

MATERNITY SERVICES AND EXPERIENCES IN THE UK

Social listening analysis of existing
online narratives from March 2024
to March 2026

May 2026



CONTENTS

1

[Introduction to the study and key highlights](#)

2

[Public Online conversations about maternity in the UK](#)

3

[15 Deep-dives into selected narratives](#)

4

[Appendix 1](#)

[Full list of narratives about maternity services and experiences in the UK](#)

5

[Appendix 2](#)

[Methodological notes about social listening approach](#)

INTRODUCTION TO THE STUDY AND KEY HIGHLIGHTS

01

Social Listening analytical approach

Social listening is the process of **collecting and analysing publicly accessible online conversations** about specific topics such as brands, industries, or concepts. Analysis spans social media, forums, blogs, ratings and reviews.

The goal is to help **understand public opinion and audience views or needs, identifying dominant or emerging online narratives, etc.**

This information helps **generate insights** that are crucial for **making decisions, guiding communications, and informing improvements.**

REAL, UNFILTERED VOICE OF AN AUDIENCE

Social media reveals what people post about in an authentic, unsolicited way at mass scale. An effective source for identifying unmet needs, pain points and opportunities.

INFLUENCE DRIVES DECISION

Online conversations with peers and opinion leaders help shape people's opinions and impact actions/decisions.

REFLECTION OF WORLDVIEW AND TRENDS

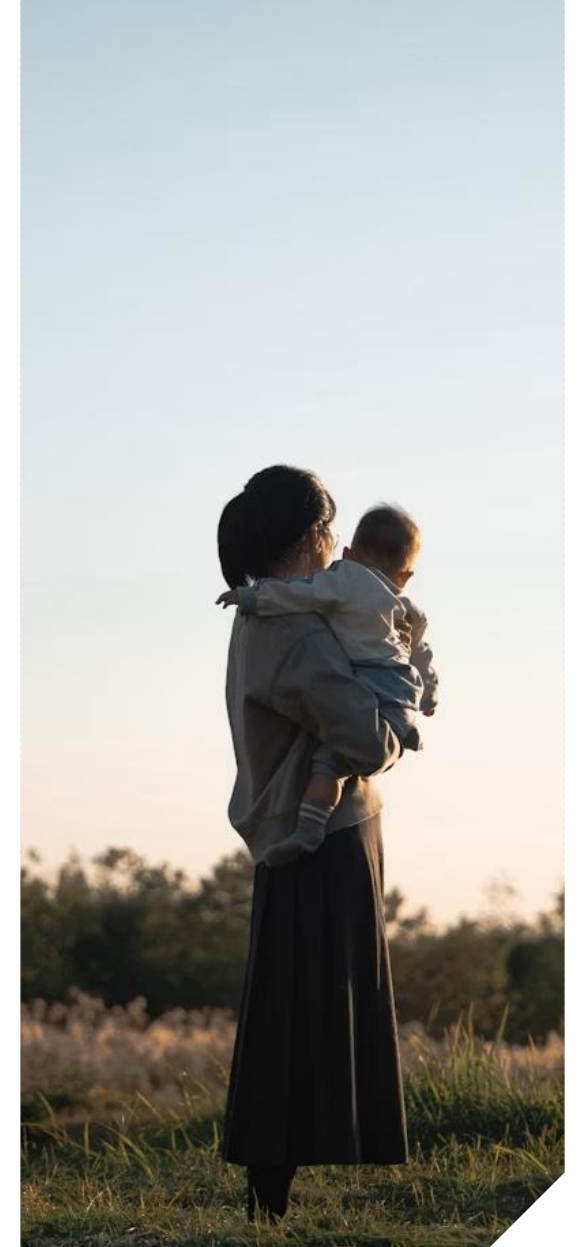
Social data reveal dominant narratives and shifting interests before they show up in traditional surveys.

FROM FRAGMENTED AUTHORS TO HOLISTIC LANDSCAPE MAPPING

Wide coverage provides a 'helicopter view', with the option to zoom in to the author level.

Understanding social media data

- Social media data should not be read simply as “conversation” but rather as an act of expression. When someone posts, comments, shares, reacts, reviews, or complains online, they are not merely answering a question in a survey questionnaire; they are making a deliberate choice to put a feeling, opinion, experience, or reaction into the public domain.
- This is what makes social intelligence valuable. It captures unsolicited, unprompted, and often emotionally charged expressions. Unlike surveys or interviews, where respondents answer a structured set of questions designed by a researcher, social intelligence data is unstructured. People decide what matters enough to say, how they want to say it, and when they want to say it. As a result, it can surface issues, language, emotions, frustrations, needs, and cultural signals that structured research may not anticipate.
- Social media data can also skew negative emotions, especially with sensitive topics and narratives. This should not be seen as a flaw. Negative experiences, frustration, disappointment, or concern often create a stronger impulse to speak publicly. In that sense, negativity in social data is not just “bias”; it can be a meaningful signal of what people feel strongly enough to express.
- Various studies show that emotional social media content (e.g., negative, provocative) can be amplified and become viral through social sharing affordances. Therefore, social media publication is best interpreted as a window into expressed / active opinion, not silent/reflective opinion.
- Social intelligence shows what people are motivated to say publicly, how they want to be perceived, based on the language they use, the emotions they attach to topics, and the issues they want others to notice.
- It should be understood, therefore, that social media data is not the same as a representative survey of the population; not everyone is on social media, and the topics those who are choose to talk about on social media may not be a representative selection of all the experiences they face. Instead, its value is in uncovering the stories and narratives that they do want to talk about, and what this reveals about their experiences.



Introduction: Study background and objectives

Ipsos Synthesio, on behalf of Sky, undertook this study to answer the question: **What is it like to have a baby in the UK today?**

Sky News initiated the project with separate data analysis from multiple sources, including surveys of healthcare professionals, Care Quality Commission surveys, monthly maternity statistics and video testimonies from women who have contacted Sky.

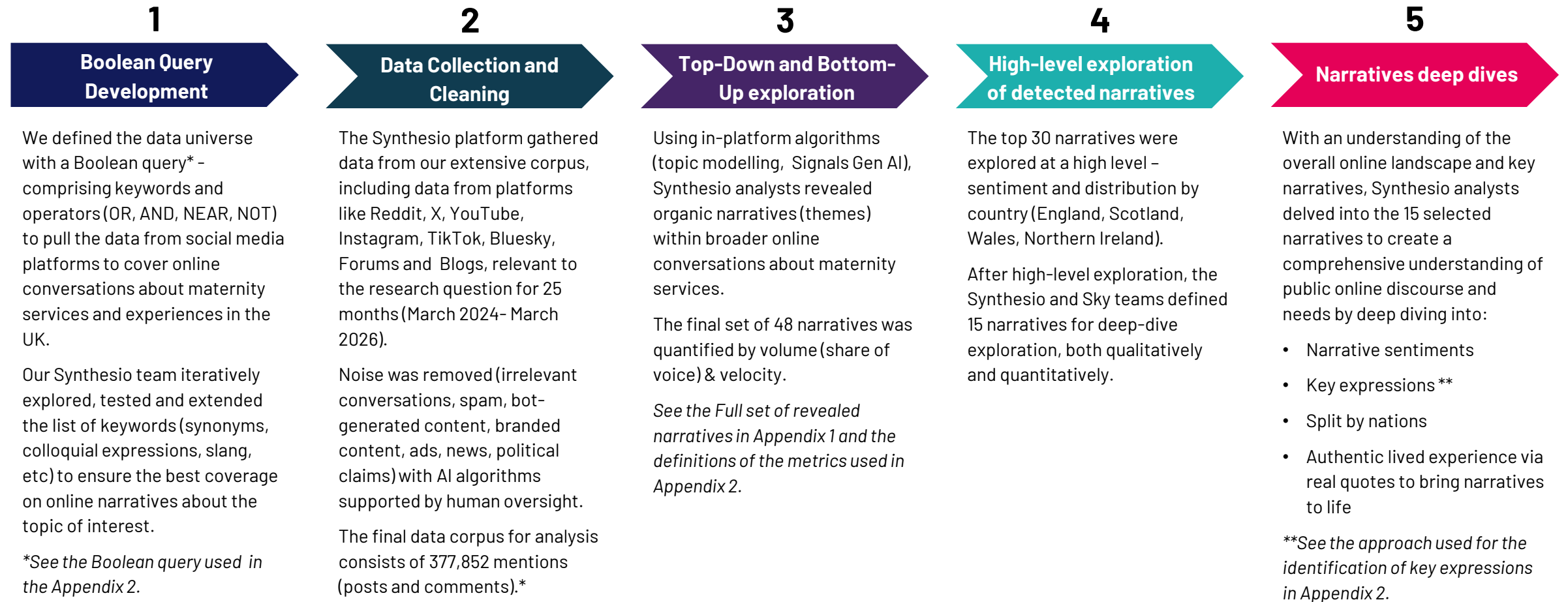
The aim of the project is to help build a comprehensive picture of the current situation with maternity services and care.

Ipsos Synthesio conducted a social media listening analysis to:

- Reveal and evaluate existing online narratives about maternity services and experiences in the UK on a public level (excluding news outlets and politician contexts).
- Focus on people's stories: attitudes, challenges and needs regarding maternity services and experiences in the UK in publicly accessible online conversations.



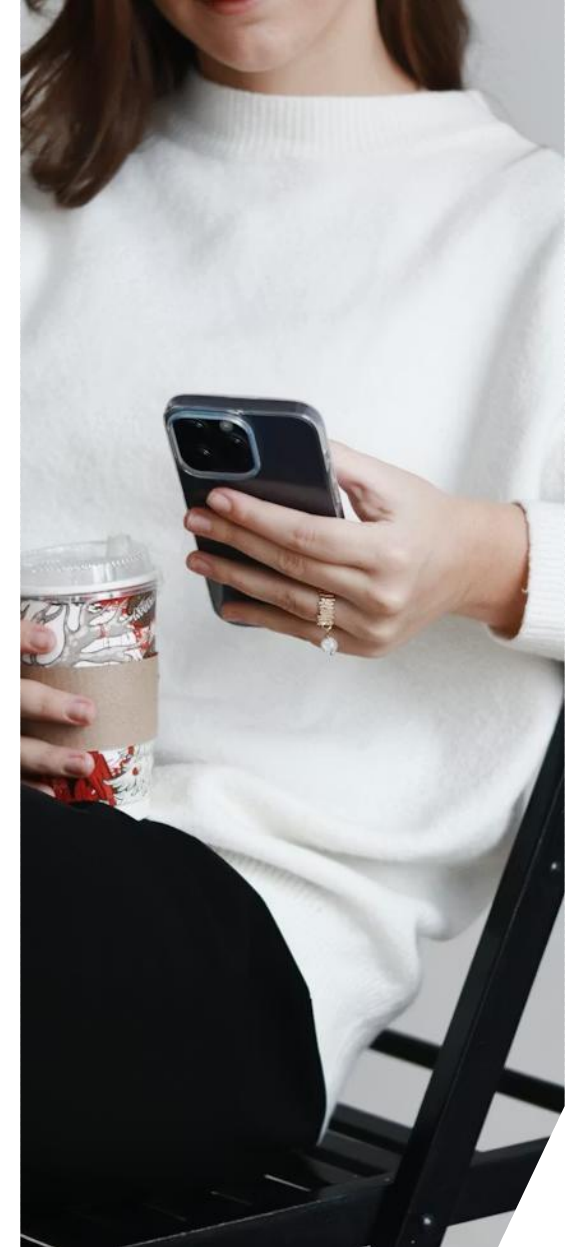
Key steps in the Ipsos Synthesio analytical process



Compliance disclaimer

- To uphold ethical standards and comply with OSA and GDPR, all data sourced by Synthesio is publicly available online (at the time of data collection and analysis, April-May 2026), and no information is collected from private social media accounts or behind paywalls.
- The analysis was conducted in line with the MRS code of conduct.
- All data were anonymised and analysed at an aggregated level, with no reference to individuals or identifiable social media accounts.
- For publication purposes, posts and comments examples (quotes) were decontextualised, anonymised and paraphrased to eliminate personal identification. Verbatim has been modified to prevent the author's discoverability; however, the context, spirit, and sentiment remain the same as in the initial quotes.
- This report is focused on the analysis of publicly available social media content. Throughout the report, we'll refer to the same data corpus using terms "posts and comments", "mentions", "publications", "conversations, and "online discourse" interchangeably.
- Working with social media means engaging with people's openly expressed opinions at scale. These findings are derived using Synthesio's proprietary technologies and solutions for data collection and advanced AI algorithms, with human curation aligned

with Ipsos' rigorous research principles, intended to represent the overall online discussion as accurately and transparently as possible.



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852
England = 328,731; Scotland = 30,228 ; Wales=15,114; Northern Ireland = 3,779

Key findings

This study analysed 377,852 public UK-geolocated posts/comments (Mar 2024–Mar 2026), averaging c.15k mentions a month. Discussions were relatively consistent over time, with increases coinciding with awareness campaigns and viral posts that prompted user engagement.

