

Post Birth Consumer Survey 2006

Technical Report

prepared for

Queensland Health

Office of Economic and Statistical Research
Level 8, 33 Charlotte Street
Brisbane, QLD, 4000
Ph: (07) 3224 5326
<http://www.oesr.qld.gov.au>

© Queensland Government 2007

This report is for the exclusive use of Queensland Health without restriction.

All data and information in this document are believed to be accurate and have come from sources believed to be reliable. However, the Office of Economic and Statistical Research, Queensland Treasury, does not guarantee or represent that the data and information are accurate, up to date or complete, and disclaims liability for all claims, losses, damages or costs of whatever nature and howsoever occurring, arising as a result of relying on the data and information, regardless of the form of action, whether in contract, tort (including negligence), breach of statutory duty or otherwise.

Table of Contents

1.0	Introduction	1
1.1	Objective.....	1
2.0	Survey Methodology	1
2.1	Scope of the survey	1
2.2	Survey frame	2
2.3	Sample design and selection.....	2
3.0	Operational Results.....	2
3.1	Status of sample units at completion of survey	2
3.2	Response Rate	4
3.3	Interview time.....	5
3.4	Monitoring of interviewers.....	5
3.5	Interviewer feedback - general	6
3.6	Respondent feedback.....	6
3.7	Respondent queries.....	7
3.8	Editing.....	7
4.0	OGS Recommendations/Issues to Consider	8
5.0	Output	8

List of Tables

Table 1	Sample Units	2
Table 2	Final status of attempted sample units by scope	4
Table 3	Final status of in-scope sample units	5

Post Birth Consumer Survey 2006

Technical Report

1.0 Introduction

The Post Birth Consumer Survey was conducted by the Office of the Government Statistician (OGS) from Monday 20th November to Monday 11th December 2006 on behalf of Queensland Health.

1.1 Objective

The objectives of this survey were to:

1. understand the perceptions of women who give birth in Queensland public hospitals of the nature of the post-birth care they receive while in hospital;
2. understand the factors that influence women's choices about breast feeding; and
3. gain information about the usefulness, timeliness and accessibility of post-birth maternal and newborn baby care after discharge from hospital.

The methodology used for the survey is described in Section 2. Operational results and interviewer feedback are reported in Section 3. OESR recommendations for future surveys are described in Section 4. Output is discussed in Section 5.

2.0 Survey Methodology

The survey was conducted by Computer Assisted Telephone Interviewing (CATI). A team of 30 part-time interviewers was used for the duration of the survey.

2.1 Scope of the survey

The in-scope population for the survey was comprised of women who have given birth in Queensland public hospitals between three and five months ago, and who, while in hospital, gave consent to be followed up with the following exceptions:

- women whose babies were stillborn or died prior to interview;
- maternal deaths;
- mothers younger than 16 years of age; and
- mothers for whom no contact details are available.

2.2 Survey frame

The frame was provided by Queensland Health. The frame consisted of 4,806 women who had given birth in Queensland public hospitals between 1 June 2006 and 6 September 2006.

2.3 Sample design and selection

Letters were sent to all 4,806 women one week before the start of interviewing explaining the nature and purpose of the survey and offering mothers the opportunity to opt out. Two women declined to participate in the survey following receipt of the pre-approach letter.

3.0 Operational Results

Operational results reported in this section apply to the full sample.

3.1 Status of sample units at completion of survey

A total of **4,804** sample units were attempted and finalised (two women opted out before interviewing and were recorded as refusals). From those that were attempted, 3,911 interviews were completed and one useable partial interview was achieved. A telephone number was deemed to be finalised when contact with the respondent had been completed, or the respondent was found to be out-of-scope for the survey or the predetermined number of attempts to contact numbers not answering had been reached. The results of all sample units in the survey appear below (Table 1).

Table 1 **Sample Units**

Status	Number	Percentage %
Answering Machine	147	3.1
Call-back	7	0.2
Completed	3,11	81.4
Disconnected	180	3.7
Duplicate	21	0.4
Engaged	13	0.3
Fax Machine	1	0.0
No Answer	163	3.4
Out of Scope	18	0.4
Partially Complete	1	0.0
Partially Complete – Give Up	15	0.3
Refused Survey	52	1.1
Refused Survey – Phone Slam	6	0.1
Unable Survey – Away	189	3.9
Unable Survey – Deceased	1	0.0
Unable Survey – Hearing	1	0.0
Unable Survey – Illness	9	0.2
Unable Survey – Language Problems	15	0.3
Wrong Phone Number	56	1.2
TOTAL ATTEMPTED	4,806	100.0%

Descriptions of the dispositions above are as follows:

Answering Machine – An initial message was left on the answering machine advising that the interviewer would call back. At the sixth attempt, the 1800 number was left on the machine with a request for the respondent to contact OGS.

