

## EXEMPLAR COMMENTS FOR THE TOPICS

TOPICS LABELS	COMMENTS EXAMPLES
Topic1_Insufficient_Care_Capacity	As mentioned, it was extremely busy when I was admitted so I spend 9hrs 45mins in the prelabour ward and was admitted to a delivery suite just 15 minutes before giving birth. This is not acceptable as I should have been admitted earlier than this to be allowed to labour in privacy. <b>However I was made aware that there were not any suites available before this. There should be more delivery suites to cater to the needs of patients as this is not a dignified way for a woman to go through labour.</b>
	the hospital was over capacity and understaffed. <b>more nurses + midwives are needed.</b> the room i was in i knew was previously a semi private room with a 2 person capacity. i know this from a previous pregnancy. in [Date] this room had 4 beds in it and i was behind the door against the wall and radiator. there was no room to move around and had i have needed a wheelchair or assistance at any stage it would not have been possible - known for a fact as one of my children is in [Assistive device] and was unable to get into my room or near my bed for a visit - we had to go out to another room.
	I was left alone right after birth for so long in the labour ward, no one came to check on us or dress the baby. Eventually my husband had to go and ask if we could be transferred to the ward after more than 2 hours of waiting. <b>There should be more private rooms made available for families (for affordable price) to be in after birth instead of 6-8 mothers and babies in one room separated by curtains.</b> It is important to have the time with your baby and partner together in a peaceful quiet setting instead of people (nurses, doctors, cleaners, visitors etc) walking in and out of the room round the clock
	Nurse midwife staffing levels seemed to be low, they were running. Had to wait for a room in the delivery suite, I know it was a busy night but I'm guessing this is not a one off occurrence. <b>more midwives and more rooms please. More space needed in scubu too.</b> Everyday was a juggling act trying to figure who could go and trying to make room for new babies. So much of the ward was taken up with very large equipment, they are bursting at the seams.
Topic2_Unprofessional_Nurse_Attitude	<b>Communication</b> between nurses left a lot to be desired. A lot over worked nurses and simply not enough nurses
	Don't think it can be improved cause will depend on the professional, but is really bad to face someone treating you <b>rude</b> or just not nice, especially in a moment that is special or sometimes difficult. After leaving the theatre the first <b>nurse</b> that attended us was not nice, gave a bad atmosphere
	<b>Very rude</b> "head nurse" working while I was delivering my baby (1st) her actions and comments caused me to have a panic attack during delivery. Could hear her complaining and insulting my companions who were being very respectful. She refused to let me have 2 people in delivery room - a friend of mine delivered 2 weeks before me and it was allowed. <b>Rude</b> woman who ruined the experience for me and was rude regarding my mental health conditions
	I was a private patient in CUMH, after birth of baby I had a private room. During the night shift I think I only saw a nurse once during the night. The <b>nurses on duty</b> were excellent but were very over worked. There were <b>not enough nurses working.</b>
	Privacy. Attitude. Respect from some <b>nurses</b> , very <b>rude</b> and abrupt, some of them. Staff numbers at the hospital after birth. The <b>nurses simply don't have the time to help you.</b> They are completely overworked. If I needed help, they just were not available to help.

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Topic3_23_Appointment_Waiting_Times	<p>Waiting time before appointments in the hospital i find that the waiting times are long in the waiting area. Very long waiting time for hospitals appointments, usually it took 4 hours for an appointment to be over.</p>
	Over an hour travelling to antenatal appointments. Long waiting times at these appointments - 2 hours yea the waiting time and area for appointment in uhv
	waiting times for outpatient appointments while pregnant Waiting time in A&E in early weeks was horrible.i waited overnight in the waiting area for consultation.
	Waiting times in hospital for appointments during pregnancy and after birth.Communication between GP and hospital. Shorter waiting times in hospital
Topic4_Postnatal_Care_Consistency	During this birth I chose to go private due to my previous traumatic labour experience. The difference between public and private is unbelievable. My experience and care this time being private was so much better, I was under the same consultant and midwives were the same just the care was different. I think it is shocking that you have to pay for good care. I am very pleased with my care and labour went well this time
	I was happy with care I received I would not improve anything In order to get the best care possible during my pregnancy and the delivery of my child I felt I had no option but to go private. If I have any more children I will have to go private. I don't have confidence in the public system that I would get the same standard of care.
	I am very lucky that I had an excellent experience overall, particularly in the follow up care from the community midwives after the birth. I received x4 visits, all different ladies who offered different perspectives and we're very professional. I feel this form of care in people's home is the best form of care as you are so tired and out of your environment in a hospital setting, the advise especially around breast feeding goes a lot further when you're comfortable at home. I was very happy with the care I received in Portlaoise Hospital. However, I was very disappointed to learn that my child would not receive a 3 month check up as there were staffing issues in my area of [Location].
	I was very fortunate in my care having a midwife who lived close by. However it would be great if there were more midwives available in more areas. My GP was also able to care for me post birth to do the newborn checks but many others were not as fortunate and their GPs could not care for them which put the mothers to be in a very awkward position. It would be better if more GPs could care more mothers who wish to have a home birth.
	My care at the Rotunda Hospital up until [Number] weeks left a lot to be desired, lack of continuity of care on a twin pregnancy. Rushed in and out of the twin clinic, no midwife led care because of multiple pregnancy. Point blank refused to be allowed a doula present for all or even some of the labour or and birth.
Topic5_Staff_Shortages	Improve staff shortages and staff training
	Staff in ward very busy , understaffing evident but they did their best . Neonate unit very small and cramped
	On the Sunday I was in hospital I felt slightly forgotten about because my labour had stalled and there was a shortage of staff. This was not the fault of any staff member but a flaw in the system as a whole.