England accounted for 87% of the conversation, Scotland 8%, Wales 4%, Northern Ireland 1%. Comments and posts were most likely to be made on Reddit (48%) and X (33%) which dominated the platform distribution.

Public online conversations regarding UK maternity services exhibited a predominantly negative sentiment, accounting for 47% of all discussions. This negativity was linked to challenging experiences such as baby loss, miscarriages, medical complications, and

concerns over the quality of maternity services and patient safety. Conversely, the **21% of predominantly positive discussions were often associated with appreciation for responsive care from doctors and midwives**, as well as supportive online communities.

Interactions with **medical personnel formed the most discussed narrative, appearing in over a third (37.2%) of all online publications.** Patients indicated that continuity of care, responsive communication, and having concerns acknowledged were among the contributing factors to a favourable maternity experience. Less favourable experiences were associated with items such as either less responsive individual interactions or systemic factors of an under-resourced healthcare system.

Conversations about miscarriage (10.5%) and pregnancy loss (3.5%), as well as childbirth complications (9.5%), formed a considerable part of online discussions, including references to reports of challenging experiences, feeling unsupported and concerns about personal responsibility among expectant parents.

Another common narrative expressed by social media users highlights the **preference for maternity experiences to be treated with more clinical attention and responsive care, especially concerning early-stage or several losses.** Patients often interacted with online communities for the peer support and information that they reported was lacking in official care pathways.



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852, England = 328,731; Scotland = 30,228; Wales=15,114; Northern Ireland = 3,779

Key findings

The physical environment of a hospital played a notable role in the overall maternity experience (~5% of all online conversations). Access to spacious, private rooms was consistently cited as a contributing factor in fostering a better birth experience. A commonly reported concern was the shared waiting rooms, where patients experiencing pregnancy loss were seated alongside those awaiting routine, standard scans.

Empathy and Responsiveness from healthcare professionals is in the top 7 narratives (4%) and can influence a patient's experience, especially during challenging moments like infertility experiences or challenging birth experiences. The difference between supportive and comparatively less responsive treatment was a recurring theme across social media. Individual

staff members were mentioned favourably for having a positive impact in acknowledging a patient's concerns.

Mothers could face challenges related to how they were perceived in terms of their Body Mass Index (BMI) and advanced maternal age (3%). Existing NHS weight thresholds for IVF treatments generated further concern, with many patients reporting that their broader health was not considered in favour of a single metric. Furthermore, some pregnant women with higher BMI reported that their concerns were not fully addressed by professionals who attributed all medical concerns primarily to their weight.

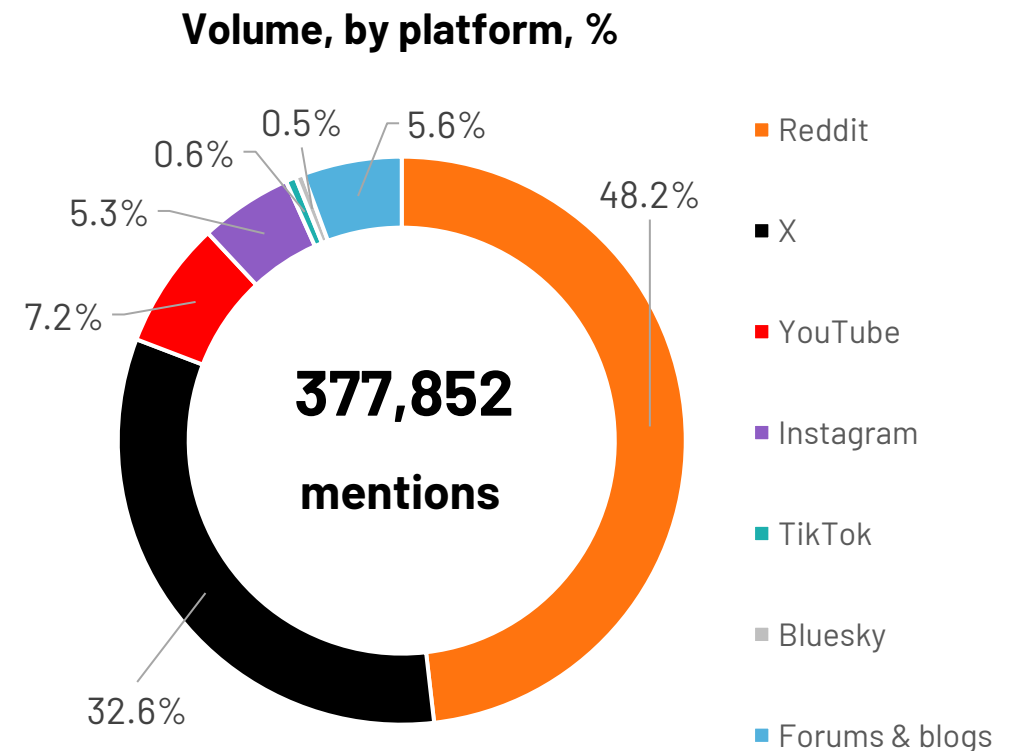
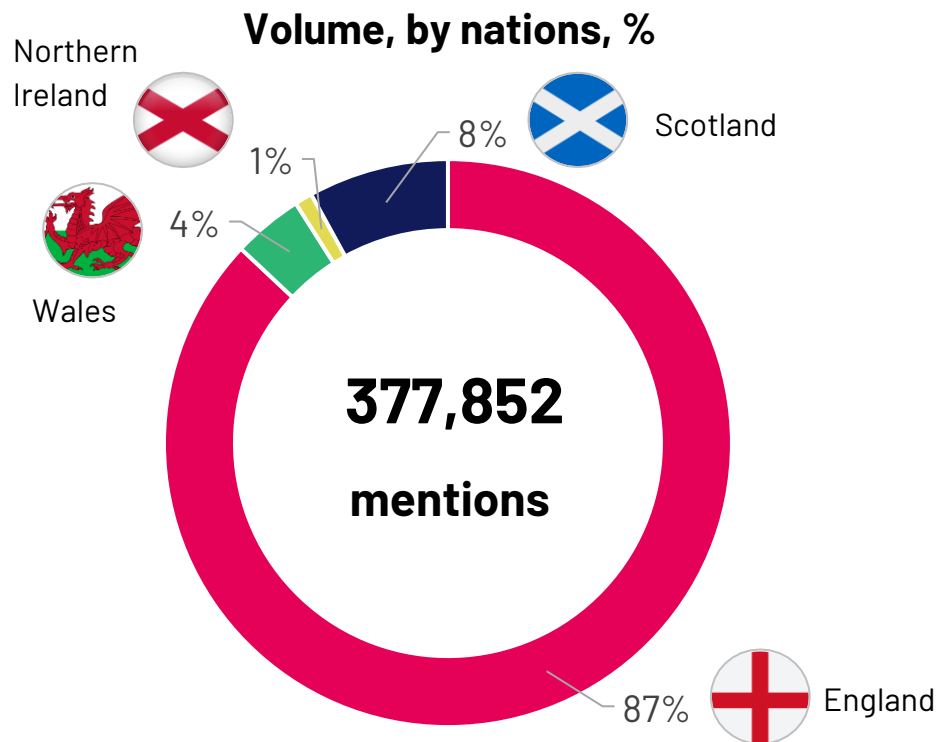
Awareness of reported racial disparities in maternal outcomes drove high levels of negative sentiment. Published statistics seemed to add a layer of anxiety for women

from minoritised groups, who sought online reassurance and resources to navigate what they perceived as differences in care. Socioeconomic class also featured in the discussion, with some patients reporting that their regional accents may have affected their care.

Mental health narratives represent 2% of online conversations about maternity, encompassing discussions of heightened levels of anxiety during pregnancy and postnatal depression for both parents. Many individuals noted they found it challenging to identify when their worries reached a level that required professional medical intervention. Furthermore, some patients mentioned complex bureaucratic barriers and extended waiting periods when seeking specialist perinatal mental health teams.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852, England = 328,731; Scotland = 30,228; Wales = 15,114; Northern Ireland = 3,779

England generated more than four fifths of online conversations about maternity services and experiences in the UK, with X and Reddit being the platforms with a larger proportion of posts and comments



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852
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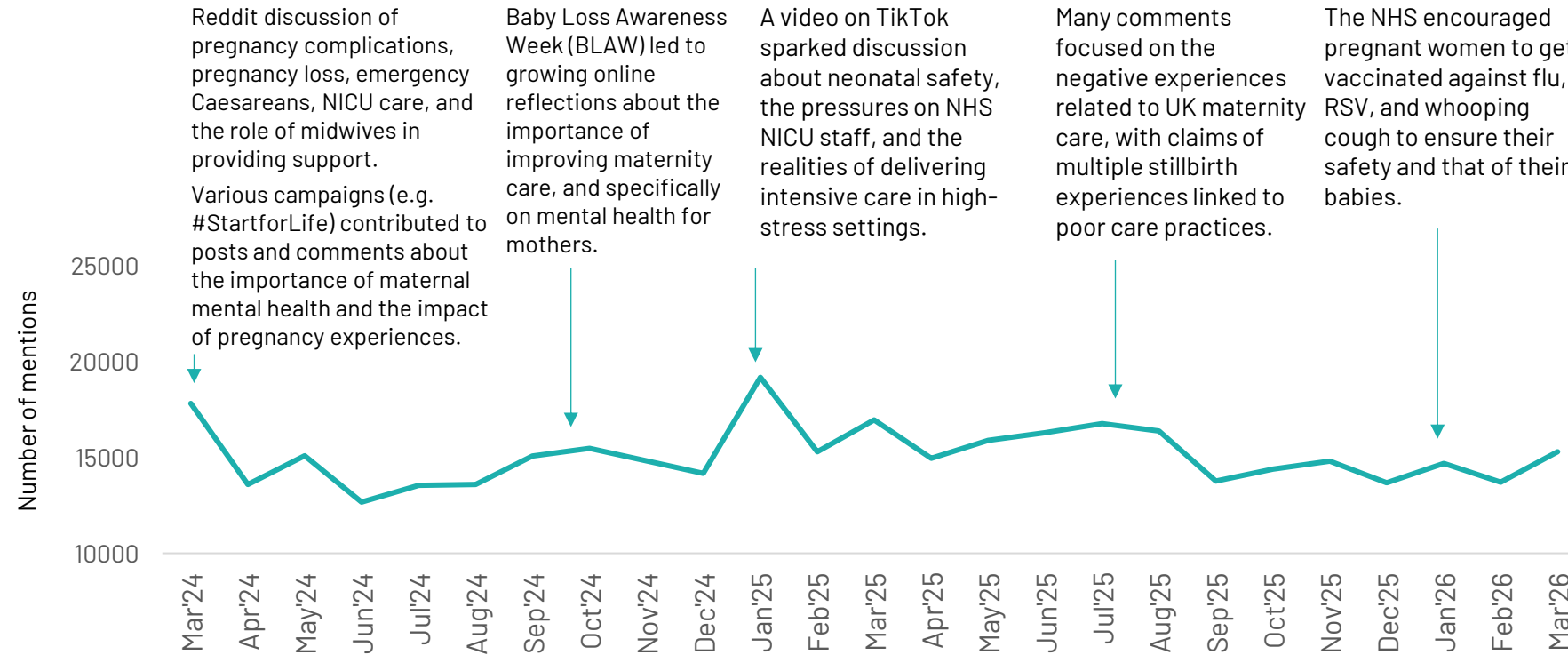
PUBLIC ONLINE CONVERSATIONS ABOUT MATERNITY IN THE UK

02

Landscape overview

Approximately 15,000 public online mentions of maternity services appeared each month. Discussion was evenly distributed over time, with spikes driven by awareness campaigns and widely shared posts that motivated users to join the conversations

NHS Maternity Services – Volume over time, Absolute numbers



The overall velocity of online conversations about maternity services between the first 12 months and the second 12 months was -1%, indicating that online discussions remained relatively stable.

Spikes in online conversations were driven by specific events, with no significant overall shifts.

Velocity is a metric that demonstrates the evolution of the discussion over time.

For the calculation, we split the timeline into even periods of time and calculated the change in volume of online conversations comparing the current period (17/03/2025 to 31/03/2026) to the previous period (01/03/2024 to 16/03/2025)

Positive value (+?%)= Growth of a topic

Negative value (-?%)= Decline of a topic.

