3,426 responses]

Q9. What is your country of citizenship?

#	Answer	%	number
1	Ireland	93.17%	3303
2	Other Citizenship - please tell us	6.83%	242
Total		100%	3545

Q10. What is your religion?

#	Answer	%	Count
1	Roman Catholic	60.15%	2133
2	Church of Ireland	1.89%	67
3	Islam	0.17%	6
4	Orthodox Christian	0.20%	7
5	Presbyterian	0.34%	12
6	No religion	34.52%	1224
7	Other - write in your religion	2.74%	97
Total		100%	3546

Q11. Do you have any of the following long-lasting conditions or difficulties?

#	Question	Yes, to a great extent		Yes, to some extent		No		Total
1	Blindness or a visual impairment	0.09%	3	3.51%	123	96.40%	3375	3501
2	Deafness or a hearing impairment	0.09%	3	1.26%	44	98.65%	3436	3483
3	A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	0.34%	12	1.35%	47	98.31%	3432	3491
4	An intellectual disability	0.09%	3	0.29%	10	99.63%	3473	3486
5	A difficulty with learning, remembering or concentrating	0.40%	14	3.04%	106	96.56%	3366	3486
6	A psychological or emotional condition or a mental health issue	1.86%	65	12.90%	450	85.24%	2974	3489
7	A difficulty with pain, breathing or any other chronic illness or condition	1.06%	37	5.81%	203	93.13%	3251	3491

Q12. Is your native/first language English?

#	Answer	%	Count
1	Yes	95.09%	3349
2	No	4.91%	173
Total		100%	3522

Q13. If English was not your native/first language, how well do you speak English?

#	Answer	%	Count
1	Very well	90.91%	150
2	Well	9.09%	15
3	Not well	0.00%	0
4	Not at all	0.00%	0
Total		100%	165

Q14. Do you speak a language other than English at home?

#	Answer	%	Count
1	Yes - if yes, what is this language?	12.90%	443
2	No	87.10%	2992
Total		100%	3435

Q14. TEXT - Yes - if yes, what is this language? [379 responses]

Q15. What is your migration status?

#	Answer	%	Count
1	Born in Ireland	89.10%	3113
2	Came to Ireland from the EU	3.12%	109
3	Came to Ireland from outside the EU	3.81%	133
4	Came to Ireland from the UK	3.98%	139
Total		100%	3494

Q16. What is your ethnic background?

#	Answer	%	Count
1	I am white Irish.	93.95%	3278
2	I am not white Irish.	6.05%	211
Total		100%	3489

Q17. If you are not white Irish, please describe your ethnic background. [189 responses]

Q18. What is your race?

We include this question to get a sense of 'race' and racism may influence how people experience giving birth in Ireland. This question was only asked of those who identified as 'not white Irish'.

#	Answer	%	Count
1	I am white (this includes ethnic minorities/migrants that are perceived as white, e.g. white European, Irish Traveller, white American).	79.19%	156
2	I am a person of colour (this includes anyone who is not perceived as 'white').	20.81%	41
Total		100%	197

Q19. Please describe your racial background in your own words. [This question was only asked of those who identified as 'not white Irish'.] [133 responses]

Q20. How do you feel your background, i.e. your nationality, class, gender, race/ethnicity, ability - who you are as a person - affected the care you received in the Irish maternity services, either positively or negatively? [2,817 responses]

Appendix 2: Your pregnancy

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this section we are asking for some basic facts about YOUR LAST BIRTH (which is the one you are describing in this survey), as well as your previous pregnancies and births.

Q21. How many children do you have in total?

#	Answer	%	Count
1	1	48.45%	1518
2	2	36.20%	1134
3	3	12.32%	386
4	4	2.30%	72
5	5	0.64%	20
6	6	0.10%	3
7	7	0.00%	0
8	8	0.00%	0
Total		100%	3133

Q22. Please tell us which of the births were vaginal births and which were C-sections (e.g. birth 1 C-section, births 2-3 vaginal births) [3,126 responses].

Q23. The birth you are describing here was...

#	Answer	%	Count
1	Your first	54.98%	1721
2	Your second	31.12%	974
3	Your third	11.21%	351
4	Your fourth	2.01%	63
5	Your fifth	0.58%	18
6	Your sixth	0.10%	3
7	Your seventh	0.00%	0
8	Your eighth	0.00%	0
Total		100%	3130

Q24. Please tell us the year of the birth you are sharing with us in this survey.

#	Answer	%	Count
1	2019	6.40%	200
2	2020	11.96%	374
3	2021	21.34%	667
4	2022	26.36%	824
5	2023	33.85%	1058
6	2024	0.10%	3
Total		100%	3126

Q25. Were you told that you were low risk or high risk during your pregnancy?

#	Answer	%	Count
1	Low risk	63.25%	1974
2	High risk - if you were high risk, what was the reason?	30.31%	946
3	Don't know	6.44%	201
Total		100%	3121

Q26. Was an interpreter present for your appointments during pregnancy?

This question was only asked of those who responded “no” to the question about English as a first/Native language.

#	Answer	%	Count
1	Yes, at all times.	0.00%	0
2	Sometimes yes, sometimes no.	0.00%	0
3	No, I did not want or need an interpreter.	96.73%	148
4	No, I would have liked an interpreter and asked for one but they could not get one for me.	0.00%	0
5	No, I would have liked an interpreter but it wasn't mentioned or discussed with my care providers.	3.27%	5
Total		100%	153

Q27. Which of the following kind of maternity care did you receive? Please tick all that apply.

#	Answer	%	Count
1	Public care. Also known as combined care or shared care. Regular antenatal check-ups with midwives and/or obstetricians in the hospital and, in most cases, with your General Practitioner (GP). Labour and birth in the hospital. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting.	48.80%	1705
2	Consultant-led care private or semi-private. Antenatal check-ups with a private obstetrician (who you choose) with the option of sharing these with your GP as part of combined/shared care if you choose. Labour and birth in the hospital with care provided by your obstetricians/your obstetrician's team and hospital midwives. Postnatal care in a private or semi-private ward in the hospital with subsequent postnatal check-ups in a community setting.	28.22%	986
3	Domino (Domiciliary In and Out). Antenatal check-ups with one midwife or a small team of midwives in the hospital or in a community setting, with the options of sharing these antenatal check-ups with your GP as part of combined/shared care if you choose. Labour and birth in the hospital. Transfer home within 12-24 hours after birth. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting.	8.96%	313
4	Midwifery-led care with birth in a midwifery-led unit (Cavan General and Our Lady of Lourdes Hospital Drogheda only). Antenatal check-ups with a midwife or a small team of midwives in a midwifery-led unit or in a community setting. Labour and birth in a midwifery-led unit. Postnatal care in a midwifery-led unit with subsequent postnatal check-ups in a community setting.	1.77%	62
5	Community midwifery team care. Antenatal check-ups with a midwife or a small team of midwives in the hospital or in a community setting, with the option of sharing these antenatal check-ups with your GP as part of combined/shared care if you choose. Labour and birth in the hospital. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting,	6.70%	234
6	Home birth with self-employed community midwives (SECM) or private midwives. Antenatal check-ups at home or in a community setting. Labour and birth at home with care provided by a midwife. Postnatal care in a community setting.	5.44%	190
7	Don't know or can't remember	0.11%	4
Total		100%	3494

Q28. Were you diagnosed with any of the following during this last pregnancy or birth (tick all that apply):

#	Answer	%	Count
1	Gestational diabetes	8.27%	313
2	Cholestasis (a liver disorder)	1.08%	41
3	Hyperemesis (severe levels of nausea/vomiting throughout the pregnancy)	7.82%	296
4	High blood pressure	5.94%	225
5	Preeclampsia	2.27%	86
6	Polyhydramnios (too much amniotic fluid)	2.35%	89
7	Oligohydramnios (too little amniotic fluid)	0.87%	33
8	Group B Strep (GBS)	7.11%	269
9	Foetal growth restrictions	1.72%	65
10	Small for gestational age	3.70%	140
11	Large for gestational age	6.87%	260
12	Placenta praevia (low lying placenta)	2.14%	81
13	Other (please name any other conditions)	6.60%	250
14	No I was not diagnosed with any pregnancy complication	43.26%	1638
Total		100%	3786

Q28. TEXT - Other (please name any other conditions) [246 responses]

Q29. Was your baby diagnosed with a medical condition before the birth?