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	Very <b>little staff</b> or interaction on a n - postnatal ward when in hospital. Staffing <b>shortages</b> putting current staff under unnecessary pressure
	More <b>staff</b> at night as all staff seemed very <b>busy</b> . My baby nearly choked (on mucus) on the 1st night, the midwife was busy and took a while to arrive to my aid.
<b>Topic5_Staff_Shortages</b>	Yes. The way some professionals treat and <b>talk to women during labour</b> . They could be more companionate and humane to women in labour.
	<b>Communication</b> from the time my waters broke until I was brought into theatre for a section. I was left for almost 12 hours not knowing whether the section would be brought forward or not. It was a time of immense anxiety.
	Postnatal care needs to be improved. Did not see <b>midwife</b> for hours after baby was born. Vital signs not recorded enough on both mum and <b>baby</b> on arrival to postnatal ward after delivery. Very little support and help with regards to breast-feeding both in hospital and community. Contacted assessment unit at 37 weeks due to reduced movements. Very unhelpful midwife to receive phone call and made to feel inadequate and overly anxious. Assessment unit midwife's very helpful and reassuring when contacted when in labour.
	Yes. Better and clearer communication between <b>midwives</b> and the patient during labor.
	The night I gave birth the hospital was short staffed. I was labouring quite heavily when I was admitted to the delivery suite. There was a <b>midwife</b> who was moving between 2 rooms and a young male student <b>midwife</b> in my room whose obvious lack of experience and
<b>Topic7_Generally_Positive_But_Capacity_Related_Concerns</b>	[Translated] Let the secretary ladies be kinder and can help you when you don't <b>understand</b> something. <b>I mean ... language.</b>
	I think the waiting time for antenatal appointments is way too long. There were never enough Doctors on. <b>A lot of the time the Doctors didn't have very good English and so I found it hard to understand what they were saying.</b>
	One SHO I feel didn't really understand my situation (high risk) felt he should have been briefed or something before <b>talking</b> to me, and and came across as having poor knowledge even though I'm sure he was competent however rest of medical team were very good and consultant was good and midwives were excellent especially antenatal and labour ward
	I understand it's a pressurizing and busy environment and many of your staff are extremely busy. I found one or two individuals abrupt but I would like to stress that overall the level of kindness and professionalism I received was very good and I very much appreciate that.
<b>Topic8_Doctors'_Pre-visit_Preparation</b>	<b>If the doctors during the antenatal appointments could read files properly.</b> I was asked many times how my other child was doing when it clearly says on my files she passed away. It was very upsetting.
	Continuity of care during antenatal appt. I wanted to attempt [Proc. type], failure to progress in labour at 9cm on first baby.1 doctor stating I would have to be induced at 40 weeks for no reason. Another doctor wanted to do a sweep at 38 weeks, again no medical reason. Another doctor stating he'd be happy to let me go to 41 weeks & review then. <b>Different doctors at each appt not reading previous doctors notes from previous appt or reviewing 1st pregnancy notes.</b> I put off all interventions as noone could tell

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	me why they wanted to do them. Completely healthy pregnancy. Waters broke at 39w +5, successful natural delivery- because I educated myself about [Proc. type] & stood up for myself!
	Doctors <b>not reading case notes</b> and having to explain situations Over and over - in my case the loss of my previous pregnancy at [Weeks].
	<b>Communication between doctor team on care and history.</b> Had to constantly remind each member of team on history and my particular situation and members of team had differing views on when to be induced. I did not want to be induced until I was over by 10 days as I had an unpleasant induction previously. I was told I would have to be induced on my due date by one member of team and they booked it in even though everything was perfectly normal. Then I was told a week later by another member I could have waited and go over by a week if I wanted as all was fine but it was too late at that point as induction was already booked in. No communication or agreement on timings across the board.
<b>Topic9_Inconsistent_Care_During_Labour_Stages</b>	The <b>lack of beds in the labour suite</b> is disgraceful. The treatment of first time mums in emergency dept upon arriving in active labour is very dismissive and condescending. Women know their own bodies and their feelings and symptoms should not be dismissed.
	When I turned up to my delivery ward I was in late stages of labour and was left to stand at the desk for a few minutes until the mid wife was ready as she was busy at her desk. I felt like I should have been looked after straight away and been first priority the minute I had walked in it made me feel a little angry. It really bothered me as it made me feel like I was overreacting with the pain and the midwife presumed I was only in early labour.
	Because the <b>delivery suite was at capacity, I was left in active labour on labour ward</b> (an induced labour) from 6am to near 4pm. I was in excruciating pain, the midwife attending to me seemed inexperienced and left me to it. It was humiliating in a six bay ward and the pain was unbearable.
	Consistency of care in the <b>pre delivery ward</b> (the annex) was a bit haphazard; this ward was completely full and i gather the delivery ward was full as well, as women were left in the annex until very far into labour. The annex and the delivery wards need to be expanded to combat overcrowding.
<b>Topic10_Insufficient_Ancillary_Services</b>	Cleaning is being done to the bare minimum. Blood stains are left on the floors, dirt in the corners of <b>walls, toilets are dirty</b> . It really is very disappointing in this day and age that cleanliness in a hospital is an issue. Doctors in scrubs walking around main hospital entrance to get coffees, with blood stained shoes from operating theatres. Practices like this need to be improved.
	The disgusting conditions of the <b>toilets</b> in the Rotunda hospital, <b>blood</b> all over floors, walls and toilets for a woman recovering with wounds this is completely unacceptable.I also waited 6 hours on the day after my birth to receive pain relief after an episiotomy and a tear, asking numerous times to be given anything at all.They wanted to send me home 12 hours after birth.I was not given any after care advice in the hospital for my baby or my wound.Before I left the hospital I was in the toilet and found a lar
	Maybe this is the norm but that was just my experience. One other thing (which is unrelated to the care I received) is the <b>parking situation</b> in the Coombe. There's very little that can be done I know given the location of the hospital but the parking situation is very challenging for appointments esp and even when I was in hospital when my husband was visiting he was always waiting about half an hour 40 mins to get into the car par