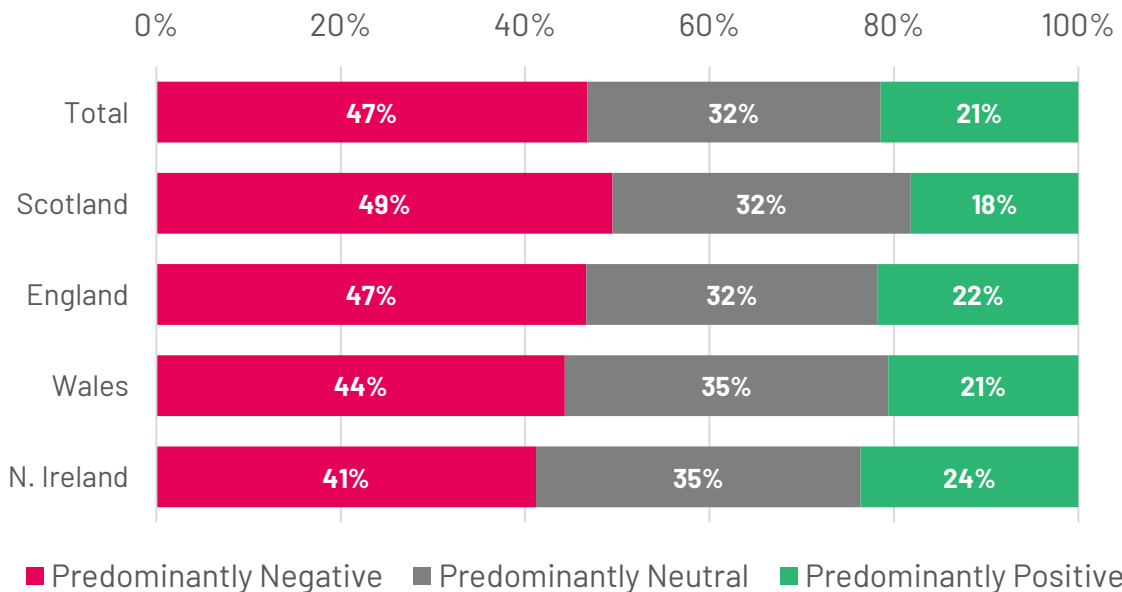
Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852

England = 328,731; Scotland = 30,228; Wales=15,114; Northern Ireland = 3,779. *Velocity% calculated as a growth % splitting volume into two periods. Previous Period: 01/03/2024 to 16/03/2025. Current Period: 17/03/2025 to 31/03/2026

The prevalence of predominantly negative sentiment signifies an existing tension in society about the experience of maternity care in the UK, with little difference in the pattern by nations (Scotland had a slightly higher share of negative than Northern Ireland, which had a slightly higher share of positive)

Sentiment* distribution, %



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852. England = 328,731; Scotland = 30,228; Wales=15,114; Northern Ireland = 3,779. *For details about Synthesio sentiment analysis, see the Appendix 2

Negative discussions were driven by several factors, including expressive stories about baby loss, miscarriages, childbirth complications, mental health challenges faced by parents during pregnancy and after childbirth. Social media users expressed concerns over the quality of maternity services and patient safety.

Critiques about the NHS' handling of maternity care, as well as associated healthcare costs, were voiced. Some users outlined perceived failure of care and how these practices contributed to adverse health outcomes

Positive experiences were expressed by patients with successful maternity journeys, including births after complications, mentions of supportive doctors and midwives. Conversations around NICU (Neonatal Intensive Care Unit) experiences were prominent, with individuals sharing their emotional journeys. Expressions of love and gratitude for their 'miracle babies' and the care received in NICUs also maintained positive narratives. Community support was evident in the enthusiastic responses to these posts.

Awareness campaigns and charity events fostered community through shared experiences in maternal health and raising awareness about critical issues such as premature birth. The sentiment here was celebratory, indicating a strong sense of supportive online communities.

Neutral discussion was mostly driven by reflections on maternity care status in the UK, policies in the NHS, reforms to address safety in maternity services, as well as on the nuances of procedures - vaccinations, abortion, screening and digitalisation of healthcare.

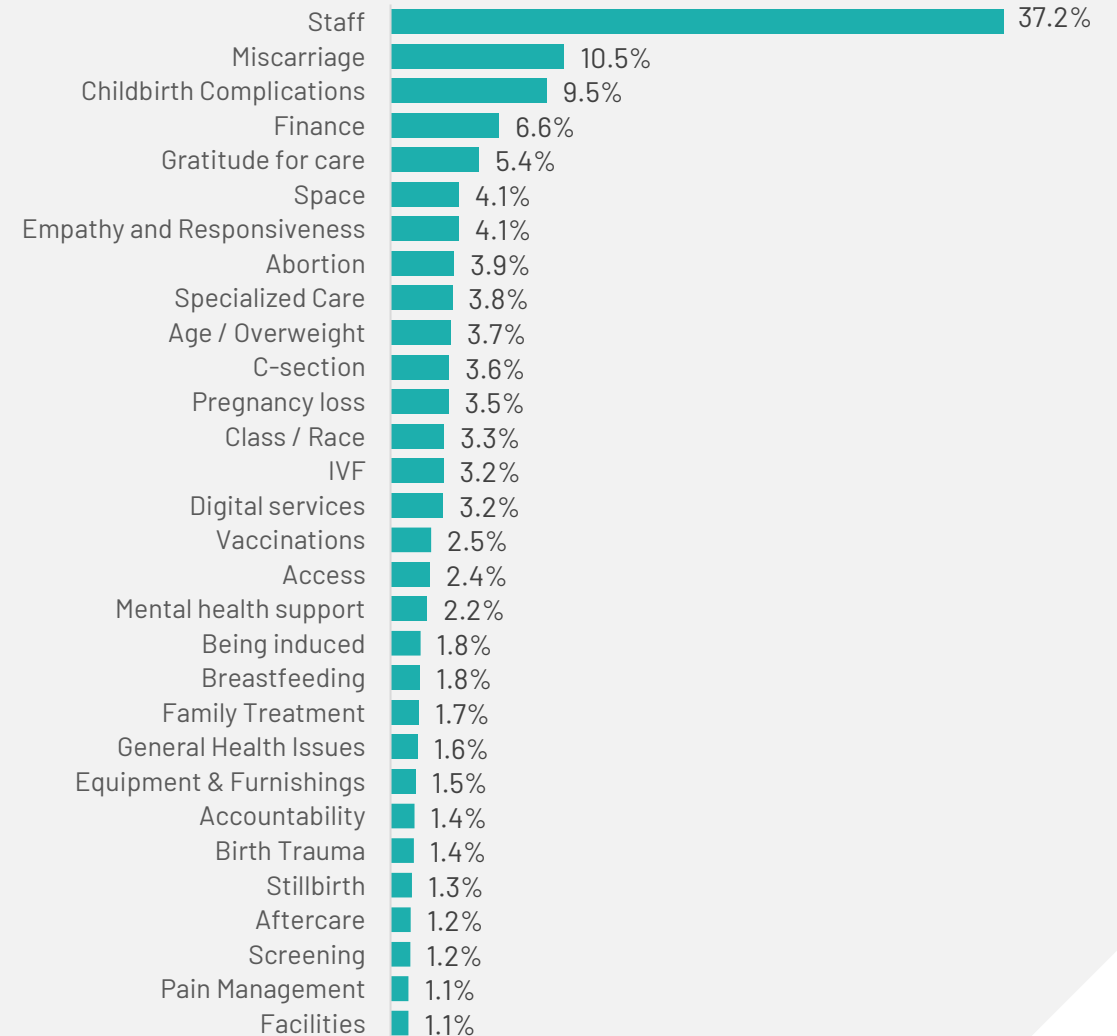
‘Staff’ was a dominant narrative discussed in the UK, mentioned in more than a third of online posts and comments, followed by ‘Miscarriage’, ‘Childbirth complications’ and ‘Finance’

Synthesio’s bottom-up analysis revealed 48 organic narratives (full list is in Appendix 1).

A long list of narratives, with only 5 hitting 5%+, and the top 1 appearing in each third post, demonstrates the fragmentation and diversity of the online landscape.

On average, social media users mentioned approximately 2 narratives per post or comment online on average.

Top 30 online narratives about maternity services, %



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852
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In the UK, 'Gratitude for Care', 'Empathy and Responsiveness' and 'Digital Services' led in predominantly positive sentiment, whilst conversations around 'Class / Race', 'Accountability' and 'Abortions' had the highest negative sentiment

Positive sentiment was notably higher for the topic 'Gratitude for Care' (58%), where many patients expressed their gratitude for the quality of their maternity care, especially after experiencing baby loss or time in the NICU.

Conversations **about "Empathy and Responsiveness"** are second by share of predominantly positive mentions, with a relatively lower share of predominantly negative, reflecting the narrative that interpersonal communication can have a notable effect on individual patient experience.

Another largely **positive** topic was 'Digital' which had 34% **positive** and only 24% **negative** sentiment. This topic included discussions of the Belly Strong App initiative and finding both maternal and paternal support online for pregnancy, loss and parenting.

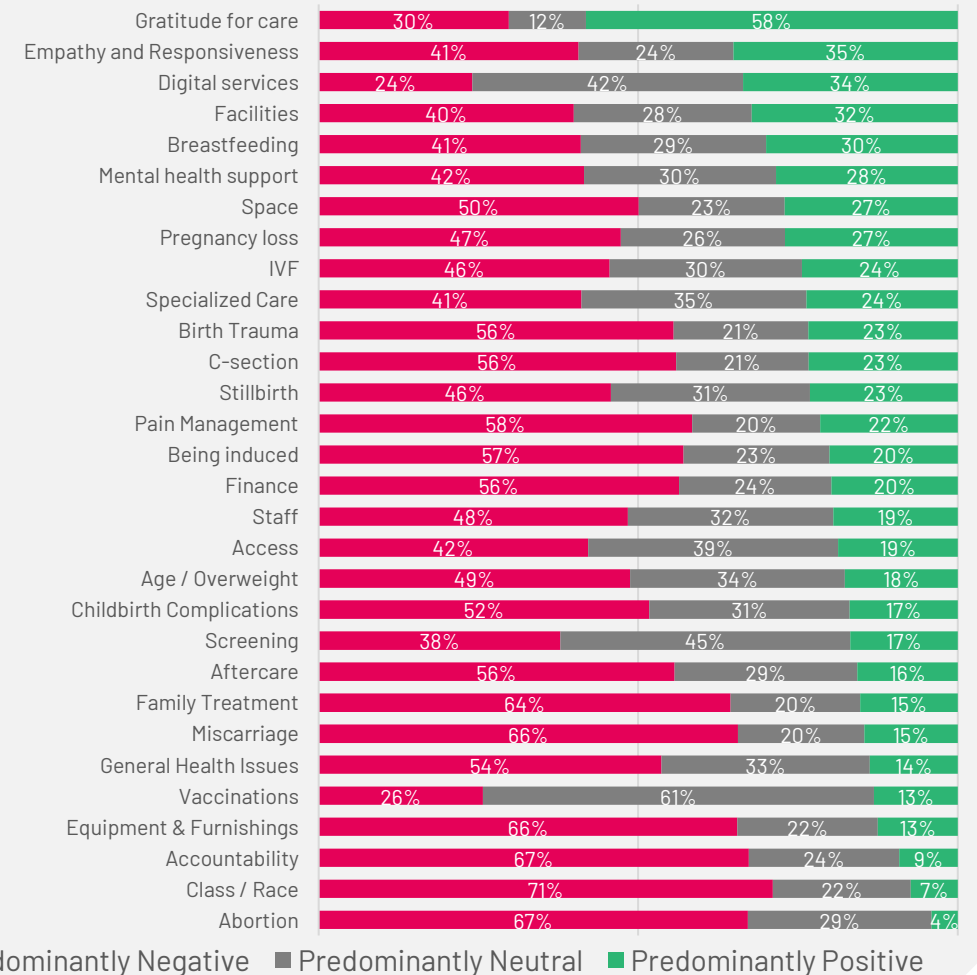
Negative sentiment, on the other hand, was strongly present in 'Class / Race' (71%), 'Accountability' (67%) and Abortion (67%) narratives.

'Class/Race' (71%) discussions were predominantly centred around the inequalities in maternity care underpinned by statistics published in the news (e.g. Guardian), which were cited in some discussions centring maternity care and experiences by minority ethnic groups, and especially black women, as babies born to black mothers were cited as [81% more likely](#) to die in neonatal care. Some posts criticised the NHS for having institutional racism.

Conversations that skewed **Negative** on the topic of 'Accountability' included frustrations around failures of care and lack of responsibility taken by medical professionals. This topic also included mentions of claims made against the NHS, citing poor care, in order to find a just resolution.

'Abortion' discussion is highly polarised: some posts link higher rates to financial strain, others stress that later-term procedures are usually medical, not elective, and some condemn anti-abortion misinformation, driving a predominantly negative tone.

Sentiment by Top 30 narratives, sorted by most to least positive, %



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852

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Narrative share of voice revealed how the experience of maternity care differs between nations; while overall the pattern was mostly similar some key narratives had relatively higher share of voice in some nations

Northern Ireland stood out for having a higher concentration of conversations surrounding **'Staff', 'Miscarriage', 'Abortion', and 'Pregnancy Loss'**. It appears that cultural perspectives have helped shaped the topic of **'Abortion'** and it was highly contested in Northern Ireland. Individuals and charities advocated for further abortion rights. This topic was also related to **'Miscarriage'** and **'Pregnancy Loss'** as in online discussions the three topics were closely linked to wider cultural issues.