#	Answer	%	Count
1	Yes - if yes, what was it?	1.98%	62
2	No	98.02%	3068
Total		100%	3130

Q29. TEXT - Yes - if yes, what was it? [59 responses]

Appendix 3: Your Birth

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this section we will ask questions about the birth. Some questions are about what you were planning to do for the birth and other questions are about what actually happened in the end, as this is not always the same thing.

Q30. Where were you planning to give birth?

#	Answer	%	Count
1	Homebirth with a HSE community midwife (SECM)	4.78%	149
2	Homebirth with a private midwife	1.89%	59
3	Homebirth with a Domino scheme midwife	1.03%	32
4	Freebirth (homebirth without a registered medical professional but with a birthkeeper/doula)	0.35%	11
5	In a midwifery-led unit	3.28%	102
6	In a hospital	88.66%	2761
Total		100%	3114

Q31. Where did you give birth?

#	Answer	%	Count
1	Homebirth with a HSE community midwife (SECM)	2.69%	84
2	Homebirth with a private midwife	1.15%	36
3	Homebirth with a Domino scheme midwife	0.26%	8
4	Freebirth (homebirth without a registered medical professional)	0.51%	16
5	In a midwifery-led unit	1.51%	47
6	In a hospital	93.05%	2904
7	Accidentally at home without a midwife or on the way to hospital ("born before arrival")	0.83%	26
Total		100%	3121

Q32. In which hospital did you give birth? [This question was only asked of those who had a hospital birth.]

#	Answer	%	Count
1	Coombe Women's Hospital	15.76%	314
2	National Maternity Hospital, Holles Street	16.91%	337
3	Rotunda Hospital	15.15%	302
4	Cork University Maternity Hospital	10.79%	215
5	Kerry General Hospital, Tralee	1.00%	20
6	South Tipperary General Hospital	0.90%	18
7	St Luke's General Hospital Kilkenny	1.81%	36
8	Waterford Regional Hospital	1.96%	39
9	Wexford General Hospital	1.96%	39
10	Galway University Hospital	5.42%	108
11	Letterkenny General Hospital	0.90%	18
12	Mayo General Hospital, Castlebar	3.06%	61
13	Portiuncula Hospital, Ballinasloe	1.91%	38
14	Sligo General Hospital	2.66%	53
15	University Maternity Hospital Limerick	10.29%	205
16	Cavan/Monaghan Hospital Group	1.00%	20
17	Our Lady of Lourdes Hospital, Drogheda	3.76%	75
18	Midland Regional Hospital Mullingar	3.36%	67
19	Midland Regional Hospital Portlaoise	1.40%	28
Total		100%	1993

Q33. In what county did you give birth? [This question was only asked of those who had a homebirth.]

#	Answer	%	Count
1	Carlow	0.00%	0
2	Cavan	1.56%	2
3	Clare	8.59%	11
4	Cork	7.03%	9
5	Donegal	0.00%	0
6	Dublin	32.81%	42
7	Galway	5.47%	7
8	Kerry	2.34%	3
9	Kildare	7.81%	10
10	Kilkenny	2.34%	3
11	Laois	2.34%	3
12	Leitrim	0.00%	0
13	Limerick	5.47%	7
14	Longford	0.78%	1
15	Louth	1.56%	2
16	Mayo	0.78%	1
17	Meath	2.34%	3
18	Monaghan	0.00%	0
19	Offaly	0.78%	1
20	Roscommon	0.00%	0
21	Sligo	0.00%	0
22	Tipperary	0.00%	0
23	Waterford	3.13%	4
24	Westmeath	1.56%	2
25	Wexford	3.13%	4
26	Wicklow	10.16%	13
Total		100%	128

Q34. If freebirth, what led you to make that choice? Tick all that apply. [This question was only asked of those who freebirthed.]³⁶

#	Answer	%	Count
1	I did not want a medical professional present.	-	-
2	I would have liked to have a HSE homebirth midwife, but I was not eligible for a HSE homebirth (due to 'risk factors').	-	-
3	I would have liked to have a HSE homebirth midwife and I was eligible for it, but there was no one available in my region/location.	-	-
4	I would have liked to have a HSE homebirth midwife, I was eligible for it and there are midwives in my region, but they were all booked out for my 'due date'.	-	-
5	I would have liked a private midwife but I could not afford that.	-	-
6	I would have liked a private midwife and was prepared to pay for that but there was no one available in my region.	-	-
7	I would have liked a private midwife and was prepared to pay for it, but the ones that work in my region were all booked out for my 'due date'.	-	-
8	I would have liked a private midwife but I was not eligible for that (e.g. due to pregnancy complications, 'risk factors').	-	-
9	Other reasons, please tell us more:	-	-
Total		-	31

³⁶ The results for this question were excluded due to small numbers per category (<5).

Q34. TEXT - Other reasons, please tell us more [10 responses].

Q35. What type of birth did you have?

#	Answer	%	Count
1	A spontaneous/unassisted vaginal birth (e.g. with no forceps or ventouse suction cup)	47.95%	1485
2	Instrumental birth with forceps	6.04%	187
3	Instrumental birth with a suction cup/ventouse	12.98%	402
4	Elective/planned C-section	13.30%	412
5	Emergency/unplanned C-section	19.73%	611
Total		100%	3097

Q36. When was your baby born?

#	Answer	%	Count
1	Extreme pre-term (less than 28 weeks)	0.45%	14
2	Early pre-term (28 to less than 32 weeks)	0.58%	18
3	Late pre-term (32-37 weeks)	6.65%	206
4	Full term (37-42 weeks)	88.68%	2749
5	Post-term (after 42 weeks)	3.65%	113
Total		100%	3100

Q37. What position was your baby in at birth?

#	Answer	%	Count
1	Cephalic (head down - head coming out first)	88.39%	2740
2	Breech (bottom down - bottom or feet coming out first)	4.26%	132
3	Transverse (sideways - babies in this position cannot be born vaginally and will be born via C-section)	1.84%	57
4	Don't know	5.52%	171
Total		100%	3100

Q38. How many babies did you have on this birth?

#	Answer	%	Count
1	1	98.29%	3049
2	2 (twins)	1.71%	53
3	3 (triplets)	0.00%	0
4	More	0.00%	0
Total		100%	3102

Q39. Did you feel involved in the decision around what kind of birth to have (vaginal birth, instrumental birth, or C-section)?

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem.	53.65%	1660
2	Yes, but I had to argue for what I wanted.	12.96%	401
3	Not sure, I was asked about my preferences but I did not really feel fully involved in the decisions about the birth in the end.	14.22%	440
4	No, I wasn't. I just agreed to what they said I should do.	19.17%	593
Total		100%	3094

Q40. If you had an instrumental birth (suction cup or forceps) or a C-section, did you feel you had all the information about the risks, benefits and alternatives that you needed to make a decision about this?