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	A better quicker access into the maternity ward, both from the main entrance and the entrance inside to the ward itself. Designate a <b>parking</b> space esp for women in labour, near main <b>entrance</b> .
	I live 1 hour from the hospital, my appointments was always there, I have two previous babies to which I had appointments in my local clinic 10mins away which they stopped these clinics, it is disappointing as a lot off people used it. <b>Parking</b> at the hospital wasn't great.
<b>Topic11_Labour_Postnatal_Support_and Delayed_Appointments</b>	This was not my 1st pregnancy so I feel that <b>I was experienced</b> enough to plod along myself and <b>didn't notice much to be improved</b> as <b>felt better able and more assertive about my decisions</b> . Also see below.
	i feel i wasnt listened too and <b>if it had been my first pregnancy i could have had baby in the toilet</b> as i had the sensation to push but been my second i knew what this was if it was my fist baby i would have thought i needed to poo and things could have had a very different outcome.
<b>Topic12_Night-time_Care_Conditions</b>	I would have like if my baby was taken on one of the nights for an hour to let me sleep. I was nervous I would drop the baby if I fell asleep. Secondly more support with the breastfeeding. My friend is a midwife and called to me every day for 3 weeks and helped me with the feeding at home. Finally, I think another night in the hospital would support new mothers in their recovery
	The bins were emptied after lights out which woke me and my baby every <b>night</b> for 4 nights. Could be done earlier in the day to avoid disturbances
	The room that I stayed in was for 4 mothers. ! let her baby <b>cry all night</b> . 1 was pumping all night. ! came in the middle of the night was in labour so maybe to insure that everyone can rest in the respect of others.
	More help at <b>night time</b> when spouse is gone. It is extremely difficult getting in & out of bed after a c section, I had an unsettled baby so was up and down. The midwives were far too busy to expect them to come to me every time my baby stirred but definitely would of needed a lot more help at night
	At night one nurse was leaving door open after herself. It was happen few times, and needed to awake and close it after.Nothing I would change. All was great.
<b>Topic13_Insufficient_Checks_Pre_and_Postnatal</b>	<b>Ensuring that all checks tests have occurred</b> . My baby was missed for the hearing test and it meant that we had to go back into the hospital very shortly after getting home.
	<b>I wasn't tested</b> for strep before the birth and my newborn developed pneumonia and sepsis
	After the labor while in hospital I did not find the care I received at all helpful. Many of the check ups required for my baby and I were missed and I had to keep asking. For example my blood test before leaving, My baby's heel prick <b>test</b> was not done, the new born development check was over looked until I asked why my baby had not been seen at the time of my release. The nurse then rushed a doctor in straight away. Also no security band was put on my baby's ankle for the 3 days I stayed in hospital. I mostly felt like a burden to the nurses during my stay after the labor.
	More <b>tests</b> ! In ireland should be done more tests, f.ex. I did glucose test in [Country] at the begging of pregnancy and they told me that I should do it again with drinking glucose. I told about
<b>Topic14_Ineffective_Post_C-Section_Care</b>	The <b>baby</b> should not be separated from it's mother <b>after c section</b>

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	<p>More care for women who had <b>c section</b>...it is really nice to have a <b>baby</b> by your side all the time but that is not for c section the first day when you can't move and baby is in the cot crying and you can't reach your baby. I called midwife but it took her too long (she told me she is busy when I told her) so I had to ask my roommate to pick up a child from the cot, so I can feed my baby. It is a trauma for me because my baby was hungry, crying, midwife wasn't there even when I called her and I wasn't able to move...my baby cried and I cried with her.</p> <p>PHN was on leave following birth of baby and last year, no well baby clinics were on for a period of time when my baby was newborn and no contact from actual PHN until 3 month check up. Two different PHNs visited following arrival home. Possibly distressing for first time parents</p>
<b>Topic15_Insufficient_Communication_Regarding_Care</b>	I was only informed the day before what time to go in for my section, when on my appointment I was told I come in at 7 .. <b>so just to keep update with the correct information</b>
	Waiting until 20wks for a scan is not really acceptable and it is forcing people to go privately to ensure everything is OK with their baby. I did not find out I was rhesus negative until 28wks pregnant which would have posed a threat to future pregnancies if I had any bleed or accident (thankfully this did not happen). I also had to request the anti d vaccine which according to leaflets should be administered at 28wks. I was informed that only certain consultants offer anti d in the hospital. I also did not find out that my iron levels were low until 28 wks and there seemed to be no communication between my gp and the hospital.
	If a c section is planned, the approximate time should be given with earlier notice as <b>I have to rush to get ready and go to the theater</b> . Besides that maternity care experience was very good
<b>Topic16_Ineffective_Communication_of_Pregnancy_Changes</b>	<b>Clear and honest information regards the likelihood of assistance during labour</b> when an epidural is administered. During pregnancy I asked numerous midwives about epidurals and are birth assistance common. All midwives said no, instrument assistance is not very common with epidurals. I chose to have an epidural and I required assistance via forceps. I would have appreciated more honesty and information on the risks of instrumental delivery.
	Consent to use vacuum assisted delivery and consent to cut vaginal area and <b>more information</b> . Physical changes information both during and after pregnancy.
	I would like if <b>more information was shared with me regarding details of what happened in theatre after the delivery</b> . Also prior to delivery I wish there was more info about physical changes & possible issues post partum such as prolapse, extended pelvic pain etc
	<b>Information about physical changes post pregnancy</b> eg recovery time, details re pelvic floor and potential issues, details re abdominal separation and general healing time of stitches etc.
	More education on body changes during pregnancy and post pregnancy.
<b>Topic17_Ineffective_Process_Chcks</b>	I know that the midwives' workload is endless but I think if once or twice a day someone could check in with the new mums and ask if there's anything they need help with, it would be very beneficial. One of the midwives did this at the beginning of night duty-came around and <b>chatted to each of us about how we were physically, how the birth was, how feeding was going etc and I'll never forget her because of that. It felt like we had a connection and she was someone you could trust.</b>