England also had several topics with slightly higher share of voice than the other nations; **'Vaccinations', 'Being Induced'** and **'Age/Overweight'**. **'Vaccination'** conversations mostly focused on safety concerns of patients being vaccinated whilst pregnant. **'Being Induced'** featured conversations about patients worried about the possibility of being induced and frustration around maternity care practices which are viewed as rushed and pushing for inducement. The **'Age/Overweight'** topic saw English patients talk about experiencing stigma and barriers to fertility treatments due to weight, as well as complications in pregnancy and birth related to weight.

For **Scotland**, reform in **'Miscarriage'** care may have contributed to a slightly larger volume of the topic as many posts celebrated and discussed the efforts made to improve care.

'IVF' conversations were slightly lower in **Wales** where some patients shared their stories of applications and long waits for the fertility treatment.

England (4.3%) and **Northern Ireland** (4.2%) had slightly higher volumes for **'Space'** than other nations. In these conversations, some patients highlighted the importance of a comfortable space when giving birth.

Top 25 narratives Volumes, % by nations

Bold: with 5% or more posts or comments in any UK nation

Narratives	UK	England	Scotland	Wales	N Ireland
Staff	37.2%	37.5%	35.5%	31.0%	54.8%
Miscarriage	10.5%	10.5%	12.8%	6.6%	14.2%
Childbirth Complications	9.5%	9.8%	7.9%	6.0%	9.1%
Finance	6.6%	6.6%	6.6%	6.5%	7.3%
Gratitude for care	5.4%	5.7%	3.1%	3.8%	4.5%
Space	4.1%	4.3%	2.8%	2.7%	4.2%
Empathy and Responsiveness	4.1%	4.4%	2.8%	2.4%	3.1%
Abortion	3.9%	3.6%	6.3%	3.4%	14.3%
Specialized Care	3.8%	3.8%	3.8%	3.0%	3.5%
Age & Overweight	3.7%	3.9%	2.4%	2.6%	1.6%
C-section	3.6%	3.8%	2.2%	2.2%	2.6%
Pregnancy loss	3.5%	3.4%	4.4%	2.9%	7.1%
Class / Race	3.3%	3.3%	3.0%	3.0%	3.2%
IVF	3.2%	3.3%	3.3%	1.7%	3.5%
Digital services	3.2%	3.3%	2.6%	3.3%	3.3%
Vaccinations	2.5%	2.6%	1.2%	1.4%	1.5%
Access	2.4%	2.3%	2.7%	3.0%	3.3%
Mental health support	2.2%	2.3%	2.1%	1.9%	1.9%
Being induced	1.8%	2.0%	0.9%	0.8%	1.2%
Breastfeeding	1.8%	1.9%	1.2%	1.6%	1.5%
Family Treatment	1.7%	1.8%	1.1%	2.0%	1.0%
General Health Issues	1.6%	1.7%	1.2%	1.4%	2.3%
Equipment & Furnishings	1.5%	1.6%	1.1%	1.3%	1.6%
Accountability	1.4%	1.4%	1.5%	1.6%	2.0%
Birth Trauma	1.4%	1.5%	1.0%	1.0%	0.8%

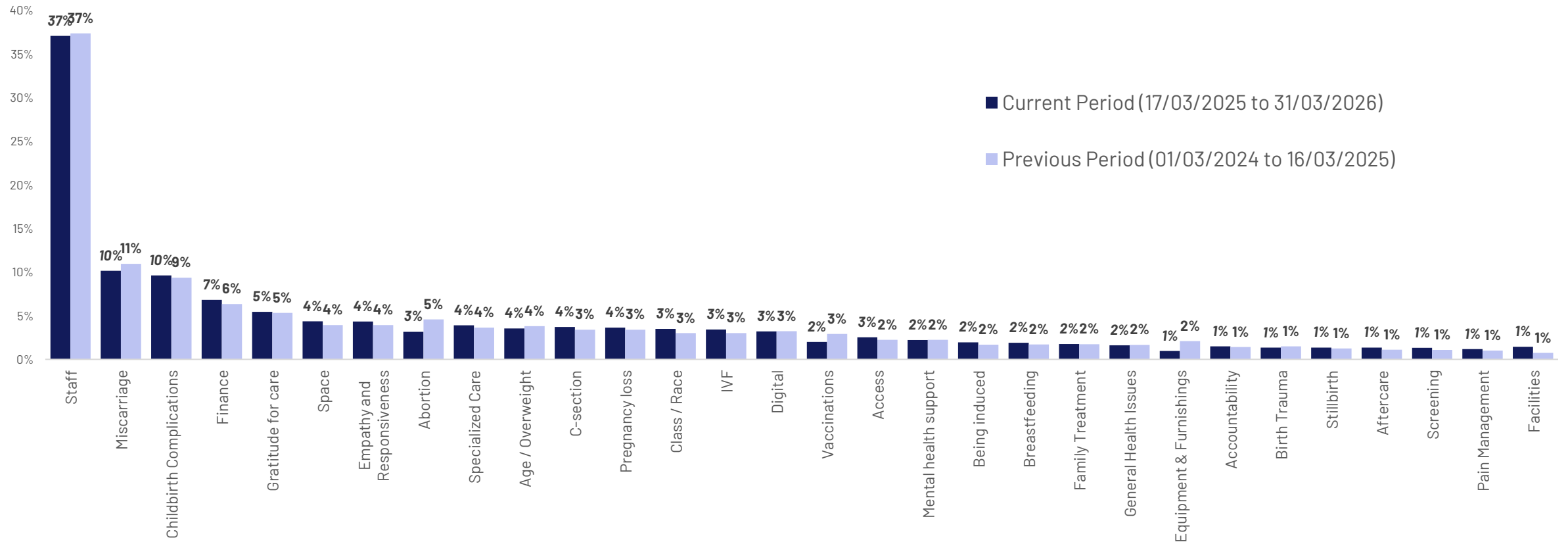
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All topics remained relatively stable in volume between current and previous period

Maternity Services – Volume in % for Current v/s Previous Period



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
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Moving from 48 Organic Topics to 15 Deep Dives

While social listening identified 48 distinct narratives, the Synthesio and Sky News teams collaboratively selected 15 specific narratives for deep-dive exploration. This selection was not based purely on quantitative metrics (volume, sentiment), but on **strategic alignment with the study's core objective**: to help uncover the authentic lived experiences, challenges, and unmet needs of maternity care in the UK today.

The chosen 15 narratives directly reflect **the personal, human-to-system interactions that define the maternity journey** (e.g., Staff, Empathy, Space, Accountability). While large topics like Finance (6.6%) generated significant volume, they often related to broader socio-economic and cost-of-living discussions rather than the direct quality and delivery of frontline maternity care.

The selection heavily favoured **narratives that highlighted structural friction, systemic**

inequalities, and critical patient needs. This is why highly negative and revealing topics like Class / Race (71% negative sentiment) and Accountability (67% predominantly negative sentiment) were selected despite their lower overall volumes (3.3% and 1.4% respectively).

Conversely, mainly positive umbrella topics like Gratitude for care (5.4%) were bypassed in favour of examining Empathy and Responsiveness, which captures both **the positive impact of compassionate staff and the detrimental effects of its absence**.

Exclusion of **Policy-Driven narratives** such as Abortion (3.9%), which were pushed by cultural campaigns and charities, particularly in Northern Ireland, was excluded from the final deep dives to maintain focus on the everyday maternity service experience. Similarly, topics like Vaccinations (2.5%) and Digital services (3.2%) skewed heavily towards public health policy and administrative reform.



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852; England = 328,731; Scotland = 30,228; Wales=15,114; Northern Ireland = 3,779

15 SELECTED NARRATIVES DEEP DIVE

03

Interactions with staff were among the most memorable aspects of the pregnancy experience, with continuity of care, compassion and feeling taken seriously emerging as important factors

Staff

37.2%

Volume

Key Insights

Conversations about interactions with staff captured a range of experiences, both favourable and less favourable. Positive sentiment was driven by a number of factors including experiences with staff who made patients feel acknowledged, whilst negative conversations included stories of some patients feeling that their symptoms, concerns or instincts were not fully addressed.

The impact of continuity of care is also referenced, with some people reflecting on how preferable it was to see the same staff members each time.

Lived Experiences*

I had a really difficult experience after my planned caesarean, mainly because **of how I was treated by some of the staff** on the ward. One senior staff member was especially unkind, and the **whole experience has stayed with me in a really traumatic way**. My pregnancy care also felt poor. **Important checks were missed, and communication throughout was very unclear and stressful.**

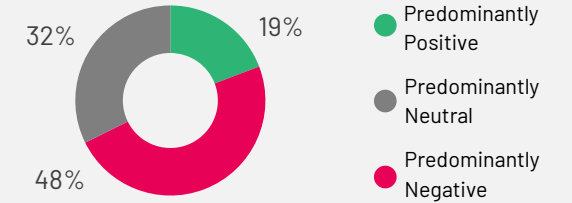
I have experienced maternal OCD. If you're continuing to have problems with your GP, I'd suggest considering switching to a different practice. I had to do that during pregnancy because **my previous GP wasn't supportive or knowledgeable enough around mental health.**

I had a really positive experience with my NHS trust. I received **continuity of care**, which I know many women don't get, **and I was lucky enough to have the same community midwife for both of my children**. That made a huge difference to my second birth experience. She was excellent and really helped me understand and navigate the system.

I didn't know whether I was miscarrying, and it was torture. When I finally had my scan, I had to explain the situation to the radiographer myself because the information hadn't been passed on. It feels like the **NHS is currently so overstretched and short-staffed that people are only receiving the bare minimum**. There also seem to be real issues around protecting patients' dignity. Small acts of care and communication would have made such a difference, but the nurse seemed to be juggling far too much at once.

Contact **Maternity Triage**. **I've found this service to be amazing- they'll discuss literally any concern with you, 24/7**, and bring you into hospital to check you if necessary. I've found there is **no worry too small...they are all very knowledgeable, kind and thorough...you are not likely to see the same person again**, which can be frustrating.

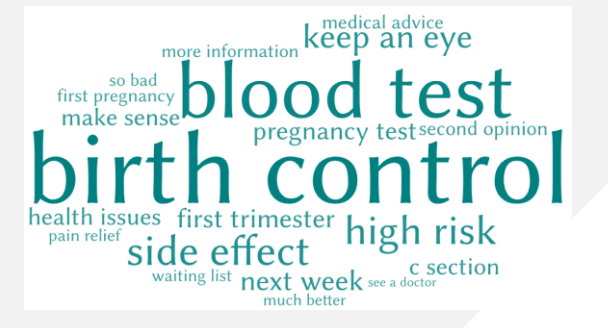
Sentiment



Nations

Nation	Narrative	Avg.
England	88%	87%
Scotland	8%	8%
Wales	3%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 140,859
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media



The gap between expectations and reality of birth is a central tension, with complex births leaving lasting emotional impacts alongside stories of strength and solidarity

Childbirth Complications

9.5%

Volume

Key Insights

A pregnancy and birth experience could include a variety of complications, including gestational diabetes and hyperemesis gravidarum, ectopic pregnancies and emergency C-sections.

One core component highlighted in social media was the importance of managing expectations around birth, with some people experiencing concerns before birth and others reflecting that they wished they had been provided with more information about the possibility of experiencing complications. Concerns about perceived outcomes, particularly around non-vaginal births and pregnancy complications, also featured. Positive sentiment came mainly from resilience and relief; people who experienced complications in pregnancy and birth and came out on the other side with their baby.

Lived Experiences*

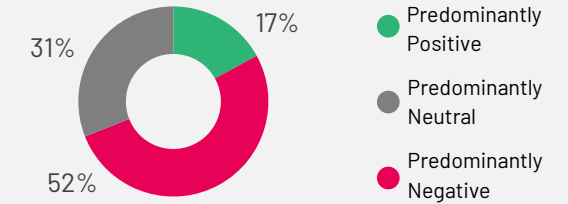
I felt the same way when I was put on insulin at just 12 weeks. I will say that I slept better once I started it, and seeing my fasting number in range the next morning was such a relief. But my placenta seemed to adjust quickly. Also, if you search 'gestational diabetes' on TikTok, you'll see women from all different backgrounds taking insulin for their fasting numbers. It can be reassuring to know that **even women who are fit and have healthy lifestyles sometimes need insulin**, because the placenta really does its own thing. Hope that helps.

I did NCT and found it really valuable for making connections, but it didn't really teach me anything I didn't already know. It **barely covered what might happen during childbirth if things became complicated**. Everyone in my NCT group had something difficult happen during birth, and most of us **experienced serious complications**. I don't think NCT prepares you for that at all – all 15 couples in my group went through something they hadn't been prepped for.

I'm 31 weeks pregnant with my first baby and have been classified as high risk. I'd really like my birth to feel as natural as possible, and I want to stay active throughout labour. I'm concerned that **due to my weight, I might end up being constantly monitored or attached to machines**, with fewer choices around things like movement and birth positions.