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision.	36.70%	530
2	I was given some information by the doctor/midwife but I don't think I fully understood all the risks, benefits and alternatives of this kind of birth.	27.84%	402
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision.	13.57%	196
4	I definitely did not have all the information I needed. I wish I had known more.	21.88%	316
Total		100%	1444

Q41. If you had an instrumental birth or a c-section, please tell us more about this experience if you like. [1,209 responses]

Q42. Please tell us who was present during the labour and birth (e.g. partner, doula, midwife, doctor, friend/family member, your children, paramedics etc. - please list all that apply) [2,860 responses]

Q43. Was an interpreter present at the birth? [This question was only asked of respondents who answered 'no' to the question about English as first/Native language.]

#	Answer	%	Count
1	Yes, at all times.	0.69%	1
2	Yes, for part of the labour and birth.	0.69%	1
3	No, I did not want or need an interpreter.	95.83%	138
4	No, I would have liked an interpreter and asked for one but they could not get one for me.	0.69%	1
5	No, I would have liked an interpreter but it wasn't mentioned or discussed with my care providers.	2.08%	3
Total		100%	144

Q44. Please tell us anything you want to share about the presence of the support person/people and the role they played during the birth. [2,104 responses]

Appendix 4: Routine Interventions During Birth

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this section, we ask questions about some of the routine tests and interventions that you may have had during labour.

Q45. How was the baby’s heartbeat monitored during labour (once you arrived in the labour ward/delivery suite if you were birthing in hospital, or at home if it was a homebirth)?

#	Answer	%	Count
1	With CTG the whole time I was in the labour ward (CTG is cardiotocography, continuous monitoring with the belt around your belly where the baby's heart beat and the contractions show up on a computer screen).	57.81%	1639
2	With a doppler at first (that's the small ultrasound device that a midwife holds on your belly to listen to baby's heart every so often) and then later they switched to the CTG (that is the belt around your belly).	15.13%	429
3	With a doppler (that's the small ultrasound device that a midwife holds on your belly to listen to baby's heart every so often) only.	10.58%	300
4	With a fetoscope or pinard only.	0.88%	25
5	No one listened in on my baby's heart.	4.16%	118
6	I am not sure how my baby's heart rate was monitored.	11.43%	324
Total		100%	2835

Q46. If your baby's heart rate was monitored with a CTG (that's the belt around the belly attached to a monitor/screen), what were you told about why you needed that?

#	Answer	%	Count
1	Because it was a VBAC (vaginal birth after C-section).	2.33%	70
2	Because my waters had broken.	10.58%	318
3	Because my waters had broken and there was meconium in the water.	3.79%	114
4	Because they were worried about baby's heartbeat not being normal or baby getting tired.	8.51%	256
5	Because labour was taking long.	4.22%	127
6	Because I was being induced.	24.48%	736
7	Because I had an epidural.	12.70%	382
8	I was told I had to have it because it's hospital policy.	5.49%	165
9	I am not sure why I had a CTG, it was not really discussed.	17.73%	533
10	Other reasons I was told	10.18%	306
Total		100%	3007

Q46. TEXT - Other reasons I was told. [282 responses]

Q47. Were you aware that you could decline CTG monitoring? [Only respondents who had CTG monitoring were asked this question.]

#	Answer	%	Count
1	Yes, I knew that I could decline this type of monitoring.	28.35%	576
2	No, I thought I had to have it.	71.65%	1456
Total		100%	2032

Q48. Please tell us how you felt about how they were monitoring baby's heart

#	Answer	%	Count
1	I was happy with the monitoring	55.56%	1538
2	I was not happy with the monitoring - please tell us why not?	17.52%	485
3	I did not really mind how my baby's heart was monitored	26.91%	745
Total		100%	2768

Q48. TEXT - I was not happy with the monitoring - please tell us why not? [475 responses]

Q49. Did you have any vaginal examinations before or during labour (a vaginal examination is when a midwife or doctor inserts their fingers into the vagina to check the cervix, the waters, and/or baby's position)?

[Respondents who had an elective C-section were not included in this question.]

#	Answer	%	Count
1	Yes	82.65%	2339
2	No	17.35%	491
Total		100%	2830

Q50. Please tell us why you had no vaginal examinations.
[This question was only asked of those who had responded 'no' in the previous question.]

#	Answer	%	Count
1	I declined them	3.33%	16
2	I was not offered any	17.26%	83
3	My labour was too fast for anyone to check anything	11.64%	56
4	Other - please specify	67.78%	326
Total		100%	481

Q50. TEXT - Other - please specify [320 responses]

Q51. How did your care providers respond to you declining a vaginal examinations? [This question was only asked of those who declined a vaginal examination]. [16 responses]

Q52. How many vaginal examinations did you have BEFORE labour started? [Only respondents who had stated that they had vaginal examinations were asked this question.]

#	Answer	%	Count
1	0	24.42%	562
2	1	30.20%	695
3	2	21.99%	506
4	3	9.00%	207
5	more than 3	14.39%	331
Total		100%	2301

Q53. How many vaginal examinations did you have DURING labour? [Only respondents who had stated that they had vaginal examinations were asked this question.]

#	Answer	%	Count
1	1-2	41.68%	942
2	3-5	28.36%	641
3	5-8	6.33%	143
4	more than 8	2.65%	60
5	I am not sure	20.97%	474
Total		100%	2260

Q54. Did you feel you had all the information about the risks, benefits and alternatives that you needed to make a decision about whether or not to have vaginal examinations?

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision.	27.78%	735
2	I was given some information by the midwife/doctor but I don't think I fully understood all the risks, benefits and alternatives to vaginal examinations.	19.27%	510
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision.	27.17%	719
4	I definitely did not have all the information I needed. I wish I had known more.	25.77%	682
Total		100%	2646

Q55. Were you aware that you could decline vaginal examinations?

#	Answer	%	Count
1	Yes, I knew that I could decline them.	57.28%	1566
2	No, I thought you had to have them so they can assess the labour.	42.72%	1168
Total		100%	2734

Q56. Would you have preferred not to have any vaginal examinations? [Only respondents who had stated that they had vaginal examinations were asked this question.]

#	Answer	%	Count
1	No, I was happy to have them.	61.11%	1408
2	Maybe, I am not sure.	26.04%	600
3	Yes, I would have preferred not to have any vaginal examinations if that was an option.	12.85%	296
Total		100%	2304

Q57. Please tell us more about your experience with vaginal examinations if you want. [1,375 responses]

Q58. Did you have an episiotomy (where the area between your vagina and your anus is cut to widen the opening for baby to be born)?

#	Answer	%	Count
1	Yes	25.57%	704
2	No	73.88%	2034
3	I don't know	0.54%	15
Total		100%	2753

Q59. If you had an episiotomy, what degree of perineal trauma did you have (i.e. how extensive was the cut)?
 [Only respondents who had an episiotomy were asked this question.]

#	Answer	%	Count
1	1st degree (a small tear/cut that involves just the lining of your vagina)	14.27%	99
2	2nd degree (a tear/cut that extends through the lining of your vagina to the underlying vaginal tissue)	38.76%	269
3	3rd degree (a tear/cut that involves your vaginal lining, vaginal tissues and extends to your anal sphincter)	10.95%	76
4	4th degree (the tear affects the vaginal lining, vaginal tissues, anal sphincter and rectum)	2.02%	14
5	I don't know	34.01%	236
Total		100%	694

Q60. Did you know that you could decline an episiotomy?
 [Only respondents who had an episiotomy were asked this question.]

#	Answer	%	Count
1	Yes, I knew I could decline it.	56.13%	389
2	No, I thought I had to have it.	43.87%	304
Total		100%	693

Q61. If you had another birth, would you agree to have an episiotomy again?

#	Answer	%	Count
1	Yes - if yes, please tell us why?	58.49%	403
2	No - if no, please tell us why not?	26.12%	180
3	I don't know	15.38%	106
Total		100%	689

Q61. TEXT - Yes - if yes, please tell us why? [390 responses]

Q61. TEXT - No - if no, please tell us why not? [170 responses]

Q62. Did you have a perineal tear (where the area between your vagina and your anus tears on its own)?