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	I encountered a patronising unhelpful attitude from some midwives. I felt that I wasn't taken seriously, that I was being too demanding and I was judged for certain choices. <b>I would have really appreciated a debriefing and didn't know this was a possibility until told by another mother recently.</b> I was told about looking after my stitches but this was directly after they were put in and I think later on would have been more appropriate and beneficial. I think there should be more aftercare for the mother and not just the 6 week gp check up.
	i really wanted to have a VBAC and I don't think enough support is there to help you do this. Also I don't think there is enough support for breastfeeding mothers. More support information should be given during antenatal visits. The problems you may encounter if you decide to breastfeed are not discussed so a lot of first time mothers are going into it blind and then when they experience problems they give up. I think if more of the issues were discussed then you would know what to expect. Also I think the care support at nighttime could be improved. I used to feel like I was a burden if I rang the bell and ask for assistance lifting out my baby from the cot (I had a csection so I wasn't very mobile).
	<b>I would like if the midwives could deliver your medical information instead of the doctors.</b> I found the doctors to be nice but not able to communicate the information as well as the midwives.
<b>Topic18_Labour_Ward_Access</b>	
	Another access point to the labour and delivery ward should be available so as to make the area more accessible for labouring women. I had to walk a significant distance in considerable pain during active labour with my partner. Experiencing contractions at least 8-10 times in a very public place was absolutely unnecessary and not at all supportive of my privacy and dignity in the hour before I gave birth. This could be addressed almost immediately by opening the other entrance to use by labouring women and their partners
	They give plenty of information leaflets during pregnancy but dont give u a leaflet with information of who to complain to when you have a complaint or feedback . I am considering my options about taking this further
<b>Topic19_Need_Active_Listening_By_Doctors</b>	A doctor who I dealt with on 3 occasions never fully took on board my concerns as any interaction in the a&e department den subsequently in the assessment unit & a third time at my diabetic clinic. <b>She need to train in listening to patients as her attitude was deplorable which led to me lodging a complaint about her.</b>
	Why are over 40s being subjected to a policy of must induce ahead of or on due date? When we all know the due date not always 100% accurate & even with mothers who have a strong track record of spontaneous labour. <b>Listen to the mothers in labour - this can always be improved.</b>
	The ante natal care. The waiting areas are very uncomfortable and the wait times are excessive two hours or more for a very brief consultation with either the consultant or registrar. <b>I felt my questions or concerns were not always addressed and I felt the plan for the birth of my child was not completely discussed with me.</b>
<b>Topic20_Deficit_of_Hospital_Resources</b>	<b>Hospitals need more resources it is so unfair on the...</b> My midwife was between 2 rooms due to lack of staff.. this could have ended up different for us, as she was delivering a baby in the other room while my babies heartbeat was fading with each contraction.... but thankfully after an emergency section my baby was born in theatre. I am forever grateful to the Doctor who spotted that my baby was in trouble, while she was on her rounds. <b>This is a staffing issue</b>



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	My primary reason for having my second child at home was because of the high level of intervention due to <b>lack of resource in hospital</b> . I struggle to understand why hospitals are so stretched in Ireland to the point that it is not always safe and or the mother has no bodily autonomy because they are under pressure to free up the delivery beds.
	Yes! Being <b>short staffed</b> led for me to have an emergency [Procedure Name] which therefore led to my baby being in danger and my own life was at risk as a c-section was too late.
	<b>Staff</b> in postnatal ward seemed <b>understaffed</b> . They seemed very busy and I felt that. I was reluctant to call them for what I assumed were probably minor issues. (Paracetamol etc)
	The <b>hospital seemed respectively understaffed</b> , the midwives were really busy at all times. I had no physical check-up of my own after delivering my baby. I went to a private OBGYN to have an assessment of my health, where I found out about some issues with scarring which I could not discuss with anyone from the hospital
<b>Topic21_Care_Under_Exceptional_Circumstances</b>	The nurses after having the baby saying they will be back in 5 mins and never coming back after ringing the bell in all..
	I filled out the form but I think you should improve as I rang the maternity ward when my mucus plug came and I had contractions and they told me not to come to the hospital as they were irregular and my waters had not broke and to come when they break about 50 mins later My waters broke at home I rang the hospital they said come up I went to the toilet before I got dressed to go and I thought I was having a poo but it was actually my babies head coming out I gave birth in my toilet and my partner just managed to catch my baby before he fell on the ground about twenty mins later now and doc and ambulance came and what brought me to ten hospital so yes the after care with the midwives was great but I would of liked to have them tell me to go to the hospital straight away so I could have had my baby in the hospital as it was a very traumatic experience just thank god my partner was able to catch my baby as he was downstairs I had to scream for him to Come
	I was projectile vomiting and got my partner to tell one of the midwives, he told the midwife I kept being sick and she blatantly ignored him. This went on for a while until I got to the point I knew I was gonna have my baby in a minute and called another midwife to examine me to find out I was 5 centimeters dilated.
	<b>I indeed was in labour, but was left on my own and told to ring the bell if my waters burst, which they did 5 mins later</b> , I was then rushed to the delivery suite, while phoning my husband to come back in straight away. For this whole period I needed him with me rather than being on my own and repeatedly pressing a bell for someone to come check me. He luckily made it to the hospital on time having been phoned at 3.36am and driving from [Location].
	<b>I was told that there was an oversight by the hospital when allowing me to go home after my waters broke</b> . My baby was delivered over 30 hours after my waters broke so there was an increased risk of infection for me and my baby.
<b>Topic25_Post_Delivery_Mental_Health_Checks</b>	No healthcare professional prepares you for physical mental changes immediately following birth eg high blood pressure, possibility of clots, extremely sore breasts, huge dip in mood, no one tells you it's ok to cry!!!
	Antenatal classes could better prepare you as to what to expect after the birth of your baby in terms of <b>physical wellbeing healing and mental health</b> . Dealing with the sudden change in hormones etc. Much more must be done to look after the <b>mental health of mums</b> after the birth of the baby - physically, emotionally and mentally, so much has changed for mum it is an extremely overwhelming time. Look to the NHS model, much is done over in the