Call-back – A call-back was arranged to contact the selected person to interview but the appointment was unable to be completed by the time the interviewing period closed.

Completed - when the respondent completed the survey.

Disconnected – The number was disconnected and Telstra was called to determine if a new number could be found. This was unsuccessful.

Duplicate – When the respondent advised that they had already participated in the survey.

Engaged – An engaged signal was obtained for all six attempts at the number.

Facsimile (FAX) – Contact phone number was a facsimile machine.

No Answer – Six attempts were made to contact the person but no contact could be made.

Out-of-scope - Includes mothers whose babies had died in the hospital, and mothers who were under 16 years of age.

Partially Completed - when the respondent completed the survey but refused to answer one or more questions.

Partially Completed - Give Up - when the respondent has failed to complete the survey.

Refused Survey - when the selected person refuses to undertake the survey

Refused Survey - Phone Slam - when the person who answers the phone hangs up in the introduction and the interviewer can not determine if they have contacted the selected person.

Unable Survey - Away - When the selected person could not be contacted within the call period because they were on holidays or were not available.

Unable Survey - Deceased - When the selected person could not undertake the survey as they were deceased.

Unable Survey - Hearing - When the selected person could not undertake the survey due to hearing difficulties.

Unable Survey - Illness - When the selected person could not be contacted within the call period because they were ill.

Unable Survey - Language Problems - When the selected person could not undertake the survey due to language problems.

Wrong Phone Number – When the phone number supplied was incorrect and the interviewer was unable to obtain a correct phone number for that respondent.

The percentages in the categories of 'Refused Survey' and 'Refused Survey - Phone Slam' were considered lower than normal for a telephone survey.

3.2 Response Rate

Sample units were classified as follows (see Table 2¹):

- in-scope responding, if the interview resulted in a completed or partially completed survey;
- in-scope not responding, if the selected person was unable to be surveyed or refused or a call-back appointment was made but did not eventuate;
- unknown scope, if the scope was not able to be determined for any of the following reasons:
 - No answer;
 - Engaged;
 - Answering machine;
 - Disconnected;
 - Wrong number;
 - Facsimile; or
- Out-of-scope, for duplicates, mothers whose babies had died in the hospital, and mothers who were under 16 years of age.

Table 2 Final status of attempted sample units by scope

Disposition	Completed/ Usable Partial	In-scope Non- Response	Out-of- scope	Total
Answering machine		146	1	147
Call-back		7		7
Completed	3,911			3,911
Disconnected		178	2	180
Duplicate			21	21
Engaged		13		13
FAX machine		1		1
No Answer		161	2	163
Out-of-scope – Extra			18	18
Partially Completed	1			1
Partially Completed – Give Up		15		15
Refused Survey		52		52
Refused Survey - Phone Slam		6		6
Unable Survey – Away		189		189
Unable Survey – Illness		9		9
Unable Survey – Hearing		1		1
Unable Survey – Deceased		1		1
Unable Survey - Language Problems		15		15
Wrong Phone Number		55	1	56
Total	3,912	849	45	4,806

¹ No Answer, Engaged, Answering Machine, Wrong Number, Disconnected and Fax Machine have been apportioned into In-scope Non-Responding and Out-of-scope by multiplying the number of unknown scope by the assumed proportion inscope among units of known scope. Assumed proportion in-scope = in-scope / in-scope + out-of-scope

The breakdown by final status of all in-scope units attempted is as follows:

Table 3 Final status of in-scope sample units

Status	Frequency	Frequency %
Answering machine	146	3.1
Call-back	7	0.1
Completed	3,911	82.1
Disconnected	178	3.7
Engaged	13	0.3
FAX machine	1	0.0
No Answer	161	3.4
Partially Completed	1	0.0
Partially Completed – Give Up	15	0.3
Refused Survey	52	1.1
Refused Survey - Phone Slam	6	0.1
Unable Survey – Away	189	4.0
Unable Survey – Illness	9	0.2
Unable Survey – Hearing	1	0.0
Unable Survey – Deceased	1	0.0
Unable Survey - Language Problems	15	0.3
Wrong Phone Number	55	1.2
Total	4,761	100.0

The response rate for the survey is the number of interviews that can be used in the analysis as a percentage of all possible interviews that could have been achieved had every in-scope person selected in the sample responded.