[Only the respondents who did not have an episiotomy were asked this question.]

#	Answer	%	Count
1	Yes	33.56%	683
2	No	65.65%	1336
3	I don't know	0.79%	16
Total		100%	2035

Q63. If you had a tear, what degree of perineal trauma did you have (i.e. how extensive was the tear)?

[Only respondents who had a natural tear without an episiotomy were asked this question.]

#	Answer	%	Count
1	1st degree (a small tear that involves just the lining of your vagina)	28.70%	196
2	2nd degree (a tear that extends through the lining of your vagina to the underlying vaginal tissue)	60.32%	412
3	3rd degree (a tear that involves your vaginal lining, vaginal tissues and extends to your anal sphincter)	5.56%	38
4	4th degree (the tear affects the vaginal lining, vaginal tissues, anal sphincter and rectum)	0.88%	6
5	I don't know	4.54%	31
Total		100%	683

Q64. Did you have stitches to close the episiotomy or the tear?

[Only the respondents who had an episiotomy or a tear were asked this question.]

#	Answer	%	Count
1	Yes	95.93%	1320
2	No	3.63%	50
3	I don't know	0.44%	6
Total		100%	1376

Q65. Were you told you needed antibiotics in labour?

#	Answer	%	Count
1	Yes	21.97%	605
2	No	71.71%	1975
3	I don't know	6.32%	174
Total		100%	2754

Q66. Did you take the antibiotics?

[Only the respondents who answered 'yes' to the previous question were asked this.]

#	Answer	%	Count
1	Yes	93.14%	557
2	No	4.01%	24
3	I don't know	2.84%	17
Total		100%	598

Q67. Why were you offered antibiotics in labour?

[Only the respondents who were told they needed antibiotics were asked this.]

#	Answer	%	Count
1	Because my water had broken before labour started	25.29%	172
2	Because the birth was taking long and my waters had broken	10.59%	72
3	Because I tested Group B Strep positive	31.76%	216
4	I don't know why I needed antibiotics	7.06%	48
5	Other reasons	25.29%	172
Total		100%	680

Q67. TEXT - Other reasons [153 responses]

Q68. Did you know you could decline taking antibiotics?

[Only respondents who were told they needed antibiotics in labour were asked this question.]

#	Answer	%	Count
1	Yes, I knew I could decline taking them.	41.29%	249
2	No, I thought I had to take them.	58.71%	354
Total		100%	603

Q69. If you were Group B Strep positive, when were you tested positive for GBS? (tick all that apply)

[Only respondents who were Group B Strep positive were asked this question.]

#	Answer	%	Count
1	At or around 12 weeks (early pregnancy)	14.17%	34
2	At or around 20 weeks (mid-pregnancy)	18.33%	44
3	At 35-37 weeks (later pregnancy)	19.58%	47
4	During labour	17.50%	42
5	Other - please give details if possible	30.42%	73
Total		100%	240

Q69. TEXT - Other - please give details if possible. [73 responses]

Q70. During labour, was your support person present when interventions were suggested and discussed with you (such as an epidural, an 'oxytocin' drip, 'breaking your waters', antibiotics, continuous foetal monitoring (CTG) or an emergency C-section)?

#	Answer	%	Count
1	Yes, my support person (or one of my support persons) was there the whole time.	69.40%	1860
2	Not always, sometimes interventions were discussed with me when I was on my own.	20.45%	548
3	No, I was always on my own when interventions were discussed with me.	10.15%	272
Total		100%	2680

Q71. Was there an interpreter present during the labour and birth?

[Only respondents who had answered 'no' to the question about English as their first/Native language were asked this.]

#	Answer	%	Count
1	Yes, my support person (or one of my support persons) was there the whole time.	69.40%	1860
2	Not always, sometimes interventions were discussed with me when I was on my own.	20.45%	548
3	No, I was always on my own when interventions were discussed with me.	10.15%	272
Total		100%	2680

Appendix 5: Pain Relief

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this section, we ask questions about pain relief. We want to know what you were planning to do and what actually happened, because they are not always the same.

Q72. Before you were in labour, what was your plan/your expectations for pain relief in labour (tick all that apply)

#	Answer	%	Count
1	I didn't want any medical pain relief (such as pethidine or an epidural)	21.07%	829
2	I wanted an epidural	20.69%	814
3	I wanted to labour in water (birth pool)	11.79%	464
4	I wanted gas and air	25.24%	993
5	I wanted sterile water injections	0.20%	8
6	I wanted pethidine	3.76%	148
7	I wasn't sure what I would want	17.23%	678
Total		100%	3934

Q73. Did you ask for any pain relief during labour (this means, did you directly ask the midwife or doctor to give you pain relief)?

#	Answer	%	Count
1	No, I didn't want/need it	14.83%	524
2	I asked for an epidural	35.55%	1256
3	I asked to labour in water (birth pool)	6.57%	232
4	I asked for gas and air	28.98%	1024
5	I asked for sterile water injections	0.00%	0
6	I asked for pethidine	9.17%	324
7	I can't remember if I asked for pain relief	4.90%	173
Total		100%	3533

Q74. Were you offered pain relief during labour (this means, did they offer it to you without you asking for it)?

#	Answer	%	Count
1	I wasn't offered any medical pain relief (such as pethidine or an epidural)	12.45%	465
2	I was offered an epidural	25.73%	961
3	I was offered to labour in water (birth pool)	3.29%	123
4	I was offered gas and air	38.71%	1446
5	I was offered sterile water injections	0.21%	8
6	I was offered pethidine	14.03%	524
7	I can't remember if they offered me anything	5.57%	208
Total		100%	3735

Q75. What pain relief did you take in the end?

#	Answer	%	Count
1	I didn't have any pain relief.	7.25%	313
2	I had an epidural.	30.91%	1334
3	I laboured in water (birth pool).	3.06%	132
4	I had gas and air.	36.58%	1579
5	I had sterile water injections.	0.09%	4
6	I had pethidine.	10.52%	454
7	I can't remember if I had any pain relief.	0.14%	6
8	Other (please tell us what)	11.45%	494
Total		100%	4316

Q75. TEXT - Other (please tell us what) [493 responses]

Q76. Do you feel you got the pain relief that you wanted or needed?

#	Answer	%	Count
1	Yes, I was very happy with what I got, it was right for me.	73.12%	1833
2	I got pain relief, but it wasn't great and I would have liked other options.	17.23%	432
3	I got pain relief but I didn't really need or want it.	3.51%	88
4	No, I needed pain relief but I didn't get it.	6.14%	154
Total		100%	2507

Q77. Did you feel involved in the decision-making around pain relief?

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem.	66.44%	1661
2	Yes, but I had to argue for what I wanted.	8.56%	214
3	Kind of, I was asked about my preferences but I did not really feel involved in the decisions about what pain relief I got in the end.	13.88%	347
4	No, I wasn't, I just agreed to what they said I should do.	11.12%	278
Total		100%	2500

Q78. If you had another birth, would you make the same choices about pain relief?

#	Answer	%	Count
1	Yes - please tell us why?	63.83%	1611
2	No - please tell us why not?	24.52%	619
3	Maybe, I am not sure	11.65%	294
Total		100%	2524

Q78. TEXT - Yes - please tell us why? [1,406 responses]

Appendix 6: Induction of labour

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

Induction of labour is a procedure to start your labour. Common forms of induction include a 'sweep', prostaglandin gel inserted into your vagina, breaking of your waters, and/or a 'oxytocin' (syntocinon) drip. This is different from augmentation/acceleration of labour, which is when a procedure is used to speed up labour that has started on its own (we ask about that in the next section).

Q79. Were you offered an induction of labour at any point, that is, did your care provider say that you should have an induction for this birth?