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	UK to look after mums after birth to support their physical, mental and emotional recovery. Also a much more comprehensive 6 week check must be put in place and continued support and services if needed.
	More emphasis on <b>mental health</b> (baby blues, postnatal depression, supports available and coping mechanisms) at antenatal stage and by public health nurse and GP after the birth.
	I think follow up care upon leaving the hospital should be as <b>much about the mother</b> as the newborn baby. The mothers health and well-being ( <b>physically and mentally</b> ) is paramount in ensuring the health and safety of the newborn baby babies as well as any other family members involved.
	No healthcare professional prepares you for <b>physical mental changes</b> immediately following birth eg high blood pressure, possibility of clots, extremely sore breasts, huge dip in mood, no one tells you it's ok to cry!!!
<b>Topic26_37_53_Access_to_Pain_Relief</b>	Two minor things 1- <b>offering pain relief such as gas &amp; air at an early stage</b> , my labour was very speedy and while my preference was an epidural this was not possible due to the speed of progression, gas and air earlier would have been helpful.2 - offering a meal when on the ward after birth, I had not been admitted to the ward in time to order dinner and therefore a meal was not available when I was transferred.
	Only after having given birth, did I realised I wasn't offered the option of <b>gas</b> and air as <b>pain relief</b> . However I was given the epidural. I would have liked to try the gas and air first.
	I felt that there should be <b>more options for pain relief before you go to labour ward</b> maybe some gas and air.. I was in alot of pain and could only get panadol or [Med.] but was unable to lay still on machine to get [Med.].
<b>Topic27_Appropriate_Washing_Facilities</b>	Flooring comes up in private rooms. <b>Cleaning staff</b> - to not use same cloths from bathroom and bedroom. Mops changed between rooms requ
	Thd <b>bathrooms</b> in the maternity are not fit for purpose they should have wet room style shower with a shelf higher up, trying to have a shower post c section with pico and not able for bending down was tough I was induced monday morning 9am and waters broke thurs at 9am why induce ir no follow through
	<b>Toilets</b> in room where were women after c section wasn't proper for people that had undergone surgery - high showers, hard to reach. These premises should be facilitated.
<b>Topic28_Discharge_Issues</b>	I was <b>unaware</b> of the severity of the <b>complications</b> of my surgery until I was being <b>discharged</b> . That's when the surgeon came down to chat to me and asked me to come back in two weeks to the day unit
	The <b>discharge was poor</b> I was to be left home early morning with my second child and <b>it was late evening coming home</b> to cold house with a new baby very poor
	My son was discharged directly from the HDU on day 6. We were only told a few hours beforehand. <b>We received conflicting information opinion from different nursing staff in the HDU on discharge which led to confusion and distress when home</b> . For example, was not told would need to use fortifier with breastmilk.
<b>Topic29_Respect_for_Patients_Personal_Choices</b>	Patient with pre existing illness should be given the right <b>to choose their own doctor</b> . I would definitely prefer that as that would have given me a good rapp
	More respect given to <b>personal choices of parents</b> e.g lifestyle preferences (vegan vegetarian carnivore..)

TOPICS LABELS	COMMENTS EXAMPLES
	I felt that <b>my birth plan was not taken into consideration</b> and felt pressurised to go against my wishes during the labour by the obstetrician. I requested a tear over an episiotomy but I was given one without my consent. Was told several times afterwards that it was an "extensive" epis.
<b>Topic30_Overcapacity_in_Hospital_Ward</b>	The accommodation was appalling I literally couldn't get in and out of the bed the chair was up against one side and baby cot on the other and no <b>space</b> to move either. This lack of space and stitches = I couldn't get in or out of bed without husband <b>moving</b> furniture for me.
	There is just <b>no space on the wards and absolutely no comfort</b> . The worst part is not having anywhere comfortable to sit. The beds are so hard and there is no space beside the bed for a proper chair. This can be excruciatingly painful when you have had stitches after a vaginal birth. I have had three babies and this is the one thing I dreaded with each maternity experience.
	Only the <b>rooms</b> themselves in the hospital <b>were very difficult to use after a c-section</b> eg lifting the baby up and out of the cot yourself at night, not being able to reach the light switches behind the wardrobe, the height of the bed to get into and out of. Maybe over time the rooms can be made more friendly to ladies who have just had abdominal surgery without having to ask for the midwives help with these minor tasks.
<b>Topic31_More_Consideration_Women's_Concerns</b>	As I said Above the team for the c-section were amazing but an emergency could have been avoided with just 1 minute bedside scan at the clinic appointment even the registrar who saw me on that day did the internal exam had only physically examined me a week and a half before said it was head down.They should listen to the woman even a first time mum like myself knew that the movements weren't the right way.
	Some doctors didn't explain things very well in the hospital or didn't explain what to expect at the next stage of what they were saying was going on they just did ultrasound gave little info and sent you on your way
<b>Topic32_Need_for_Appointment_Management_System</b>	The queue and <b>queue management systems</b> were hectic and varied hugely across appointments. One <b>appointment</b> I was seen within an hour whereas the longest was 3.5 hours.
	There needs to be something like a <b>ticketing system</b> put in place during the antenatal appointments as there didnt seem to be any system any place. There were people whos appointment was after mine ended up being seen before me.
	While pregnant I was given <b>appointments that were wrong times from the time on the systems</b> , appointments were made without my knowledge and only knew once they rang to ask where I was. The [Medication] was needed but wasn't made clear that it was until they made an appointment and I wasn't there.
<b>Topic33_Monitoring_of_Baby_Post_Birth</b>	My baby had a [Cond. type]. <b>I feel this should have been resolved in the hospital prior to discharge</b> . I left as a first time mom being told he might have a [Cond. type]. Maybe I should follow it up. It resulted in a stressful And painful few days trying to breastfeed a [Cond. type] baby who ended up losing more weight than usual. <b>They should be treated in the hospital or at least referred immediately</b> . I privately went about treating the issue when he was ten days old and the difference was immediate.
	The GP visits, if any doubt ie [Cond. type] keep a closer eye or send to hospital. <b>I feel if this was done my baby could of lasted a few more weeks</b> . Instead of being told it was an [Cond. name] although I had no symptoms of one, then a week later my baby being delivered because of extreme [Cond. name]. Also a bit more friendly at scans I understand they have a job to do but it can be quite nerve wrecking for parents.