My partner and I also experienced an ectopic pregnancy with our first pregnancy, which resulted in the loss of one fallopian tube. **It was a really traumatic experience, and it took us a long time to process**. Trying to conceive again while still grieving was incredibly hard. We did eventually try again, and I'm now in the second trimester. I was anxious about every small sensation or symptom at first, but I just wanted to say that there can still be hope after an ectopic pregnancy.

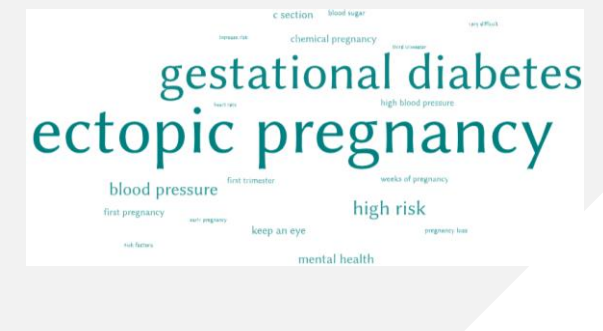
Sentiment



Nations

Nation	Narrative	Avg.
England	90%	87%
Scotland	7%	8%
Wales	3%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 35,913
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

From private rooms to shared waiting areas, the physical environment of care shaped the pregnancy and birth experience in both practical and emotional ways

Space

4.1%

Volume

Key Insights

Physical space was discussed as an important but often less frequently mentioned part of the pregnancy and birth experience. Some people sought advice on what to expect from individual hospitals. Experiences varied widely, from spacious private rooms to smaller / shared wards separated only by curtains.

If people had access to private, comparatively comfortable spaces, this would consistently be highlighted as a favourable part of their experience. Waiting rooms were mentioned, as they're a gathering place for parents facing varying circumstances. While waiting for an appointment, distressed people experiencing complex pregnancy related situations were sitting alongside expecting mothers who were not.

Lived Experiences*

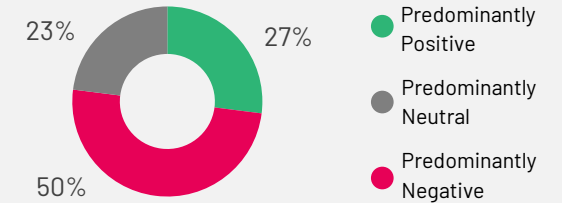
Having to pass through the waiting room with my husband was incredibly hard – once after the scan, when we had to speak to the doctor, and again later when I returned to take the medication to begin the process. The hospital layout felt really insensitive in that context. I can see why it might be practical, but emotionally it was awful. **I really think fetal medicine should be kept separate from areas where people are attending more positive pregnancy appointments.**

One thing that really stayed with me was seeing people who were worried they **might be miscarrying having to wait in the same space as families arriving excited for routine scans**, sometimes with children playing nearby. It felt very poorly thought out and emotionally insensitive. There should be a separate, more private waiting area for people going through such a frightening and upsetting experience.

I spent six days on a postnatal ward after having twins during Covid, with one of them needing neonatal care for a couple of days. I was in a very **cramped shared room with three other women, separated only by curtains**, and there was **barely enough space for my belongings**. The whole experience felt extremely distressing and stayed with me for a long time afterwards.

Both of our children were born under NHS care, and **we were really happy with the standard of support we received**. Both births were inductions, and each time we were given a private room on the ward. The rooms were spacious and had their own bathroom facilities, including a shower, bath, and toilet. We were also **encouraged to make the space feel comfortable**, with things like softer lighting, small decorations, and our own music or podcasts. After the birth, we were able to spend a few quiet hours in the room together with the baby before moving to the postnatal ward.

Sentiment



Nations

Nation	Narrative	Avg.
England	91%	87%
Scotland	5%	8%
Wales	3%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 15,686
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Feeling supported by a medical team during difficult moments was a thread that ran through many stories shared across pregnancy and childbirth conversations

Empathy and responsiveness **4.1%**
Volume

Key Insights

Empathy and responsiveness from medical staff can have a notable effect on individual patient experience. This was particularly the case for those experiencing some of the most challenging /demanding experiences in reproductive health, such as miscarriage, infertility, the challenges of trying to conceive, and the process of IVF.

Mental health is frequently featured in these conversations. In difficult periods, human touch had a notable effect. The contrast between responsive and less responsive care ran throughout these conversations, with individual staff members often mentioned specifically as having made a notable effect and lasting difference at a key point in their care.

Lived Experiences*

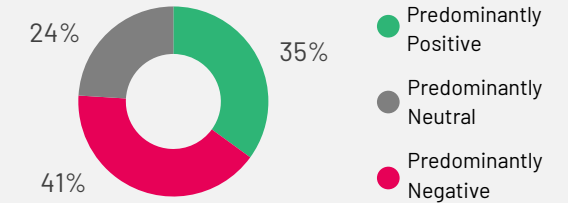
I spent five days on the antenatal ward during my induction, and honestly, it was awful. There was **very little support or understanding when I became upset about how long everything was taking**. The birth ended in an emergency caesarean, but I felt genuinely supported by the midwife looking after me on the delivery suite. The **consultants, however, felt quite rigid and not especially empathetic**. Postnatal care was more difficult, but there was a lovely student midwife who helped with practical things like changing and feeding. In my experience, student midwives can be absolutely invaluable.

I've been trying to conceive for a year without success. My **GP was really understanding and validating**. Before I had even mentioned how much it was affecting my mental health, she asked how I was coping with the stress of everything. **After speaking with her, I felt reassured, and supported**. I know there may still be a long road ahead, but I'm grateful that the first step was such a positive one.

I would have expected some kind of follow-up, proper explanation, safety-netting, and support. Instead, I feel completely unequipped. My midwife has been very supportive, and my GP has backed my **complaint about the negligence** – they've both been great. I just keep thinking that if things had been started sooner, maybe I wouldn't be crying every day.

I had originally wanted a home birth, but **I don't feel I was properly prepared, and we ended up going to hospital in the early stages**. My midwife was very new, and I didn't feel confident or comfortable with the situation. For my second and third births, I had really positive home birth experiences with a pool. Getting into the water was the best pain relief for me. My community midwives were also incredibly supportive those times. There was a bit of resistance from some hospital doctors here and there, but overall I didn't feel like I had to fight too hard for what I wanted.

Sentiment



Nations

Nation	Narrative	Avg.
England	91%	87%
Scotland	5%	8%
Wales	2%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 15,660
* Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Age and weight could be sensitive topics, especially around pregnancy: the NHS IVF BMI thresholds, unwanted family comments and gestational diabetes are among the most mentioned triggers of this online narrative

Age / overweight

3.7%

Volume

Key Insights

BMI emerged as one of the recurring components of this narrative, particularly in relation to set NHS IVF thresholds. Women with a higher BMI were more likely to express concern about feeling ignored by medical professionals, describing experiences of being told to lose weight when presenting with concerns during pregnancy and postpartum.

Concerns about social perceptions remained around advanced maternal age, though social media audiences were generally aware of the higher risks and willing to accept additional monitoring and advice. Gestational diabetes featured frequently, with some women finding it difficult to adjust to the diagnosis and others noting that it can affect anyone, regardless of weight or lifestyle.

Lived Experiences*

I've been doing resistance-based exercise and can tell I've built muscle and become more defined. If I keep progressing this way, I'm concerned I might no longer meet the eligibility threshold for fertility treatment. In some NHS areas, access to **IVF can be restricted when someone's BMI is over 30.**

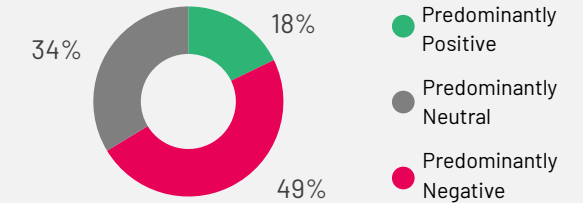
People don't really use the term 'geriatric pregnancy' anymore – it's usually called **AMA, or advanced maternal age**. As much as it can sting to hear, it does need to be noted because there are some increased risks, so care teams tend to monitor those pregnancies a bit more closely.

My wife is pregnant at 39, and when she told her family, the very first thing her sister said was, **'Aren't you too old?'**

I'm plus size and have gained quite a bit during this pregnancy. In my experience, **trying to diet while pregnant can be really unhelpful and may even backfire**. What matters more is eating in a balanced way and having what you want in moderation. **As for being pregnant in a larger body, it can come with some added complications during pregnancy**, but those may affect you more directly than the baby.

I'm really happy for you both. There's **no reason to assume you have a higher chance of something going wrong than anyone else. It's not as though you've been trying for years and your wife is 40+**. Let yourself be excited and enjoy this moment – congratulations! Ultimately, it's your life, so follow your heart and do what feels right for you.

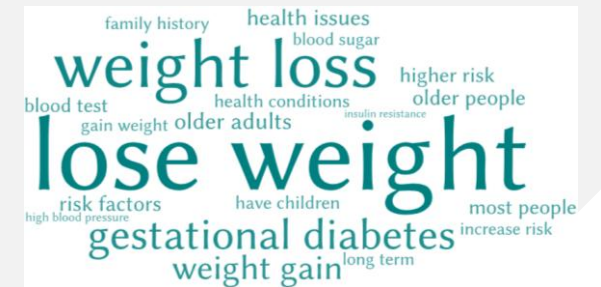
Sentiment



Nations

Nation	Narrative	Avg.
England	92%	87%
Scotland	5%	8%
Wales	3%	4%
Northern Ireland	0%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 13,935
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

C-sections generated some of the most varied conversations in pregnancy and birth, reflecting the wide range of experiences from planned procedures to emergency interventions and everything in between

C-Section

3.6%

Volume

Key Insights

Conversations around C-sections reflected the range of experiences people have, from planned procedures to emergency interventions. People frequently turn online for advice from others when considering a planned C-section, especially following a previous complex pregnancy or birth.

A recurring theme was the recognition of C-section as major abdominal surgery, with many questioning the perception that it is somehow the 'less demanding option'.

Emergency C-sections also generated discussions covering both physical and emotional recovery. However, not all C-sections are difficult, and many women express appreciation for the intervention.

Lived Experiences*

My first child's birth was extremely difficult and left me feeling traumatised by the care I received. Because of that, I chose to pay for independent midwives to support me throughout my second birth. My second pregnancy and birth experience at a different hospital was much better overall, but I still felt **I had to really push to be listened to and to get approval for a planned caesarean.**

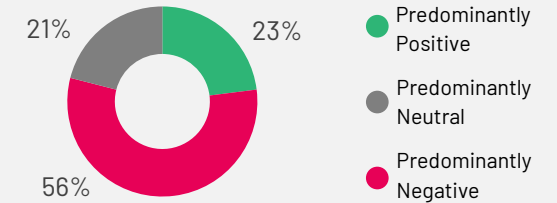
After my **emergency caesarean**, I seemed to be recovering well for the first few weeks. Then I suddenly began feeling very unwell and eventually needed further surgery, **where they had to reopen the caesarean incision** and found an abscess. During all of this, **I felt dismissed by some consultants, who suggested it was just period-related or that I wasn't in enough pain for it to be serious.**

I gave birth in an NHS hospital and ended up needing a **last-minute emergency caesarean**. Afterwards, I was **moved to a shared ward with several other mothers and babies, but I was allowed to stay overnight with my wife**. After going through major surgery, it made such a difference not to be left alone.

I had an **emergency caesarean, and the wound became infected afterwards**. My baby also had tongue-tie, and I ended up needing to be admitted again. Those first few weeks felt incredibly stressful and overwhelming, and I felt completely lost. I've **since been diagnosed with postnatal depression and anxiety.**

Before this pregnancy, I **went through years of infertility and several losses**, which has left me **with severe anxiety** around pregnancy and birth. I feel desperate to have a caesarean because the uncertainty of going into labour naturally, not knowing when it will happen or whether something might go wrong, feels overwhelming. **I'm also really scared to ask for a caesarean because I worry I'll be refused or not taken seriously.**

Sentiment



Nations

Nation	Narrative	Avg.
England	92%	87%
Scotland	5%	8%
Wales	2%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio. Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 13,461
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Conversations spanned every stage, from ectopic pregnancies to stillbirth, bringing complex emotions like guilt or isolation, with online communities offering support and 'rainbow babies' representing hope after loss

Pregnancy loss

3.5%

Volume

Key Insights

The experience of pregnancy loss could be discussed by people at any stage of their pregnancy, from an ectopic pregnancy as a medical emergency, to a miscarriage, or a stillbirth. People used a range of phrases to describe the experience, from the loss of a pregnancy to the loss of a baby, reflecting how personal and varied these experiences were.

The grief, the challenge of navigating recurrent losses, and trying to conceive after a loss were among the key narrative drivers. Negative sentiment was driven by a range of feelings which accompany loss, including grief, but also the varying and challenging feelings about themselves and others when confronted with others' pregnancies or good news. Positive mentions included stories of hope, successful pregnancies and babies born after a loss.