#	Answer	%	Count
1	Yes	62.13%	1619
2	No	36.99%	964
3	I don't know	0.88%	23
Total		100%	2606

Q80. If you were told you should have an induction, when was this mentioned during your pregnancy (tick all that apply) [This question was only asked if respondents said they had been offered an induction.]

#	Answer	%	Count
1	Early on, before week 20	3.49%	79
2	Around mid-pregnancy (weeks 20-30)	5.22%	118
3	At 32/33 weeks	4.69%	106
4	At 35/36 weeks	8.76%	198
5	At 37 weeks	9.91%	224
6	At 38 weeks	13.98%	316
7	At 39 weeks	16.19%	366
8	At 40 weeks	20.21%	457
9	At 41 weeks	11.32%	256
10	At 42 weeks	2.96%	67
11	After 42 weeks	0.80%	18
12	I am not sure	2.48%	56
Total		100%	2261

Q81. Were you offered a sweep at any point? A cervical sweep is done during a vaginal exam, with a doctor or midwife using their fingers to separate the membranes around your baby from your cervix (in a kind of ‘sweeping’ motion). It is meant to bring on labour, meaning it is a form of induction.

#	Answer	%	Count
1	Yes	58.13%	1513
2	No	40.49%	1054
3	I don't know	1.38%	36
Total		100%	2603

Q82. If you were offered a sweep, at what time during your pregnancy were you told you should have a sweep (tick all that apply). [This question was only asked if respondents had been offered a sweep.]

#	Answer	%	Count
1	Early on, before week 20	0.38%	8
2	Around mid-pregnancy (weeks 20-30)	0.58%	12
3	At 32/33 weeks	0.38%	8
4	At 35/36 weeks	2.84%	59
5	At 37 weeks	7.55%	157
6	At 38 weeks	15.82%	329
7	At 39 weeks	26.79%	557
8	At 40 weeks	27.95%	581
9	At 41 weeks	12.22%	254
10	At 42 weeks	2.74%	57
11	After 42 weeks	0.91%	19
12	I am not sure	1.83%	38
Total		100%	2079

Q83. What were the reasons induction (including a sweep) was suggested to you? Please answer this question even if you declined induction. Please tick all that apply.

[This question was only asked if respondents said yes to being offered an induction and/or yes to being offered a sweep.]

#	Answer	%	Count
1	I went beyond my due date	23.56%	575
2	My waters broke, but contractions did not start - please tell us how long after your waters broke were you induced	5.82%	142
3	My baby measured big on the scans	13.03%	318
4	There was low amniotic fluid according to the scans (oligohydramnios)	2.25%	55
5	There was too much amniotic fluid according to the scans (polyhydramnios)	1.97%	48
6	There were concerns about the baby's movements (reduced fetal movement)	2.99%	73
7	Because I had gestational diabetes	6.88%	168
8	Because of my age	4.67%	114
9	Because of my BMI/my weight	1.76%	43
10	Other reasons - please specify	31.59%	771
11	I am not sure why they wanted to induce me	5.49%	134
Total		100%	2441

Q83.1-TEXT - My waters broke, but contractions did not start - please tell us how long after your waters broke were you induced [127 responses].

Q83.2- TEXT - Other reasons [for the induction] - please specify [764 responses].

Note: The responses in this category were analysed and added to the responses in the table above, as many responses fit into one of the answer categories above.

#	Reasons for induction (free text responses)	Count	Combined count	Combined %
1	I went beyond my due date	32	607	24.94%
2	My baby measured big on the scans	10	328	13.47%
3	I am not sure why they wanted to induce me	74	208	8.54%
4	Because I had gestational diabetes	4	172	7.07%
5	My waters broke, but contractions did not start - please tell us how long after your waters broke were you induced	10	152	6.24%
6 [1]	Maternal request[1]	117	117	4.81%
7	Because of my age	-	114	4.68%
8	There were concerns about the baby's movements (reduced foetal movement)	11	84	3.45%
9 [2]	Other reasons[2]	76	76	3.12%
10	Hypertension	75	75	3.08%
11	There was low amniotic fluid according to the scans (oligohydramnios)	4	59	2.42%
12	Baby measuring small for gestational age	51	51	2.09%
13	There was too much amniotic fluid according to the scans (polyhydramnios)	-	48	1.97%
14	Because of my BMI/my weight	-	43	1.77%
15 [3]	Augmentation[3]	38	38	1.56%
16 [4]	Avoid going beyond the due date[4]	37	37	1.52%
17	Covid during pregnancy	33	33	1.35%
18	IVF pregnancy	30	30	1.23%
19 [5]	Avoid repeat C-section[5]	29	29	1.19%
20	Pre-eclampsia	24	24	0.99%
21	Cholestasis	17	17	0.70%
22 [6]	Avoid more invasive forms of induction[6]	14	14	0.57%
23	Twin pregnancy	13	13	0.53%
24 [7]	Avoid being excluded from homebirth[7]	10	10	0.41%
25	Foetal abnormality	10	10	0.41%
26	Timing for care provider	9	9	0.37%
27	'Big baby' in previous pregnancy	9	9	0.37%
28	Type 1 Diabetes	8	8	0.33%
29	Blood clotting issue (maternal)	7	7	0.29%
30	Previous stillbirth/pregnancy loss	6	6	0.25%
31	Unstable lie	6	6	0.25%
Total		767	2434	

Q84. If your baby measured big on scans or you were diagnosed with Gestational Diabetes, what did they estimate the baby to weigh at birth (based on scans)? And what weight was your baby at birth? [406 responses).

Q85. If you had gestational diabetes, when were you diagnosed? [Only respondents who were diagnosed with GD were asked this question.]

#	Answer	%	Count
1	Between 13 and 18 weeks	13.25%	22
2	Between 19 and 24 weeks	26.51%	44
3	Between 25 and 30 weeks	40.96%	68
4	Between 30 and 34 weeks	10.84%	18
5	After 34 weeks	6.02%	10
6	I don't remember	2.41%	4
Total		100%	166

Q86. If you had gestational diabetes, please tell us if you managed your gestational diabetes with diet alone or did you take medication. [Only respondents who were diagnosed with GD were asked this question.]

#	Answer	%	Count
1	Medication (metformin)	12.05%	20
2	Medication (insulin)	30.12%	50
3	Just diet and exercise	50.00%	83
4	Other	7.83%	13
Total		100%	166

Q86. TEXT – Other [13 responses].

Q87. Did your sugar levels spike regularly or did they usually stay within the range of normal once you changed your diet/started taking medication? [Only respondents who were diagnosed with GD were asked this question.]

#	Answer	%	Count
1	My levels were generally normal after I changed my diet/started taking medication.	60.74%	99
2	My levels were sometimes OK and sometimes too high.	28.22%	46
3	My levels remained too high even when I changed my diet/started taking medication.	11.04%	18
Total		100%	163

Q88. In the end, did you have an induction, including a sweep? [Only respondents who had answered yes to being offered any form of induction were asked this question.]³⁷

#	Answer	%	Count
1	Yes	63.49%	1198
2	No - please tell us why you decided not to have an induction	35.40%	668
3	I am not sure	1.11%	21
Total		100%	1887

³⁷ This question only shows responses from those who were offered an induction, asking whether or not they had one in the end. The overall induction rate for our sample as reported in the KEY RESULTS section was calculated based on all respondents in this section (n=2606).

Q89. Did you feel involved in the decision around induction, including a membrane sweep? [Only respondents who had answered yes to being offered any form of induction were asked this question.]