TOPICS LABELS	COMMENTS EXAMPLES
	My file was missing for nearly 24 hours when I arrived to the hospital. It was not found until after my baby was born. This was not the fault of the Midwives.I was referred to Holles Street at 32 weeks. My baby was diagnosed with [Cond. name]. A [Proc. type] was performed and at 36 weeks I was given an antenatal diagnosis over the phone of [Cond. name]. <b>The communication between hospitals after this diagnosis and for 15 weeks after my baby was born was not good.</b> My paediatrician was not on top of things. My public health nurse spoke inappropriately to us.
	My Baby was born with a [Cond. name], so was whisked off to Crumlin immediately.This was a shock to everyone considering I was highly monitored all through pregnancy,I think it should have been picked up.
	My baby had a [Cond. name] that made breast feeding very difficult. I believe the [Cond. name] should have been corrected in the Coombe. Instead I had to get it done privately.
<b>Topic34_Need_for_More_Prenatal_Scanning</b>	Confidentiality is an area of significant concern. On more than one occasion I was able to see the names of other patients during my antenatal checks. Sometimes I could see the list of names on the desk of everyone attending the clinic that day. <b>On one occasion when having a scan, a list of names came up on the monitor which was in full view of myself and my husband of others booked in for scans that day.</b> This list included the name of someone we knew who had not yet shared with us that she was expecting
	I was <b>scanned</b> at one point in my pregnancy by a doctor and he scanned my wrong and told me that my baby was much smaller than she was and left me worrying all weekend, so I booked in privately for a scan the next evening, only to be told that everything was perfect my with baby and she was the right weight at that point in my pregnancy!!
	With baby one and two there was no 20 week scan in Tralee but it was there for baby no 3 and it was so nice to have that extra scan for peace of mind.
	I was midwife led so <b>did not get many scans so I paid privately for a few extra scans</b> , I was lucky in that I could afford this but not every family can, also I'm aware that a 20 week anomaly scan is not routinely given.I feel this is a necessary scan which can detect potential issues at an early stage.
<b>Topic35_Quality_of_Food</b>	The food. I had [Cond. name] and was shocked to find white bread and saturated butter served. As well as bad sugary drinks and no fresh fruit. The hospital policy not to carry out sucking assessments on all babies is terrible. Whether breastfeeding or not, all babies should have an assessment to make sure they can properly suck. Based on that actual treatment and solutions should be provided. the current system of looking into the mouth of a breastfed only baby and making a determination based on this is cutting corners and negligent in the care of babies as many babies will have transfer and feeding issues as a result of this policy.
	The food in the hospital is sub standard. I was breastfeeding my baby and required nutritious food. I was not provided with a healthy breakfast or supper. No fruit, hot breakfast porridge or eggs provided. Very small portions and processed food. My breakfast consisted of a few cornflakes, 1 slice of cold white toast and processed juice. Supper was greasy sausage rolls and 1 slice of white bread. This is not acceptable or enough for a mother recovering from birth who is breastfeeding her baby.
	The food in the coombe isn't great. When you're breastfeeding you're very hungry but the food was not very appetising.
	the food in the coombe was horrible. I had 3 admissions antenatally and was always hungry when I was an inpatient.
<b>Topic36_Management_of_Visiting_Times</b>	<b>Visiting hours</b> are NEVER adhered to or enforced. With two of my babies (this is the fifth,) at the evening visit, there were still people still there at ten o'clock at night! This is not fair on the other people in the room.

TOPICS LABELS	COMMENTS EXAMPLES
	Letterkenny University Hospital's <b>visiting times</b> have recently been changed. I feel this has been done so to the disadvantage of mothers in the ward, especially mothers with other children at home. Visiting times are only available now in the evening, this is bed time for my first son and we do not live close to Letterkenny. I did not want further disruption to his routine in what was a difficult time in his life - getting a new sibling and having me away from him for the first time in his life. I also felt that it was restrictive being only allowed my baby's grandparents in. I understand and agree with the need to keep visitors to a small number, but feel it would be better served to allow two visitors plus your husband, and that way, for example, your parents could come one night, and your two sisters could come another.
	Way too many <b>visitors in ward</b> with other patients outside of <b>visiting times</b> . Tried to rest but they were noisy and inconsiderate . No one reminded them others were resting or of visiting times
	I think <b>visitors</b> ie sisters or brothers of parents of the child's should be allowed to visit baby if parents wish.
<b>Topic38_Unsatisfactory_Comprehensive_Care</b>	Midwives shouldn't be allowed to put canula! They have no experience - it happened to me twice that they messed up my veins. One put the needle into my bone and my hand was sore for a month. Other didn't go into vein at all. Doctors had no problem putting any canula. Also the diabetic team was very poor. Advice about diet was not up to dated and also the glucometer I received was faulty. My results in hospital were perfect (measuring with hospital's glucometer) and the one was receive was way off.
	Some of the midwives were extremely patronising and unkind, particularly at night when I was struggling to look after my twins after a section. This reduced me to tears and resulted in me leaving hospital after three days instead of four which was the original plan if i can log into lab results and radiology reports online would have been good ( i was reassured about results)
<b>Topic39_Detection_and_Treatment_of_Infections</b>	Public health nurse capability to treat post op wound <b>infection</b> ie limited prescribing formulary for common issues like simple wound site infection
	that they had to put me in isolation and just started grabbing all my belongings and wheeling my out onto the corridor in the bed. I was mortified, worried and felt violated. Such a precious time was taken away from me. They stopped people walking down the corridor as if I was diseased going by! My domino midwife was with me and had no clue what was happening. Another midwife whom I didn't know stated that in my 2nd pregnancy, the one previous to this one, I had a recurring [Cond. type] and [Cond. type] was identified in my samples. While I was aware in [Year] I had this <b>infection</b> it was never highlighted to me that it was the [Cond. type]and I was never isolated during or after that pregnancy. I was very confused as to why I was being isolated the day after having my baby when this wasn't highlighted in this pregnancy either and I had no infections this time around. I felt dirty and humiliated. My domino tried to reassure me and said she would contact the head of infection control and query this. I went home later that day very upset and distraught. Was I carrying this around the whole time, would I infect my other kids?! My domino visited two days later and explained that I must now be in isolation if I am ever admitted to hospital again. I am still to this day confused by all this. Surely 3 years later I didn't still carry the bacteria. Head of infection control never spoke to me directly. All the information I got was hear say. It made a very special day very stressful and upsetting for me.