Lived Experiences*

I lost my baby at around 10 weeks, and it was one of the most traumatic experiences of my life. When my due date came around, I was driving home from work and saw a rainbow that stayed in view for the whole journey. It disappeared just as I got home. In that moment, I felt a little less alone.

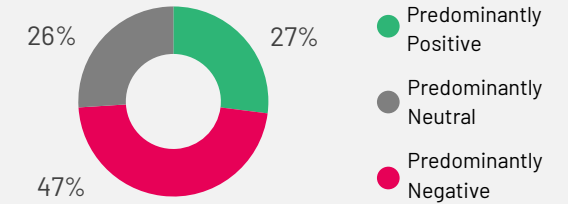
I had a stillbirth at 21 weeks following a termination for medical reasons. Afterwards, people said things like, **'it wasn't meant to be,' 'being so sick was a sign,' or 'everything happens for a reason.'** **Hyperemesis gravidarum is awful. Losing a baby is devastating. But those two things are not connected,** and comments like that are not helpful.

My first pregnancy turned out to be ectopic. **The same day my husband and I learned we were losing the pregnancy, his brother told us that he and his girlfriend were expecting, with a due date very close to what mine would have been.** I'm finding it really hard to cope with. It feels deeply unfair, and being around them brings up a lot of pain.

I'm **11 weeks pregnant with my rainbow baby. I'm so grateful and happy** to be carrying this baby, but that **doesn't mean I've forgotten the baby I lost.** I still have anxious days, but so far things are going well.

I miscarried last year and I'm still carrying a lot of grief from it. **I sometimes feel bitter when I see other women who are pregnant, and I feel angry and confused about why it happened to me when I wanted my baby so deeply.** It's especially hard not to compare myself to others, and those feelings can be really painful to sit with.

Sentiment



Nations

Nation	Narrative	Avg.
England	85%	87%
Scotland	10%	8%
Wales	3%	4%
Northern Ireland	2%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 13,324
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Media reports on racial disparities in maternal outcomes drove significant discussion, women from minoritised groups navigated both the realities of bias in care and the anxiety that comes with knowing the statistics

Class / Race

3.3%

Volume

Key Insights

Statistics and reports in the media around differences in maternity care outcomes for mothers from ethnic minority backgrounds generated a significant amount of discussion on social media.

For pregnant women from minoritised groups, awareness of these statistics was informative but also added an additional layer of anxiety. As such, some people looked for reassurance online about others' experiences in specific hospitals, and shared resources available to help navigate pregnancy as a woman from minoritised groups. Some women also described finding comfort in being cared for by healthcare professionals who share their ethnic background.

Class also featured, though less prominently, with some women feeling that their accent influenced the care they received.

Lived Experiences*

I feel really anxious about my antenatal appointments. I experienced female genital mutilation as a child, and when I told my midwife because I thought it was medically important, her first response was to ask **whether I needed a translator. I've spoken English for almost my entire life**, so it felt incredibly dismissive and insulting.

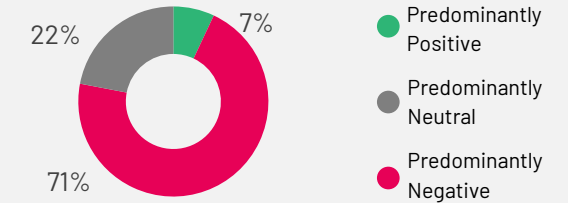
Funny that all the staff I saw on the maternity ward were white. I don't mean that as a criticism of any individual, but it stood out because, in my experience of visiting hospitals in the UK, **the staff are usually much more diverse.**

Babies born to Black mothers in England and Wales face a significantly higher risk of dying during pregnancy or maternity care compared with babies born to white mothers. This points to **serious systemic bias** within maternity services. How many more reports and findings will it take before meaningful change is made?

I feel like **some of the midwives and doctors see me as difficult just because I'm trying to set boundaries.** It's also **striking how differently people seem to be treated depending on class, race, age, and the way they speak.** I'm working class, but because I have what people might perceive as a more 'middle-class' accent, **I often feel I'm treated differently by medical professionals compared with some of my friends and family.** It's still a struggle to be heard, but I'm usually able to push through and advocate for myself.

Black women in the UK face greater risks in maternity and neonatal care due to **systemic racism, bias within healthcare, and underlying health conditions that are not always properly recognised or managed. Their concerns, including symptoms like pain, may also be taken less seriously,** which can delay care until the situation has become much more serious.

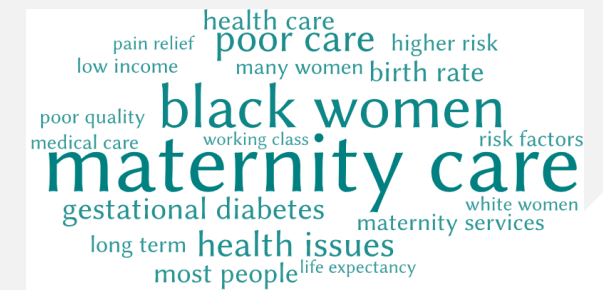
Sentiment



Nations

Nation	Narrative	Avg.
England	88%	87%
Scotland	7%	8%
Wales	4%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 12,306
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

From fertility treatment eligibility to birthing pool availability, access to maternity services shaped the pregnancy experience at every stage of the journey

Access

2.4%

Volume

Key Insights

Access to services was a diverse narrative, despite relatively moderate volume. For those trying to conceive, navigating access to NHS-funded fertility support and IVF was challenging for some, with eligibility criteria varying by region ("postcode lottery") and wait times adding to the process.

For those already pregnant, access to specific birthing options was sometimes a practical concern, with unavailable facilities, such as birthing pools, proving a concern after mothers' expectations had been set. Decisions about where to give birth, whether in a midwife-led unit, a hospital, or privately, remained practical.

Access to support after loss was also featured, with people seeking out community groups and charities for support.

Lived Experiences*

Our previous experience with **NHS maternity care made us feel we had to claim we were living in another part of the UK in order to access care there.** The difference in support felt much better than what we had experienced locally, while still being free.

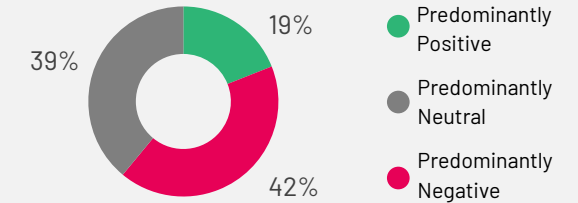
It may be helpful to tour your birth centre **and speak with your midwife team about whether water births are available** and how often the pool can be used. I'm hoping for an unmedicated water birth too, so I completely understand wanting clarity on your options before labour.

Fertility Network offers a helpline and can help people understand their options across both NHS and private fertility treatment. It's also worth checking the **IVF funding policy for your local UK commissioning area**, as access criteria can differ by region. For example, in some areas, having a limited number of privately funded IVF cycles may not automatically rule you out of NHS-funded treatment.

The service was local and easy to access, but my **experience was really frustrating.** Important parts of my care, including test results, vaccinations, scans, and growth information, didn't seem to be properly recorded. **What upset me most was being told at 31 weeks that I could have a water birth, only to later find out during an online class with the hospital that the birth pools were actually closed indefinitely.**

I'm currently 36 weeks pregnant, and **my experience with NHS appointment letters has been really positive.** They've arrived well in advance of the appointments, which has given me plenty of time to rearrange them if needed. However, **one frustrating issue is that the maternity unit I attend for routine check-ups doesn't seem to have access to the information or dates from my ultrasound scans.**

Sentiment



Nations

Nation	Narrative	Avg.
England	85%	87%
Scotland	9%	8%
Wales	5%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 9,065
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media



From managing existing conditions through conceiving and pregnancy to navigating postnatal depression, mental health was a relatively smaller, but important theme that ran throughout the pregnancy and childbirth conversations

Mental Health

Key Insights

Perinatal mental health conversations were represented mostly by mentions of anxiety, depression and more complex conditions, covering both the management of existing conditions through pregnancy and the emergence of new ones. Reassurance from medical professionals through additional scans or attentive care was mentioned as playing a role in managing symptoms.

Postnatal depression was discussed as affecting both mothers and fathers.

Experiences of support varied widely. A recurring challenge was knowing when concerns have reached a level requiring something that needs professional support, a line that cannot always be clear amid new parenthood.

2.2%

Volume

Lived Experiences*

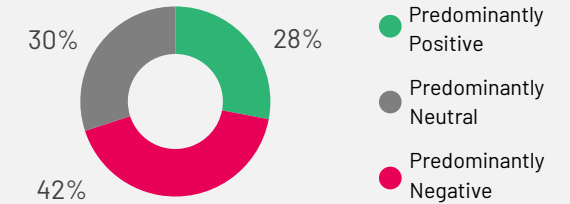
My wife struggled with anxiety during pregnancy, which later developed into postnatal depression after the birth, alongside birth trauma. We were supported by the midwife, health visitor, GP, and mental health services, and I honestly don't know where we would be without that help. It makes me really feel for people who were sent home from hospital with a newborn in 2020 and had little or no support afterwards.

The **perinatal mental health team referred me for standard NHS therapy, and because I was a new mother, my referral was prioritised.** You might also find it helpful to ask about a parent-infant mental health team, as they can offer more specialised support around bonding, parenting, and emotional wellbeing.

They do **incredible work supporting parents who are experiencing perinatal mental health challenges.** For me, the contrast was huge. After having very few mental health struggles and a straightforward first pregnancy, I then went through years of repeated miscarriages, multiple surgeries, IVF, a lupus diagnosis, and finally another pregnancy where I was told from the beginning that I was likely to lose that baby too.

I keep going to appointments, but there's **no midwife there, and I end up waiting around for hours.** I called reception, but they said they don't deal with the midwives, so I'm completely confused. I feel **like I'm just being passed from one person to another, even though I'm a high-risk pregnancy,** and I'm terrified. **I've also told them about my mental health issues and was meant to be referred to a team weeks ago, but that never happened. I feel completely abandoned** and like I can't keep doing this.

Sentiment



Nations

Nation	Narrative	Avg.
England	88%	87%
Scotland	7%	8%
Wales	3%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 8,459
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Whilst being induced is not always a negative experience, many women showed a high degree of apprehension and worries about the procedure, partly triggered by stories of prolonged and painful induced labours

Being induced Key Insights

1.8%

Volume

Induction became an important topic of conversation for women, mainly in their second and third trimesters. Online mentions revealed a generally negative perception of induction, with some women seeking advice and reassurance online after hearing negative experiences from others. Specific concerns included increased pain in comparison to natural labour, prolonged labour, and challenging recoveries.

The questions about induction were a recurring topic, with some women preferring to opt for a C-section instead, stating that at least the outcome and recovery were more predictable.

One of the recurring tensions was the difference in how women and medical professionals view induction, with some women feeling that medical staff have a preference towards inductions.

Lived Experiences*

It feels **like nearly every pregnancy story I hear ends in an induction**. Some people suggest **this is because hospitals are under pressure** and want to manage or **schedule births more predictably**. Whatever the reason, it can make the **whole process feel very medicalised and intervention-led**, rather than something that's allowed to unfold naturally.

NHS maternity care can feel really poor at times. There don't seem to be enough midwives, and the relationship between midwives and doctors can feel strained or disconnected. **I'd also be cautious about agreeing to an induction just because you're overdue**. It can feel as though inductions are often preferred by the system, but many of the induction stories I've heard, including my own experience, have been really difficult.

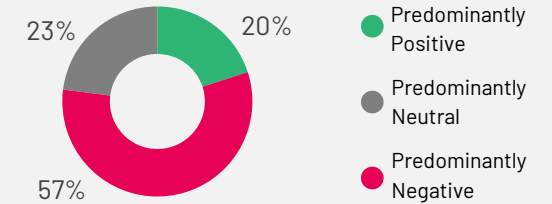
I chose to have a caesarean when induction was brought up as a possibility. Hearing stories about severe tearing after induced labours made me feel that, if I was going to have stitches, I'd rather know where they would be and what to expect. For me, induction felt like pushing my body into labour before it was ready, so a planned caesarean felt like the better option.

I felt **safe and well cared for when I gave birth to my first baby**, even though some unexpected complications came up near the end of my pregnancy. **The midwives were especially brilliant**. They managed the induction calmly and professionally, and I really **couldn't fault the care I received**. Although it felt frightening at moments, I now look back on the birth as a very positive experience.