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem.	52.33%	964
2	Yes, but I had to argue for what I wanted.	14.01%	258
3	Not sure, I was asked about my preferences but I did not really feel fully involved in the decisions about induction in the end.	11.45%	211
4	No, I wasn't. I just agreed to what they said I should do.	19.49%	359
5	No, I was not asked or told beforehand. The intervention (e.g. breaking my waters or giving me a sweep) was done without me having agreed to it (without my consent).	2.71%	50
Total		100%	1842

Q90. Did you feel you had all the information about the risks, benefits and alternatives that you needed to make a decision about induction? [Only respondents who had answered yes to being offered any form of induction were asked this question.]

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision	34.72%	642
2	I was given some information by the midwife/doctor but I don't think I fully understood all the risks, benefits and alternatives of an induction	22.61%	418
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision	25.96%	480
4	I definitely did not have all the information I needed. I wish I had known more	16.71%	309
Total		100%	1849

Q91. Did you know you could decline an induction, including a cervical sweep? [Only respondents who had answered yes to being offered any form of induction were asked this question.]

#	Answer	%	Count
1	Yes, I knew I could decline an induction.	76.77%	1434
2	No, I thought I had to have an induction.	23.23%	434
Total		100%	1868

Q92. If you were induced, at what point of your pregnancy did they start the induction (including induction that started with a cervical sweep)? [Only respondents who had any form of induction were asked this question.]

#	Answer	%	Count
1	Before 37 weeks	3.20%	37
2	Week 37 (37+0 up to 37+6)	8.29%	96
3	Week 38 (38+0 up to 38+6)	14.42%	167
4	Week 39 (39+0 up to 39+6)	24.09%	279
5	Week 40 (40+0 up to 40+6)	26.94%	312
6	Week 41 (41+0 up to 41+6)	18.05%	209
7	Week 42 (42+0 up to 42+6)	4.58%	53
8	Week 43 (43+0 up to 43+6)	0.43%	5
Total		100%	1158

Q93. How were you induced? Sometimes one method does not work on its own, so please tick all that apply. [Only respondents who had answered yes to having any form of induction were asked this question.]

#	Answer	%	Count
1	Cervical/membrane sweep	30.83%	739
2	Prostaglandin gel	26.16%	627
3	Balloon catheter	0.71%	17
4	Dilapan-S device	1.29%	31
5	Breaking of my waters (amniotomy/artificial rupture of membranes)	20.23%	485
6	Oxytocin' drip (syntocinon)	19.98%	479
7	I don't know/I can't remember	0.79%	19
Total		100%	2397

Q94. Overall, how would you describe your experience of an induction? [Only respondents who had answered yes to having any form of induction were asked this question.]

#	Answer	%	Count
1	It was a very positive experience for me.	21.38%	248
2	I was overall fairly positive.	26.81%	311
3	It was not great, but I coped OK.	23.02%	267
4	It was a very difficult experience.	25.78%	299
5	I am not sure how I feel about it.	3.02%	35
Total		100%	1160

Q95. Looking back, would you make the same decision about having (or not having) an induction? [Only respondents who were offered any form of induction were asked this question.]

#	Answer	%	Count
1	Yes, I would definitely make the same decision. Please tell us why.	51.30%	927
2	Maybe, I am not sure. Please tell us why.	26.62%	481
3	No, I would definitely not make the same decision again. Please tell us why not.	22.08%	399
Total		100%	1807

Q95_1. TEXT - Yes, I would definitely make the same decision. Please tell us why. [717 responses].

Q95_2. TEXT - Maybe, I am not sure. Please tell us why. [398 responses]

Q95_3. TEXT - No, I would definitely not make the same decision again. Please tell us why not [364 responses].

Q96 - Please tell us anything else that you would like to say about inductions. [474 responses].

Appendix 7: Augmentation of labour

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

Augmentation of labour is a procedure to speed up your labour once it's started on its own but is seen to not be progressing fast enough. Augmentation is different from induction. The questions in this section are about a labour that started on its own, not about labour that was started with an induction.

Augmentation (speeding up labour) can be done by breaking your waters (artificial rupture of membranes)and/or by giving you an 'oxytocin'(syntocinon/ergometrine) drip. A cervical/membrane sweep can also be done during labour as a form of augmentation. This is when a doctor or midwife does a vaginal exam and uses their fingers to 'sweep' around the cervix.

Q97. Were you offered an augmentation of labour, that means, were you told that you needed medical intervention to help move the labour along/speed the labour up? [Only respondents who did not have an induction were offered this question.]

#	Answer	%	Count
1	Yes	25.89%	341
2	No	71.75%	945
3	I don't know	2.35%	31
Total		100%	1317

Q98. What were you told about why your labour needed to be speeded up? Please answer this question if augmentation was discussed with you, even if you decided not to have the intervention. Please tick all that apply. [Only respondents who answered yes to the previous question were asked this.]

#	Answer	%	Count
1	I was told I was not dilating fast enough	21.03%	106
2	I was told I was pushing for too long	3.17%	16
3	I was told my contractions were not strong or fast enough	8.93%	45
4	My labour stopped altogether	3.17%	16
5	I was told my baby's heart rate was too slow/baby was getting tired	7.54%	38
6	I was told there was meconium in the water	6.75%	34
7	My water had broken and I was told my labour was taking too long	13.10%	66
8	I am not sure why they wanted to speed up my labour	14.29%	72
9	Other reasons - please specify	22.02%	111
Total		100%	504

Q98. TEXT - Other reasons - please specify [109 responses].

Q99. If you were told you were pushing for too long, please tell us how long you had been pushing for when you were told you needed an intervention to speed things up [Only respondents who had been told they were pushing too long were asked this question.] [14 responses].

Q100. If you were told there was meconium in the waters, what colour and consistency was the meconium? [Only respondents who had meconium in the waters were asked this question.]

#	Answer	%	Count
1	The waters were a little bit yellowish or light green	17.65%	6
2	There was amniotic fluid/water that was visibly yellow or green	38.24%	13
3	The fluid that came out was dark green and thick like pea soup without much amniotic fluid/water	8.82%	3
4	I don't know	35.29%	12
Total		100%	34

Q101. Was your labour augmented in the end? [Only respondents who were offered an augmentation were asked this question.]

#	Answer	%	Count
1	Yes	80.71%	272
2	No	12.17%	41
3	I don't know/ I am not sure.	7.12%	24
Total		100%	337

Q102. If your labour was augmented, after how many hours was your labour augmented (that is, how long had you been in labour for before an intervention was used to speed labour up)? [255 responses]

Q103. Did you feel involved in the decision about augmentation? [Only respondents who were offered an augmentation were asked this question.]

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem.	39.38%	128
2	Yes, but I had to argue for what I wanted.	8.00%	26
3	Not sure, I was asked about my preferences but I did not really feel fully involved in the decisions about this in the end.	21.54%	70
4	No, I wasn't. I just agreed to what they said I should do.	24.62%	80
5	No, I was not asked or told beforehand. The intervention (e.g. breaking my waters or giving me the oxytocin drip) was done without me having agreed to it (i.e. without my consent).	6.46%	21
Total		100%	325

Q104. Did you know that you decline having your labour speeded up? [Only respondents who were offered an augmentation were asked this question.]

#	Answer	%	Count
1	Yes, I knew I could decline this.	61.96%	202
2	No, I thought I had to have this.	38.04%	124
Total		100%	326

Q105. Did you feel you had all the information about the risks, benefits and alternatives that you needed to make a decision about augmentation of labour? [Only respondents who were offered an augmentation were asked this question.]

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision	24.62%	80
2	I was given some information by the midwife/doctor but I don't think I fully understood all the risks, benefits and alternatives of an augmentation	30.15%	98
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision	19.38%	63
4	I definitely did not have all the information I needed. I wish I had known more	25.85%	84
Total		100%	325

Q106. Looking back, would you make the same decision about having (or not having) your labour augmented, i.e. speeded up through an intervention such as breaking your waters or the 'oxytocin' drip? [Only respondents who were offered an augmentation were asked this question.]