TOPICS LABELS	COMMENTS EXAMPLES
Topic40_51_61_64_Consistent_Advice	I got quite a few different answers to questions I had such which caused some confusion but ultimately chose what suited the baby best. Connectivity between opinions of GP and midwives measurments in pregnancy did not relate
	The midwives during recovery were not on the same page, I was getting opposite advice from both which heightened my anxiety.
	Overall staff are fantastic and really caring and hard working but there needs to be more consistency in the advice given and more systematic as in ensure and hat all important things are covered
	More time with midwives doctors to explain thing, ask questions or not to miss mentioning something important-they seemed to be under a lot of time pressure.
	Not enough advice and clearly explained or even demonstrated about wound care (after c-section)
Topic41_47_Partner_Participation	The participation of the couples. As I felt from the beginning that it bothered them when my husband accompanied me to appointments.
	myself and my husband was very angry that he wasn't left in for my C-section, I was left alone and scared as the anaesthesiologist was very rude and demeaning and wouldn't answer any questions I asked. I begged him to let my husband in and he wouldn't saying there was no time, which he lied there was loads of time. my husband missed out on his son being born and is still upset and angry over it.
	Felt that midwife was not very reassuring during labour.She did not really speak to me or my husband .she would come into room and write notes look at machines and leave again.i felt nearly afraid to ask her a question.
Topic42_Rushed_Care_Experience	Midwives were wonderful but there was definitely a "rush" for me to give birth.
	I felt it was so rushed, another appointment ticked off the list for the nurses doctors
Topic43_63_Need_for_Increased_Breastfeeding_Support	Breastfeeding should be more important, I think that I general the system does not support breastfeeding, they say they do but they are not qualified or interested in finding a solution if the mom has problems with breastfeeding
	More support with breastfeeding. My baby was in the neonatal ward. After a traumatic delivery I was told I would be debriefed, this never happened. I didn't feel the majority of nurses in neonatal ward supported me in breastfeeding and I had to be assertive about my desire to do so, thankfully I was a second time mom and had the confidence in articulating myself and persevering.
	Better support with breastfeeding
	Yes I feel there is unnecessary pressure put on mothers to breastfeed throughout your pregnancy and during your hospital stay. Not only is the pressure put on you by health care professionals you encounter on your journey but also advertisements and social media. I am pro breastfeeding but the challenges of breastfeeding and the impact it can have on your mental health needs to be discussed in classes. Mothers need to feel prepared for potential challenges and not make feel like a failure when these challenges occur
	We were breastfeeding and formula feeding and no support given around where to accreess formula at home. Formula put on was not easily available in my local rural area
Topic44_Postnatal_Care_Management	I would recommend that all the health service launch a maternity baby app where every mum in the state can download this for free. Then notifications could be sent throughout pregnancy, and in particular the first few days postnatal - reminding new mums

TOPICS LABELS	COMMENTS EXAMPLES
	what to watch for on a day by day basis ( For example on day 2 - what to watch for in terms of wet dirty nappies, helpful tips when trying to breastfeed for the first time etc. ) I think this would be incredibly helpful, as it would relieve some of the burden on postnatal midwives & district nurses, & although I had quite a few books having the most important information pop up on your phone for the relevant days is so much easier & would be so far reaching for new mums across Ireland.
	Communication in the initial days <b>post-natal</b>
	My 6 week <b>postnatal</b> check was basically one question- how are you feeling?
<b>Topic45_55_Integrated_GP_Care_Services</b>	3. I did not have a two week check up, nor a 6 week one where I was questioned about my physical and mental health as [Name] have included in the terms of their insurance to GPs that they may not provide antenatal or postnatal care to a woman having a homebirth. A shocking area of neglect!!! I had to bring my 2 day old baby into the hospital to get checked, and I had no 2 week or 6 week care. I had to wait until I registered him and got a <b>GP</b> card before he was looked at again. I am disgusted that this has not been sorted out, as I know it has been highlighted again and again by the community midwives as well as by individuals who have been left without adequate care due to this
	My GP is old fashioned and not very thorough. She didn't check me during the postnatal check up, just blood pressure. I think I have a slight prolapse. <b>Gp standards are so vast</b> in [County]. I need to find a few one
<b>Topic46_Patient_Check-up_Postnatal</b>	
	Yes. The 6 week <b>check up</b> . There should be certain questions asked - are you leaking urine? are you bleeding heavily? was not asked any questions about myself. When leaving plucked up the courage to ask about my bleeding as I was still having a heavy bleed. I did not feel I could ask any other questions.
	6 week <b>check up</b> wasn't great doctor never checked me over at all I was very unsure leaving
	Yes, follow up <b>check up</b> with gynecologist is important.
	I found my GP not very interested in my care, on our 6 week <b>check up</b> , the GP checked the baby, he never checked me at all. During my pregnancy the GP charged me for my visits, which I'm led to believe are free.
<b>Topic48_62_Need_for_Staff_Empathy</b>	Reception staff at CUMH are very <b>abrupt</b> , <b>lack empathy</b> re follow up appointments what happens next.
	I found the 2 NCHD's I met in Rotunda lacking. They were both <b>impolite</b> , lack <b>empathy</b> and master only basic knowledge.
	I found the consultant that attended my birth was <b>brash</b> and <b>condescending</b> and this was the only negative aspect of my baby's delivery. He was also rude to the medical team and created an awkward atmosphere.
	Some of the doctors in the public clinic were so <b>dismissive</b> of concerns and <b>rude</b> - not the consultant but some of the NCHDs.
<b>Topic49_Staff_Attitude</b>	After delivery, there were times that I felt as though I was getting a different standard of care than the other patients, perhaps it was because I was coping well with my baby however I felt as though I had to really try to get their attention in order to have bloody sheets changed after a few days of being in the same ones or to have questions about stitches answered, whereas other patients seemed to be constantly getting asked how they were doing. I only saw my midwives after delivery if they needed to tick a box on my chart, or so it felt. That wasn't the same for all though, on the last night I was carer for by a lovely midwife

TOPICS LABELS	COMMENTS EXAMPLES
	I found my meetings with the consultants to be very short and often rushed. I know they were under a lot of pressure however I didn't feel I was given the time or encouragement to talk to them and often things weren't explained as kindly and humanly as the midwives.
	Attitudes of some people. I had 2 bad experiences. First at the begining of my pregnancy when I had questions and I was suffering with back pain and I was basically tossed away with attitude like I'm just pregnant and I should just get over myself.
	I could say during antenatal care obstetrician was not caring for the patients much and each time I saw a different doctor and they have no idea about past history and I feel like midwives are better than obstetricians.
Topic50_Insensitivity_of_Doctors	The only bad thing I would say is that the routine appointments were very <b>rushed</b> (although my consultant changed during my pregnancy and spent more time with me) and I felt that I couldn't always express my concerns etc. And the scans were very rushed etc. Some appointments were less than 5 mins and I often left not having had time to ask questions. It was actually said to me "sure it's your second baby you know what you're at" in a joking kind of way (which is fine) although I had a pregnancy side effect I was very worried about and really wanted to discuss and felt it was a bit brushed over.
	Sometimes check ups in hospital felt quite <b>rushed</b> . Would be nice to have more time to ask questions.
	Doctor putting stitches was very rough.Baby had to be checked by doctor who was being <b>rushed</b> by midwife because "it was busy".
	Midwife was <b>rushing</b> me to go home ASAP, very unpleasant.
Topic52_Information_Support_and_Individualised_Options	Due to a 2 vessel umbilical cord we were being monitored closer, and there was far too much emphasis placed on "the large baby". I felt this was a scare tactic to try and encourage induction. Although the consultant was very good, his attitude towards a <b>natural birth</b> was very disappointing
	This was my second baby. The first birth was natural and traumatic and so I wanted a c-section on my second. However, this could not be confirmed for me until I met with the consultant mid-way through pregnancy. The fear of having to have another <b>natural birth</b> was very real, and weighed heavily on me until it was confirmed I could have a section. It would be better if the method of birth could be agreed upon earlier in the pregnancy for those that want to.
	GP's are the gatekeepers of our maternity services, it is unacceptable that they continue to fail to provide women with information on all available birth option- this needs to be addressed. more homebirth midwives should be available. attitudes to homebirth and <b>natural birth</b> need to be addressed within hospital-based maternity settings, GP surgeries and ambulance services. i experienced some negativity during GP appointments and hospital appointments. Maternity services and society as a whole must work hard to normalise birth. our ever increasing normalisation of medicalised birth, including induction, over scanning, fear provocation, intervention and, alarming rate of caesarean sections in Ireland is cause for significant concern. noisy hospitals do not make an appropriate environment to welcome a newborn into the world. we must look to other more successful models of maternity care, for example in the Netherlands, to encourage us to do better, for women and for babies!
Topic54_Insensitive_Accommodation_Conditions	
	Smaller <b>wards</b> would be quieter and help new mums and babies get the <b>rest</b> they need.Catering staff bursting into the wards, turning on all the lights, placing an empty tray on each table and then not returning with the food for 40+ minutes was ridiculous. They woke all the mums and babies in doing this both mornings I was in.