We know someone who had **gestational diabetes** and was **advised to be induced** after one bump measurement suggested the baby was too big, then later advised to be induced because another measurement suggested the baby was too small. In our case, **my partner and baby had no known underlying conditions, but we still felt pushed toward induction** because a change in bump or scan measurements suggested growth might have slowed. It can feel like **everything leads back to the same recommendation: induce early, just to be on the safe side**.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesis.
Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 6,894
* Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

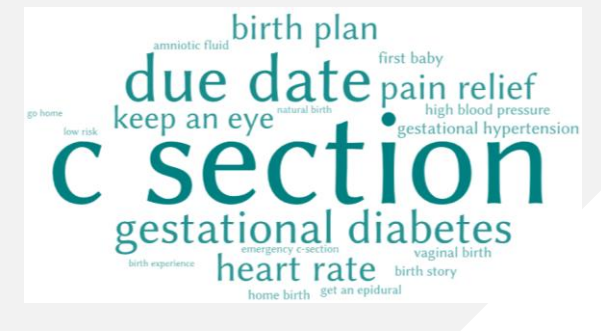
Sentiment



Nations

Nation	Narrative	Avg.
England	94%	87%
Scotland	4%	8%
Wales	2%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



From overnight access policies to the shared trauma of difficult births, the treatment of partners and family was a small but nonetheless important topic in pregnancy and childbirth conversations

Family treatment

1.7%

Volume

Key Insights

Practical questions around partner access were specifically focused on overnight stays post-birth, where policies can vary by hospital, region and the details of the birth.

The birth experience was often described as a shared one; how partners and family were treated is linked to how the mother perceived her own care.

However, during difficult births or medical emergencies, partners often reported receiving less attention, as the focus shifted to the mother and baby. Questions of the ongoing effects of difficult birth experiences on partners were discussed online.

Lived Experiences*

I previously had a really kind obstetrician, but I've now been assigned someone new **who feels much more forceful about induction**. They also went into **an unrelated and frightening discussion about how a caesarean could affect my chances of having children in the future**, which really scared my husband.

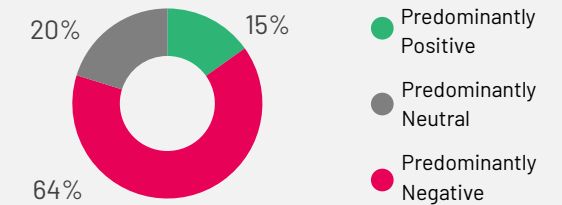
My last miscarriage resulted in me being taken to the emergency room by ambulance. My family were left waiting for quite a while without any updates about whether I was okay. After that experience, it became clear that my **partner still had a lot of fear** and worry from what had happened before.

The hospital felt quiet and much more relaxed, and I found the postnatal support far better there. The midwives were incredible, and because the unit wasn't busy at the time, **my partner was even able to sleep on a bed beside me**. I felt genuinely looked after and supported.

If it's financially possible, it may be worth considering private care. My partner and I went through something similar, and we found the consultant kind and the whole process very professional, with appointments kept as scheduled and no last-minute cancellations. It felt helpful and supportive for both of us.

Therapy can be really helpful, but I've personally found support groups even more valuable because they let me speak with other people who understand what it's like to parent after loss. Some doctors seem reluctant to treat the anxiety because they view it as an understandable response to what happened. **My husband still struggles with fear around our baby dying, so he has recently started therapy again too**.

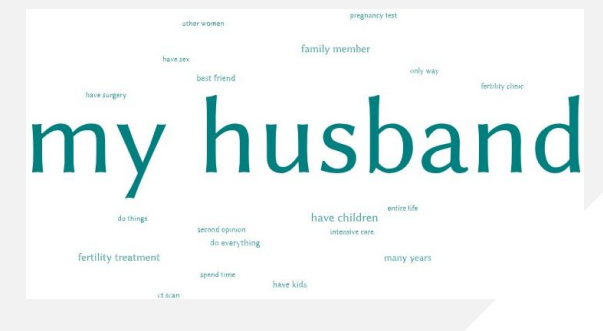
Sentiment



Nations

Nation	Narrative	Avg.
England	90%	87%
Scotland	5%	8%
Wales	4%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 6,606

* Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

News headlines with negative cases sparked patient demands for greater accountability, whilst women recounted their own experiences regarding receiving apologies when maternity care falls short

Accountability 1.4%

Volume

Key Insights

A significant portion of accountability conversations consisted of reactions to news stories about medical negligence and poor maternity care. These reactions were strong, as people called for the NHS to improve and viewed proper accountability as important for driving change.

Where people shared their own experiences, accountability is sought at different levels, from individual staff members to the healthcare system as a whole. Not receiving an apology or any acknowledgement when things went wrong can affect wellbeing, contribute to mental health challenges and impact levels of trust. Some people turned online to seek advice on how to navigate the complaints procedure, recognising there are multiple routes, including PALS (Patient Advice and Liaison Service), the CQC (Care Quality Commission) and legal action.

Lived Experiences*

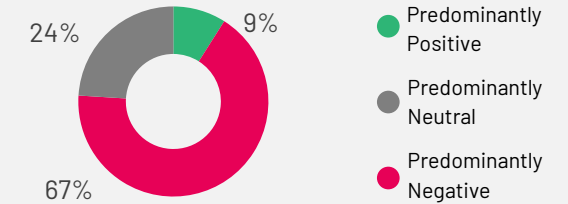
My **first birth experience left me with PTSD**. I felt badly let down by the midwife caring for me, and I don't feel she supported me properly during labour. **My baby arrived early and was very small, but I still suffered a severe tear**. Recovery was extremely difficult, and it took months before I could walk without pain. **I later made a complaint to the senior midwife, who checked the notes and confirmed that my memory of events matched what had been recorded**. The whole experience was deeply traumatic, and I **felt there was no real remorse or accountability**.

The doctor kept focusing on everything I'm apparently not supposed to have – no coffee, no sugar, and so on. **I'm finding it really difficult to follow all of these rules, and it's making me feel guilty**. How do other people cope with this? How are you supposed to manage a full-time job, constant nausea, exhaustion, and still maintain a perfectly healthy, home-cooked diet?

I had a really **difficult experience with the nurse** who was preparing me for my caesarean. After the surgery, she kept telling me to breathe, which made me feel even more anxious and worried. Once I was moved to my room, she repeatedly warned me that the catheter would have to be put back in if I didn't urinate. I **ended up crying a lot**. She did apologise, but the way I was treated felt unnecessary and really upsetting.

The staff were **rude and dismissive** from the beginning. Whenever we raised concerns, **they were brushed aside or spoken down to**, as though the staff automatically knew better no matter what we were observing or trying to explain. **Even when the issue seemed serious, we didn't feel listened to**. Later, when senior doctors agreed that our concerns had been valid, there was no apology or accountability from the people who had ignored us. **The whole experience left us feeling deeply shaken**.

Sentiment



Nations

Nation	Narrative	Avg.
England	86%	87%
Scotland	8%	8%
Wales	5%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 5,484
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

Whilst routine follow-up care generated predominantly neutral conversation, poor or non-existent aftercare following loss or difficult births drove predominantly negative sentiment in pregnancy and childbirth discussions

Aftercare

1.2%

Volume

Key Insights

Aftercare generated a significant volume of neutral mentions, including routine follow-up appointments and post-procedure check-ins. However, alongside these, a number of concerns emerged around the acceptability of aftercare provided, especially following challenging births or loss.

Negative sentiment was driven mainly by mentions of aftercare as limited or absent. This was particularly the case for early-term miscarriage and ectopic pregnancies, as many described being discharged with little more than leaflets and no meaningful follow-up.

Positive conversation revolved around aftercare and follow-ups that were timely, accessible, and personalised.

Lived Experiences*

When we left though, all I got were some informational booklets and blood work in the mail. Since then, I haven't heard from my GP or anyone else. Is this typical?

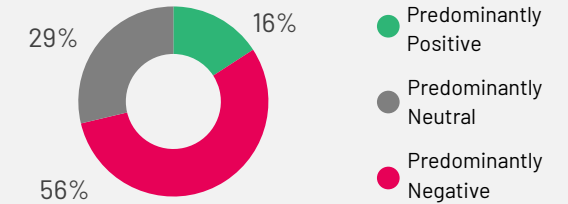
After giving birth, I had an episiotomy and the stitches became infected. At my six-week GP check, I mentioned this, along with pelvic pain and a heavy sensation, but I was simply told it was normal. **There was no examination, no further questions, and no referral for support.** I felt really let down.

My first **pregnancy required surgery, but there was no aftercare or follow-up offered afterwards.** My second - the only follow-up I had was a review three months later, which involved a scan and being told everything looked fine. In both cases, the **aftercare felt minimal and disappointing.**

Aftercare was difficult. I was moved onto a hot, crowded, noisy ward for the first night, and during those first few hours on the postnatal ward I felt quite abandoned. It was a **really negative experience**, and it affected how I remember those first few days with my newborn.

For both of our NHS hospital births, the **care during labour itself was excellent.** The midwives, doctors, anaesthetists, and facilities all felt really good in the moment. **But the postnatal ward and aftercare were a completely different story. That part felt awful. Being exhausted on a ward surrounded by other distressed parents and crying newborns was incredibly hard, and made recovery feel much more difficult.**

Sentiment



Nations

Nation	Narrative	Avg.
England	94%	87%
Scotland	5%	8%
Wales	1%	4%
Northern Ireland	1%	1%

Key Expressions, Indexed



Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
 Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 4,654
 * Lived experience - decontextualised, anonymised and paraphrased posts and comments from social media

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APPENDIX 1

04

Full list of narratives revealed in online conversations about maternity services and experiences in the UK

Full list of narratives revealed in online conversations about maternity services and experiences in the UK (1)

Topic name	Volume, %	Definitions
1 Staff	37.2%	Mentions of healthcare staff i.e. doctor, midwife, nurse, OBGYN etc.
2 Miscarriage	10.5%	Conversations about experiences of miscarriage.
3 Childbirth Complications	9.5%	Mentions of medical complications or complex medical events related to pregnancy and childbirth, excluding miscarriage.
4 Finance	6.6%	Conversations on financial part of maternity, covering discussions on finance, cost, price, affordability and budget, type of payment (cash or card), savings for pregnancy or having a baby.
5 Gratitude for care	5.4%	Refers to appreciation shown for care and specialist support, based on expressions that display thankfulness.
6 Space	4.1%	Refers to crowding, insufficient or sufficient rooms, number of people relative to available area, movement bottlenecks.
7 Empathy and Responsiveness	4.1%	Perceived quality of being attentive, emotionally understanding, acknowledging, and supportive in one's responses to another person.
8 Abortion	3.9%	Refers to all conversations around abortion, covering the emotional and physical toll it takes, medical need for abortion, legal and ethical complexity, and the personal factors shaping decisions.
9 Specialized Care	3.8%	Mentions of specialist, specialized, or specialty care within pregnancy discussions.
10 Age / Overweight	3.7%	Discussions of being older in age or overweight, which can increase the likelihood of complications and shape how risk and care needs are discussed.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852

Full list of narratives revealed in online conversations about maternity services and experiences in the UK (2)

Topic name	Volume, %	Definitions
11 C-section	3.6%	Mentions of C-sections
12 Pregnancy loss	3.5%	Mentions of baby loss, including stillbirth
13 Class / Race	3.3%	Refers to conversations about how class and race shape maternity experiences, including systemic discrimination, disparities in maternity outcomes, socioeconomic inequalities in access, gaps in ethnicity-based data, and lack of workforce diversity.
14 IVF	3.2%	Access to and experience of IVF treatments.
15 Digital	3.2%	Discussions on the use of e-health applications, tele-health and digital appointments in maternity care.
16 Vaccinations	2.5%	Experience of access to healthcare and discussions of unequal access.
17 Access	2.4%	Mentions of access, accessibility, availability, or coverage of maternity services.
18 Mental health support	2.2%	Access to mental health support and integrated, trauma-informed, and accessible maternal care.
19 Being induced	1.8%	Discussions on induction of labour and being induced.
20 Breastfeeding	1.8%	Refers to conversations about feeding experiences after birth.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852

Full list of narratives revealed in online conversations about maternity services and experiences in the UK (3)

Topic name	Volume, %	Definitions
21 Family Treatment	1.7%	Mentions of how partners and other family members were treated, or responded to during pregnancy, birth, fertility treatment, neonatal care, postnatal care, pregnancy loss, or related healthcare experiences.
22 General Health Issues	1.6%	Discussions of general medical or health conditions, problems, issues, complications or complex medical histories that can affect pregnancy, labour, birth, and recovery.
23 Equipment and Furnishings	1.5%	Discussions of beds, chairs/seating as objects, stretchers, wheelchairs, movable medical devices, curtains/screens, bedside furniture
24 Accountability	1.4%	Refers to mentions of responsibility, accountability, ownership, or blame
25 Birth Trauma	1.4%	Trauma related to childbirth
26 Stillbirth	1.3%	Mentions of stillbirth
27 Aftercare	1.2%	Mentions of aftercare, follow-up care, post-care, post-treatment care or support, and post-operative care following pregnancy, birth, fertility treatment, pregnancy loss, neonatal care, procedures, or hospital treatment.
28 Screening	1.2%	Refers to screen, screening and check ups for maternity related areas
29 Pain Management	1.1%	Access to pain relief, informed consent, and the quality of pain care during and after birth.
30 Facilities	1.1%	Refers to building condition, toilets and bathrooms, ventilation, AC, heating, plumbing, drainage, water, power, lifts, signage, parking, cleanliness and sanitation, maintenance and repair
31 Sent home	1.0%	Mentions of being sent, told, made, or forced to go home, go away, or go back during pregnancy, labour, birth, postnatal care, fertility treatment, pregnancy loss, neonatal care, or related healthcare experiences.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852