#	Answer	%	Count
1	Yes, I would definitely make the same decision. Please tell us why.	43.96%	142
2	Maybe, I am not sure. Please tell us why.	33.75%	109
3	No, I would definitely not make the same decision again. Please tell us why not.	22.29%	72
Total		100%	323

Q106_1. TEXT - Yes, I would definitely make the same decision. Please tell us why. [107 responses].

Q106_2. TEXT - Maybe, I am not sure. Please tell us why. [84 responses]

Q106_3. TEXT - No, I would definitely not make the same decision again. Please tell us why not. [57 responses]

Q107. Please tell us more about your experience of augmentation if you like. [103 responses].

Appendix 8: VBAC

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

VBAC is a vaginal birth after one or more caesarean sections. This is one of the options if you have had one or more previous caesarean sections in the past. The alternative is a scheduled repeat caesarean section.

Q108. Did you have any caesarean sections before this birth (the birth you are describing in this survey)? [Only respondents who said yes to this were asked any of the follow-up questions.]

#	Answer	%	Count
1	Yes	10.59%	269
2	No	89.41%	2271
Total		100%	2540

Q109. How many C-sections did you have before the birth you are describing here? [Only respondents who had a previous C-section were asked this question.]

#	Answer	%	Count
1	1	85.09%	234
2	2	13.09%	36
3	3	1.82%	5
4	4	0.00%	0
5	more than 4	0.00%	0
Total		100%	275

Q110. What kind of birth did you plan to have this time around? [Only respondents who had a previous C-section were asked this question.]

#	Answer	%	Count
1	Vaginal birth (VBAC)	54.15%	150
2	Repeat C-section	45.85%	127
Total		100%	277

Q11. Did your care provider (midwife and/or doctor) discuss the option of a vaginal birth after caesarean (VBAC) with you? [Only respondents who had a previous C-section were asked this question.]

#	Answer	%	Count
1	Yes, I was told about a VBAC and informed that this would be one of my options.	68.48%	189
2	Yes, VBAC was mentioned but was also told it would not be an option for me.	20.65%	57
3	No, it was never mentioned to me that I could opt for a vaginal birth instead of a repeat C-section.	7.61%	21
4	I am not sure what I was told.	3.26%	9
Total		100%	276

Q12. If the plan was to have a repeat C-section, please tell us about how you felt about the plan for this birth. [Only respondents who had said they were planning a repeat C-section were asked this.]

#	Answer	%	Count
1	I was happy with that plan - I preferred another C-section.	71.20%	89
2	I didn't really mind either way.	11.20%	14
3	I would have liked a vaginal birth if that had been an option for me.	17.60%	22
Total		100%	125

Q113. What were you told about the reasons why VBAC was not an option for you? [Only respondents who were not offered the option for a VBAC by their care providers were asked this question.]

#	Answer	%	Count
1	I was told I couldn't have a VBAC because I had more than one C-section before.	30.26%	23
2	It was because of my scar. I had a 'classical caesarean birth'/inverted 'T' incision in a previous C-section.	0.00%	0
3	I had a uterine rupture before.	0.00%	0
4	My baby was breech.	2.63%	2
5	My placenta was low (placenta praevia).	1.32%	1
6	I was told I couldn't have a VBAC because my baby measured big on scans (fetal macrosomia).	5.26%	4
7	I wasn't told any specific reasons, VBAC just wasn't an option.	11.84%	9
8	Other - please specify	48.68%	37
Total		100%	76

Q113. TEXT - Other - please specify. [37 responses]

Q114. If the plan was to have a VBAC (vaginal birth after c-section), please tell us about how you felt about the plan for this birth. [Only respondents who had indicated that they were planning a VBAC were asked this question.]

#	Answer	%	Count
1	I was happy with that plan - I wanted a vaginal birth.	89.93%	125
2	I didn't really mind either way.	10.07%	14
3	I would have liked a repeat C-section if that had been an option for me.	0.00%	0
Total		100%	139

Q115. How did your labour and birth go in the end?³⁸

#	Answer	%	Count
1	I had a VBAC planned, went into labour on my own and had a VBAC.	-	-
2	I had a VBAC planned, went into labour on my own but did not have a VBAC in the end, I had another C-section - please tell us why?	-	-
3	I had planned a VBAC, was induced and had a VBAC.	-	-
4	I had planned a VBAC, was induced and then did not have a VBAC in the end, I had another C-section - please tell us why?	-	-
5	I had planned a VBAC but before I even got to go into labour on my own, I had a repeat C-section instead - please tell us why?	-	-
6	I was meant to have a planned repeat C-section but I went into labour on my own before that and ended up having a vaginal birth.	-	-
7	I was meant to have a planned repeat C-section but I went into labour on my own before that and ended up in an emergency C-section.	-	-
Total		-	-

Q116. Did you feel involved in the decision whether to have a vaginal birth or a repeat C-section for this birth?

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem.	66.67%	176
2	Yes, but I had to argue for what I wanted.	17.80%	47
3	Not sure, I was asked about my preferences but I did not really feel fully involved in the decisions about this birth in the end.	7.58%	20
4	No, I wasn't. I agreed to what they said I should do.	7.95%	21
Total		100%	264

³⁸ We are excluding the responses to this question from this report due to lack of reliability of the answers. The responses options did not include an option for 'planned and had a repeat C-section' which means respondents ended up ticking on of the other options, leading to false responses. This is evident in the text comments in the other response categories.

Q117. Did you feel you had all the information you needed to make a decision about whether to have a VBAC or a repeat C-section?

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision.	60.00%	156
2	I was given some information by the midwife/doctor but I don't think I fully understood all the risks, benefits and alternatives of the birth I ended up having.	13.08%	34
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision.	19.62%	51
4	I definitely did not have all the information I needed. I wish I had known more.	7.31%	19
Total		100%	260

Q118. Looking back on this birth, would you make the same decisions again about whether to have a repeat C-section or a VBAC?

#	Answer	%	Count
1	Yes, I would definitely make the same decisions.	76.05%	200
2	Maybe, I am not sure.	17.87%	47
3	No, I would definitely not make the same decisions again.	6.08%	16
Total		100%	263

Q119. Please tell us more about your experience of this VBAC/repeat C-section if you like. [162 responses]

Appendix 9: Breech Births

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

This section is about breech births. Breech is when baby is head up, bottom down at the time of birth. Different versions of a breech position include baby's bum pointing downwards with the legs folded and their feet near their bum (complete breech), or their bum pointing downwards and their legs folded up straight in front of their body, with feet near their head (frank breech), or one or both feet pointing downward and coming out before the rest of the body (footling breech).

Q120. Was your baby in a breech position at the end of pregnancy? [Only respondents who said yes to this were asked any of the follow-up questions.]

#	Answer	%	Count
1	Yes	6.25%	158
2	No	93.75%	2372
Total		100%	2530

Q121. What breech position was baby in?

#	Answer	%	Count
1	Complete breech (bum down, legs folded up)	38.96%	60
2	Frank breech (bum down, legs straight up with feet by their head)	23.38%	36
3	Footling breech (one or both feet coming first)	5.84%	9
4	I am not sure	31.82%	49
Total		100%	154

Q122. What kind of birth did you plan to have for this baby?

#	Answer	%	Count
1	Vaginal birth	51.59%	81
2	Planned C-section	48.41%	76
Total		100%	157

Q123. Did your care provider (midwife and/or doctor) discuss the option of a vaginal breech birth with you?