TOPICS LABELS	COMMENTS EXAMPLES
	The neonatal is up stairs it's very distressing to new <b>moms</b> that have to be away from their babies it should be below stairs where the moms are or found it horrible seeing other moms with their babies I had to go up & down to see my baby
	After I left A & E I was put onto a <b>ward</b> with women who either had had miscarriages or they were at the risk of having one. I thought it was extremely insensitive to put me on this ward when it was clear I was ready to have my baby.
<b>Topic56_Holistic_Care_Experience</b>	Obviously the nurses on the wards priority was to look after my baby but absolutely no allowances were made for me and my physical health 5 days post partum.
	Nobody really took the time to reassure me what the plan of action for our little baby girl was. She had to receive light therapy. I found one of the staff was very abrupt and dismissive and made no allowances for me as a first time mother.
	This left me feeling quite upset and helpless as a new mum trying my best to care for my baby who was distressed
<b>Topic57_Overburdened_Midwives</b>	Staffing levels were at an all time low. The pressure staff were under was unbelievable. Huge workload so not enough time to spend with patients who need a little extra help. Such caring and helpful staff but they just didn't have enough time. They were ran off their feet. High patient numbers, low staff numbers
	The fact that the <b>midwives</b> on the post natal ward have to look after 6 women & their babies is too much for the individual midwife & inadequate for the women in the ward.
	<b>Not enough midwives.</b> The lovely midwives I did have on the pre and post natal ward were under severe pressure.
	Unfortunately it's very <b>understaffed</b> and the <b>midwives</b> are run off their feet.
	The <b>midwives</b> on the wards were absolutely fantastic but I feel they are very busy and stretched thin with the number of patients that they look after. Waiting times for clinic was also very long but this isn't something that bothered me much.
<b>Topic58_Dissatisfactory_Communication_with_Consultant</b>	I never met my consultant. Even though I had a section and afterwards got [Condition Name] and was in a high dependency unit. There obviously were other consultants to talk with me but thought that was a bit strange. I was also let out of hospital though my blood pressure was jumping up. Had to be re-admitted the following day after discharge with [Condition Name]. Maybe that could have been avoided if I wasn't let out?
	As being a teenage mother I feel like my <b>questions</b> that I was asking wasn't taken seriously or not even being answered to some extent
	The consultant needs to <b>speak</b> to the pt more. I was not debriefed about my emergency section even though I requested the information and time.
	Before I went home from hospital I <b>asked</b> numerous times if it would be possible to speak to the doctor who performed the surgery. Staff told me they would try to get him to talk to me and I noticed him speaking to other patients on another ward. However in the 3 days I stayed in hospital I never had the opportunity to speak to him. Any questions I had about how the procedure went were answered by other medical staff reading from my file but they could not give me specific answers to my questions (I had an emergency section on my previous pregnancy and a serious infection after that greatly impacted on my recovery)
<b>Topic59_Induced Labour Process</b>	I feel that sometimes the option of induction is suggested too quickly. During pregnancy it was suggested at one point due to small size of baby. My wishes for not having one were respected but when I was admitted in to emergency in labour induction was

TOPICS LABELS	COMMENTS EXAMPLES
	suggested again, despite the fact that no internal exam had taken place to know how advanced I was and there were no indications of stress with the baby. I believe induction should be seen as a last option rather than first!
	I got different opinions from different doctors towards the end of my pregnancy about whether to <b>induce</b> me or not and when. I'm [Age]so they seemed to have different ideas about whether to induce me on or before my due date. In the end I was ok with being <b>induced</b> but the conflicting ideas from doctors was very frustrating and my body wasn't ready so I had a very long induction process ending with a section. I do understand that this is how it might have happened anyway as I may have gone 2 weeks overdue etc but the mixed messages and recommendations running up to the birth weren't helpful. I also felt there was some negativity from one consultant and a midwife in the outpatient department toward the Domino scheme and the fact I was accepted onto it at my age. This was very upsetting as I really wanted to have as natural a birth as possible, I was fully reviewed for the scheme and I had a very healthy pregnancy and my experience with the Domino team was amazing.
	More information about what happens during induction process eg what happens if it doesn't work, timeline of events, what happens next if one method fails.
Topic60_Sensitivity_towards_Patient	More understanding on how patients are feeling need to be considered by everyone involved and all need to understand that <b>they cannot say things flippantly during an emergency</b> like this. I was terrified
	<b>More information</b> is needed on what will happen to you and your baby if the baby arrives early
	Unprofessional and fear inducing: I was very sick with a severe form of [Cond. type], so my baby was born via emergency section. I was fully awake in the operating theatre and could hear everything that was going on, but was very ill and not really able to speak (I think due to nerves fear). During this time I heard the anaesthetist saying two things that really made me worry
Topic22_24_65_Positive Care Experience	-