The number of all possible interviews that could have been achieved had every in-scope person selected in the sample responded was derived by summing the number of in-scope responding and in-scope not responding.

The estimated overall response rate for the survey was **82.2%**.

3.3 Interview time

The average time for a completed interview in the CATI system was **8.73 minutes**.

3.4 Monitoring of interviewers

Monitoring of the interviewers was conducted throughout the survey and it was found that the interviewers were conducting the surveys in a professional manner, in line with OESR standard procedures.

3.5 Interviewer feedback - general

All interviewers were asked to provide feedback on respondent reaction to the survey. The following comments were received from the interviewers:

- The respondents are more than happy to participate in the survey and most have received the letter. That made all the difference;
- Excellent survey – no problems to report;
- Generally good overall – respondents were ok to participate in survey;
- Many additional comments wanted to be provided, but there is no provision in the actual survey to record separate comments;
- A lot of women asked if there were questions regarding the actual labour/midwives. Needs a final comments box;
- A mother had her baby removed from her care whilst in hospital – not sure if this category was included in the exclusion category;
- Most women comment on the relevance of the study;
- Repetitive in first few questions i.e. very satisfied etc. This is repeated three times – insinuates that respondent cannot remember options of very satisfied etc;
- The questions end abruptly. Before last question, a prompt is needed to signal that the questions are nearly finished;
- Q1, 3 & 4 – are different for a first time mother as opposed to an experienced mother. There is no indicator in the survey to note this, which makes a difference to the answers that you receive;
- Q16 – Could the fourth response be listed - Yes but unsure if midwife or community health nurse;
- Q30 – suggest changing ‘for his/her health’ to ‘regarding his/her health’;
- Q10z – Asked about planned caesarean only – many had emergency caesareans;

3.6 Respondent feedback

Many respondents wanted to provide additional feedback on issues relating to maternity services, which were not covered in the survey. A brief summary of these issues is provided below:

- Support should be provided for mothers with babies in special care – no emotional support but physical support is provided;
- More information should be provided about SIDS;
- Visiting hours were restrictive;
- When you live in a remote area, you have to travel hundreds of kilometres to have your baby;
- Need more staff in the neo-natal area;
- Need more support for the mother when they are feeling overwhelmed after the birth;
- Lack of beds in the birthing suite in Toowoomba Hospital
- Extended midwife service in Rockhampton is good;
- New water bathing centre on the Gold Coast is fantastic;
- One respondent once tried ringing the Child Health Line 1800 number and only got an engaged signal. In the end she rang the Ambulance;
- Women who have had at least 2 children comment that the care/attention or information they received after the birth was brief or non-existent due, not to the lack of support in hospital, but because they didn’t need it.

- Respondents wanted to give more comments re hospital stay – staff shortages – they had good service when they were seen but same time had to wait as nurses were busy;
- Funding cuts on 0-3 months baby get togethers was an issue;
- Could we get a baby blues website as phone number as well as 1800 number.

3.7 Respondent queries

A small number of enquiries were received on the 1800 number. The majority of the calls were the result of:

- Respondents advising OESR of a change of telephone number as per the pre-approach letter instruction; and
- Respondents advising OESR that they were willing to undertake the survey.

3.8 Editing

At the completion of the survey, to reduce the number of categories placed into the 'other specify' categories, the following categories were created.

Question 19

- Breast feeding;
- Bottle feeding;
- Settling techniques;
- More visits from midwife;
- Baby illnesses i.e. reflux, colic, jaundice etc;
- Feeding;
- General advice;
- Feeding and settling; and
- Home help.

Question 33

- Doctor;
- Hospital; and
- Local community or child health centre.

4.0 OGS Recommendations/Issues to Consider

The following recommendations are made:

The wording of the statement below in the pre-approach letter below should be amended.

If you are willing to assist us by participating in this survey but have a different telephone number from that given while you were in hospital, please ring the Government Statistician on its freecall line 1800 068 587.

Many respondents understood this wording to mean that to participate in the survey, they needed to call the 1800 number. Time was spent by respondents and by OESR answering these phone calls.

If the survey is repeated again in the future, the following additional categories are recommended to reduce the volume of answers placed into Other Specify categories, which will enable frequencies to be provided on the answers:

Question 23 and Q24

- Breast fed other children; and
- I wanted to breast feed/wanted to try to breastfeed.

Question 25

- Bottle fed other children; and
- I had problems breast feeding.

Question 30

- Books.

5.0 Output

Queensland Health will be provided with a cleaned, de-identified unit record file, text responses to open-ended questions, raw frequency output tables and a summary report.