#	Answer	%	Count
1	Yes, I was told about a vaginal breech birth and informed that this would be one of my options.	17.11%	26
2	Yes, vaginal breech birth was mentioned but was also told it would not be an option for me.	19.74%	30
3	No, it was never mentioned to me that I could opt for a vaginal birth instead of a C-section.	52.63%	80
4	I am not sure what I was told.	10.53%	16
Total		100%	152

Q124. If the plan was to have a C-section, please tell us about how you felt about this plan for birth.

#	Answer	%	Count
1	I was happy with that plan - I preferred a planned C-section	50.00%	38
2	I didn't really mind either way	13.16%	10
3	I would have liked a vaginal birth but was told it's not possible	36.84%	28
Total		100%	76

Q125. If would have liked to have a vaginal birth but were told it's not possible, please tell use the reasons for this.

#	Answer	%	Count
1	The hospital generally supported vaginal breech births, but my baby was in a footling position (feet coming first)	3.57%	1
2	The hospital generally supported vaginal breech births, but I had a previous C-section	7.14%	2
3	The hospital generally supported vaginal breech births, but the placenta was low (placenta anterior)	0.00%	0
4	The hospital generally supported vaginal breech births, but my baby measured big on the scans	0.00%	0
5	The hospital generally supported vaginal breech births, but my baby measured small on the scans	3.57%	1
6	I was told that vaginal breech birth was not offered at my hospital and it would automatically be a C-section	42.86%	12
7	I am not sure what the reasons were	10.71%	3
8	Other - please specify	32.14%	9
Total		100%	28

Q125. TEXT - Other - please specify. [9 responses]

Q126. If the plan was to have a vaginal birth, please tell us about how you felt about the plan for this birth.

#	Answer	%	Count
1	I was happy with that plan - I wanted a vaginal birth	69.49%	41
2	I didn't really mind either way	27.12%	16
3	I would have liked a C-section but was told it would be better for me to have a vaginal birth	3.39%	2
Total		100%	59

Q127. If you were planning a vaginal birth, how did your labour and birth go? [Only respondents who had planned a vaginal breech birth were asked this question.]³⁹

#	Answer	%	Count
1	I went into labour on my own and had a vaginal breech birth	-	-
2	I went into labour on my own but did not have a vaginal breech birth in the end, I had a C-section - please tell us why?	-	-
3	I was induced and had a vaginal birth.	-	-
4	I was induced and then did not have a vaginal birth in the end, I had a C-section - please tell us why?	-	-
5	Before I even got to go into labour on my own, I had a C-section, even though I was planning a vaginal breech birth - please tell us why?	-	-
Total		-	58

Q128. Did you feel involved in the decision about whether to have a vaginal birth/C-section for this birth?

#	Answer	%	Count
1	Yes, I was asked every step of the way what I wanted and my decisions were accepted no problem	41.78%	61
2	Yes, but I had to argue for what I wanted	11.64%	17
3	Not sure, I was asked about my preferences but I did not really feel fully involved in the decisions about this birth in the end	7.53%	11
4	No, I wasn't. I just agreed to what they said I should do	15.75%	23
5	No, I was not asked what I wanted, I was just told what would happen	23.29%	34
Total		100%	146

³⁹ We are excluding the responses to this question from this report due to lack of reliability of the answers. The responses options did not include an option for 'baby turned before birth', leading to false responses. This is evident in the text comments in the other response categories.

Q129. Did you feel you had all the information you needed to make a decision about whether to have a vaginal breech birth or a planned C-section?

#	Answer	%	Count
1	Yes, my midwife/doctor really took time to explain the risks, benefits and alternatives to me. I felt very well informed before I made my decision	44.20%	61
2	I was given some information by the midwife/doctor but I don't think I fully understood all the risks, benefits and alternatives of the birth I ended up having	12.32%	17
3	I was not given much information by the doctor/midwife but I had done my own research before the birth and I felt very well informed before I made my decision	23.91%	33
4	I definitely did not have all the information I needed. I wish I had known more	19.57%	27
Total		100%	138

Q130. Looking back on this birth, would you make the same decisions again? [Only respondents who stated that their baby was breech were asked this.]

#	Answer	%	Count
1	Yes, I would definitely make the same decisions. Please tell us why.	69.18%	101
2	Maybe, I am not sure. Please tell us why.	21.92%	32
3	No, I would definitely not make the same decisions again. Please tell us why not.	8.90%	13
Total		100%	146

Q130_1. TEXT - Yes, I would definitely make the same decisions. Please tell us why. [66 responses]

Q130_2. TEXT - Maybe, I am not sure. Please tell us why. [25 responses]

Q130_3. TEXT - No, I would definitely not make the same decisions again. Please tell us why. [11 responses]

Q131. Please tell us more about your experience of this pregnancy and birth if you like, or anything else you would like to say about breech births in Ireland. [73 responses]

Appendix 10: Mothers On Respect Index

INTRODUCTION SECTION FOR SURVEY PARTICIPANTS:

In this last section, we use the international Mothers on Respect index (MOR). This is a scale developed to assess the nature of respectful patient-provider interactions and their impact on a person’s sense of comfort, behavior, and perceptions of racism or discrimination.

Please tell us about your discussions with your doctor or midwife about your options for care during labour and birth, for example starting your labour (induction), medications, where to give birth, whether to have a cesarean, etc.

Q132. Overall while making decisions about my labour and birth (select one answer for each statement):

#	Question	Strongly disagree		Disagree		Somewhat disagree		Somewhat agree		Agree		Strongly agree		Total
1	I felt comfortable asking questions	5.84%	146	4.64%	116	7.24%	181	18.48%	462	30.68%	767	33.12%	828	2500
2	I felt comfortable declining care that was offered	9.66%	241	15.46%	386	15.38%	384	21.63%	540	23.20%	579	14.66%	366	2496
3	I felt comfortable accepting the options for care that my doctor or midwife recommended	5.17%	129	5.93%	148	8.06%	201	24.09%	601	34.59%	863	22.16%	553	2495
4	I felt pushed into accepting the options my doctor or midwife suggested	20.37%	508	25.46%	635	10.06%	251	20.77%	518	13.19%	329	10.14%	253	2494
5	I chose the care options that I received	5.29%	132	8.22%	205	10.59%	264	26.38%	658	28.79%	718	20.73%	517	2494
6	My personal preferences were respected	6.35%	158	7.83%	195	9.56%	238	23.82%	593	29.88%	744	22.57%	562	2490
7	My cultural preferences were respected	1.09%	27	0.89%	22	1.94%	48	9.69%	240	54.16%	1341	32.23%	798	2476

Q133. During my labour and birth I felt that I was treated poorly by my doctor or midwife because of (select one answer for each statement):

#	Question	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Total
1	My race, ethnicity, cultural background or language	73.42%	1823 22.43%	557 1.41%	35 1.25%	31 0.64%	16 0.85%	21 2483
2	My sexual orientation and/or gender identity	75.77%	1876 21.65%	536 0.77%	19 0.65%	16 0.44%	11 0.73%	18 2476
3	My type of health insurance or lack of insurance	70.13%	1733 22.26%	550 1.70%	42 2.71%	67 1.82%	45 1.38%	34 2471
4	A difference of opinion with my caregivers about the right care for myself or my baby	54.48%	1344 21.93%	541 4.95%	122 9.32%	230 5.19%	128 4.13%	102 2467

Q134. During my labour and birth I held back from asking questions or discussing my concerns because (select one answer for each statement):

#	Question	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Total
1	My doctor or midwife seemed rushed	34.46%	855 24.75%	614 6.65%	165 14.91%	370 11.29%	280 7.94%	197 2481
2	I wanted maternity care that differed from what my doctor or midwife recommended	35.26%	872 31.58%	781 6.91%	171 12.21%	302 8.82%	218 5.22%	129 2473
3	I thought my doctor or midwife might think I was being difficult	31.01%	766 22.79%	563 5.55%	137 17.13%	423 13.60%	336 9.92%	245 2470