Full list of narratives revealed in online conversations about maternity services and experiences in the UK (4)

Topic name	Volume, %	Definitions
32 Waiting List	0.9%	Discussions regarding waiting lists and waiting for appointments
33 Emergency C-Section	0.9%	Refers to conversations about unplanned caesarean births carried out urgently due to risks to the mother or baby, including medical emergencies, labour complications, decision-making under pressure, consent, recovery, and patient experience.
34 Antenatal Care	0.8%	Discussions of antenatal care, including access and quality of support before birth.
35 Discharge	0.7%	Discussions related to hospital discharge, excluding vaginal discharge terms such as white, bloody, jelly, mucus and more.
36 Dignity in Behaviour and Treatment	0.7%	Being treated with respect, compassion, and clear communication.
37 Postnatal	0.7%	Refers to mentions of the term postnatal, including support and treatment provided to mothers and babies after birth, covering recovery, health checks, feeding, and emotional wellbeing.
39 Prescription	0.6%	Refers to conversations about prescribed medication during pregnancy, birth, and the postnatal period, including access, safety, pain relief, treatment for complications, and guidance on medication use.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.
Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 – 31/03/26. n of mentions = 377,852

Full list of narratives revealed in online conversations about maternity services and experiences in the UK (5)

Topic name	Volume, %	Definitions
39 Medical Records	0.5%	Medical and fertility history records
40 Personalisation	0.4%	Personalized service or care
41 Pregnancy Termination	0.3%	Refers to discussions around terminating/ending pregnancy, not covering abortion, miscarriage or pregnancy loss.
42 Gaslighting	0.2%	Feeling emotionally manipulated, using slang term "gaslight"
43 Would Like to Have More Information	0.1%	Patients expressing the need for more information
44 Translation and Interpreter	0.1%	Discussions of the need for translator, interpreter and discussions of language barriers
45 Comfort and Facilities During Stay	0.1%	Discussions around comfort and uncomfortable experiences around space, facilities and overall stay
46 Early Labour	0.1%	Experiences of going into early labour
47 Sex Determination	0.1%	Discussions related to determining fetal/baby's sex during pregnancy
48 Hospital Food	0.1%	Mentions of food in hospital or during stay.

Source: Public posts and comments about maternity services and experiences in the UK from Reddit, X, YouTube, Instagram, TikTok, Bluesky, Forums and Blogs via Ipsos Synthesio.

Public posts and comments in English, geolocated to the UK. Data filtered to remove news, spam and bots, branded content, ads, political claims. Data collected from 01/03/24 - 31/03/26. n of mentions = 377,852

* Velocity% calculated as a growth % splitting volume into two periods. Previous Period: 01/03/2024 to 16/03/2025. Current Period: 17/03/2025 to 31/03/2026

APPENDIX 2

05

Methodological notes about social listening approach

Definition of key social media metrics used in the report

Metric	Definition
Volume (Share of voice)	<p>Volume (Share of voice) is a key quantitative metric that represents the number of times a narrative (topic) was mentioned across social media platforms within a defined timeframe.</p> <p>In this study, volume (share of voice) was calculated as a percentage of all the conversations discovered by the Synthesio search and used as a comparative metric to evaluate the prevalence of each revealed topic.</p> <p>Due to social media publishing nature 1 mention could include several topics/ narratives at once. That's why total sum of all topics volumes is higher than 100%.</p>
Velocity	<p>Velocity is a metric that demonstrates the evolution of the discussion over time.</p> <p>For the calculation, we split the timeline into even periods of time and calculate the change in volume of online conversations comparing the current period (17/03/2025 to 31/03/2026) vs the previous period (01/03/2024 to 16/03/2025). Positive value (percentage) - growth of a topic, negative value - decline of a topic.</p>
Sentiment	<p>Sentiment is the metric of the emotional tone of each analysed mention.</p> <p>Sentiment analysis, based on Natural Language Processing (NLP), aims to detect the underlying emotional tone of posts and comments (mentions), categorising them as predominantly positive, predominantly negative, or predominantly neutral. Even where posts are (for example) predominantly negative, it is possible they may also make some positive comments. Unlike standard approaches that rely on keyword dictionaries (lexicons) or basic machine learning, Ipsos Synthesio employs best-in-class algorithms powered by Google BERT.</p> <p>Sentiment reflects the emotional tone of each mention and goes beyond "what" is being said to reveal "how" people feel.</p>

Identification of key expressions and indexing approach shown in word-clouds

Using Synthesio in-platform text-analytic capabilities, we extracted a list of 100 frequently mentioned keywords and expressions per each of 15 narratives selected for deep-dive .

We calculated the co-mentions of expressions across 15 selected topics and compared them with the average, to identify and remove from scope commonly used expressions about maternity in general, but too generic for a specific topic (e.g., "give birth", "pregnant women")

We manually curated the list to avoid the presence of "fuzzy duplicates", double-counting and expressions typical for colloquial English (e.g. "same time", "so much", "last year", except those that are meaningfully relevant for a specific topic under exploration)

As a result of this analysis, we produced the data-driven, manually curated list of the top 20 most important expressions specific to and focused on a specific topic in scope.

For each set of 20 expressions per topic, we calculated an "Importance Index", normalised to a maximum frequency of usage. Index 100 gets the most distinctive and frequently used expression. All other keywords are indexed proportionally.

An index is a relative score that shows how distinctive and frequently used an expression is within a topic.

An index approach is used to streamline analysis across topics and avoid misinterpretations from absolute numbers (same volume in absolute numbers has different presence depending on the topic size), simple percentages (some lower volume expressions might be more important based on their distinctiveness,

Index 100 - get the most frequently used and distinctive expressions.

Index 50 - get an expression with 2 times lower frequency than the top one.

Index 25 - gets an expression that is 4 times lower frequency than the top one and 2 times lower than the expression with Index 50.

Watch out! Ranks are not % of usage frequency. So, it's incorrect to say that the expression with Index 100 is present in all conversations about a topic.

Boolean Query: maternity services and experiences in the UK

Topics	Subtopics
<p>(((("NHS" OR "National Health Service" OR "#NHS" OR GP OR surgery OR gynae* OR obstetric* OR "OB-GYN" OR "OBGYN" OR "OB GYN" OR midwife OR midwives OR "women's health doct*" OR "womens health doct*" OR doula ((hospital OR ambulance) NEAR/5 (maternit* OR pregnan*))) AND (maternit* OR "new mother" OR birth OR "new baby" OR pregnan* OR newborn* OR infan* OR antenatal* OR prenatal* OR postnatal* OR postpartum OR childbirth* OR conceiv* OR conception OR "c-section" OR "c section" OR "vaginal birth" OR IVF OR fertility OR "having a baby" OR "had a baby" OR "had a child" OR ((labour OR deliver*) AND (pregnan* OR maternit*)) OR ((expect* OR conceive) AND (baby OR child* OR twin*)) OR foetus OR fetal OR foetal OR fetus OR ((baby OR newborn OR infant OR child OR son OR daughter OR twin*) NEAR/3 ("1 day old" OR "one day old" OR "1 day" OR "2 days old" OR "two days old" OR "2 days" OR "3 days old" OR "three days old" OR "3 days" OR "1 week old" OR "one week old" OR "1 week" OR "2 weeks old" OR "two weeks old" OR "2 weeks" OR "3 weeks old" OR "three weeks old" OR "3 weeks" OR "4 weeks old" OR "four weeks old" OR "4 weeks" OR "5 weeks old" OR "five weeks old" OR "5 weeks" OR "6 weeks old" OR "six weeks old" OR "6 weeks" OR "few weeks old" OR "2 months" OR "2 months old" OR "3 months" OR "3 months old" OR "few months old" OR birth OR weaning)) OR ((pregnan* OR preppers OR preppo OR baby OR newborn OR childbirth OR "mum to be" OR "dad to be" OR "had a child" OR "gave birth" OR "New mum" OR "new mother" OR infant OR foetus OR fetus OR "c-section" OR "c section" OR "vaginal birth" OR IVF OR "having a baby" OR ("soon to be" NEAR/2 (mum OR dad OR mother OR father))) NEAR/20 (matleave OR patleave OR "paternity leave" OR "maternity leave" OR NCT OR NICU OR "baby bump" OR "baby brain" OR "morning sickness" OR nausea OR antenatal OR "health visit*" OR "birth plan" OR "due date" OR trimester OR "full term" OR "full-term" OR scans OR "water break*" OR contraction* OR epidural OR "Gas and Air" OR Episiotomy OR Induc* OR breech OR "Baby blues" OR Preeclampsia OR Haemorrhage OR Bleeding OR "perineal tear*" OR "birth tear*" OR "x-degree tear*" OR Stitche* OR stitching OR "distress" OR Infect* OR "Not breathing" OR resuscitat* OR Incubat* OR "special care" OR SCBU OR Jaundice* OR "looking yellow" OR "looking blue" OR Breastfeed* OR "breast feed*" OR breastfed OR "breast fed" OR "Bottle feed*" OR formula OR Latch* OR "Gas and Air" OR Episiotomy OR Induction OR Induced OR Breech OR "Baby blues" OR Preeclampsia OR Haemorrhage OR Bleeding OR Tears OR "perineal tear" OR "birth tear" OR "x-degree tear" OR Stitches OR stitched OR stitching OR "Baby distress" OR Infected OR infection OR "Not breathing" OR resuscitated OR Incubator OR "special care baby unit" OR SCBU OR Jaundice OR "looking yellow" OR "looking blue" OR Breastfeeding OR "breast feeding" OR breastfed OR "breast fed" OR "Bottle feeding" OR formula OR Latch*)) OR "c section" OR "c-section" OR "C -section" OR "c. section" OR cesarean OR cesarian OR caesarean OR caesarian OR "C -secton" OR "cat 2 c-section" OR obstetric OR obstetrics OR obstetrician OR "obstetrics cholestasis" OR "obstetric cholestasis" OR obstretic OR gynecology OR gynaecology OR gynae OR gyno OR paediatric OR pediatric OR paediatrician OR midwife OR midwives OR "mid wife" OR CSW OR HCA OR neonatal OR "neo natal" OR "neo-natal" OR NICU OR NCIU OR SCBU OR ITU OR episiotomy OR episiotomy OR episotomy OR tear OR tearing OR "second-degree" OR "third degree" OR forceps OR ventouse OR vuntose OR ventose OR epidural OR epedural OR "spinal block" OR "general anaesthetic" OR anesthetic OR anaesthetist OR anesthetist OR "antithesis team" OR preeclampsia OR "pre-eclampsia" OR "pre eclampsia" OR haemorrhage OR hemorrhage OR "blood loss" OR "bleeding heavily" OR "lost blood")) OR eclampsia OR "baby loss" OR "lost my baby" OR "lost my child" OR stillbirth OR ectopic OR gestation* OR GDM OR hyperemesis OR placenta OR (placenta AND (abrupt* OR abnormal* OR previa OR praevia OR accreta OR increta OR percreta)) OR ((preterm OR premature OR trauma*) AND (birth OR childbirth)) OR IUGR OR "amniotic fluid*" OR "maternal sepsis" OR neonatal OR NICU OR miscarriage OR midwives OR "water broke" OR (trimester NEAR/2 (first OR second OR third OR 1st OR 2nd OR 3rd)) OR "braxton hicks")</p> <p>NOT (job OR jobs OR recruit* OR vacanc* OR career* OR apprentic* OR govern* OR politic* OR party OR elect* OR tory OR tories OR council OR vote OR certificate OR cousin* OR tarot OR reiki OR cosmetic OR plastic OR corbyn OR starmer OR leave OR pay OR f1 OR "formula 1" OR monaco OR "leclerc" OR ferrari OR mclaren OR asthma....)</p>	<p>healthcare query</p> <p>Pregnancy / motherhood / family context terms</p> <p>Infant age / early-life stage references & Fertility / conception / birth Journey terms</p> <p>Pregnancy complications / medical conditions / loss terms</p> <p>Exclusions</p>

Ipsos Standards & Accreditations

Ipsos standards & accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Moreover, our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.



ISO 20252 – is the international specific standard for market, opinion and social research, including insights and data analytics. Ipsos in the UK was the first company in the world to gain this accreditation.



The UK General Data Protection Regulation (UK GDPR) & the UK Data Protection Act 2018 (DPA) – Ipsos UK is required to comply with the UK General Data Protection Regulation and the UK Data Protection Act; it covers the processing of personal data and the protection of privacy.



MRS Company Partnership – By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self-regulation of the MRS Code; more than 350 companies have followed our lead.



HMG Cyber Essentials – A government backed and key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessment validated for certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



ISO 9001 – International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.



Fair Data – Ipsos UK is signed up as a 'Fair Data' Company by agreeing to adhere to twelve core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.



ISO 27001 – International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.

This work was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252