

# In Mum's words

Survey of mothers, mothers to be and  
healthcare professionals



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## Acknowledgements

Healthwatch Leicestershire would like to thank all the mothers and mothers-to-be that responded to our survey and the healthcare professionals that took the time to share their insights with us.

As part of the National Healthwatch network, best practice is often shared amongst colleagues and local Healthwatch. We would like to acknowledge Healthwatch Suffolk - 'Supporting Mums' report and Healthwatch Cumbria's 'Maternity Matters' report as reports that contributed to our approach for survey questions.



"The community midwives and midwives at the hospital who were available to ring within the first 6 weeks were a blessing. I rang them three or four times and they were so helpful and reassuring. Can't fault that service at all"

Female, 25-35, Charnwood

# Foreword

Following the National Maternity review: 'Better Births Five Year Forward View for NHS maternity services' we know that at a National and local level, NHS England is committed to improving maternity services to become safer, more personalised, kinder, more professional and more family friendly, where every woman has access to information to enable her to make decisions about her individual needs and circumstances.

Multiple agencies are involved in the delivery of the services and care that a mother may experience during this time, making their opinions invaluable to the ongoing development of future service provision.

Our report has gathered experiences and insights into how mothers and mothers-to-be feel about the local maternity and Healthcare services provided and also how healthcare Professionals feel about operational workings.

Our focus was to capture related experiences from healthcare professionals and mothers and mothers to be, with an aim to help inform and improve local Maternity care and services.

The report also captures positive experiences as well as providing tips for new mothers and information for support services.

In reviewing the key findings, most importantly we are reminded of the emotional, psychological and physical journey that mothers experiences from pregnancy to birth.

Our findings highlight a number of themes including:

- Providing a listening ear to mothers
- Reassuring mothers that they are not alone
- Providing consistent information from conception
- Building and forming a relationship with expectant mothers
- Sharing of information between agencies

Our full report and recommendations will be shared with the University Hospitals of Leicester (UHL) NHS Trust and Leicestershire Partnership NHS Trust (LPT). The findings will also be presented at the Leicestershire Health & Wellbeing Board, which is made up of local councilors, GPs, health and social care officials and representatives of patients and the public.

This report will also be shared with NHS England, Healthwatch England, neighbouring Healthwatch and respective local and district authorities.

HWL is grateful to the mothers, mothers to be and healthcare professionals for sharing their insights and experiences.

**Sue Staples**  
Healthwatch Leicestershire Board Member





# Executive Summary

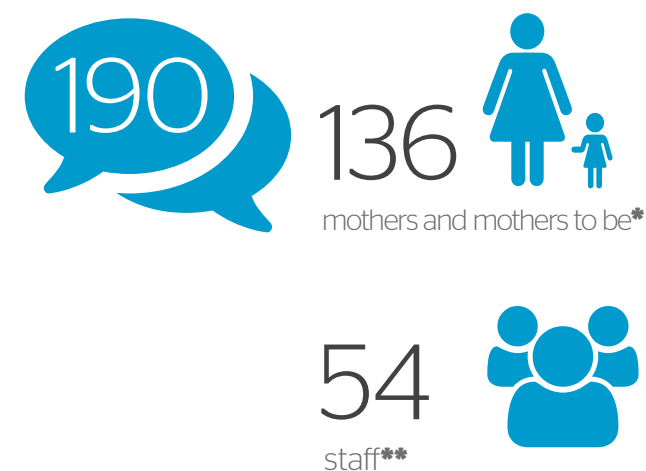
## Overview

**This executive summary provides an overview of the qualitative and quantitative findings from our surveys of mothers, mothers-to-be and healthcare professionals.**

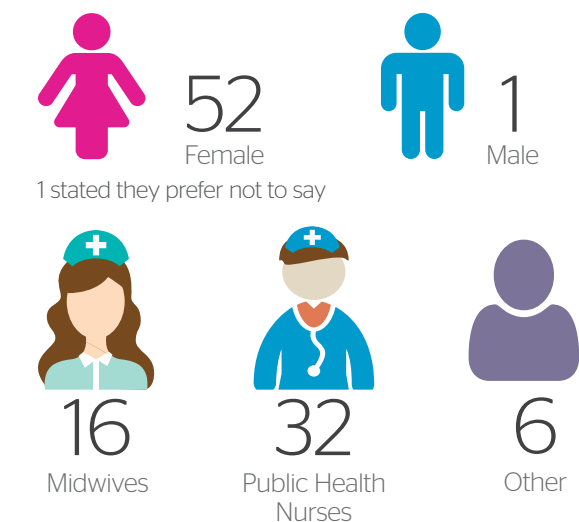
For this project, our target audience, of mothers, mothers-to-be and healthcare professionals, were engaged via two separate questionnaires/surveys, internal partners and social media.

### Who participated:

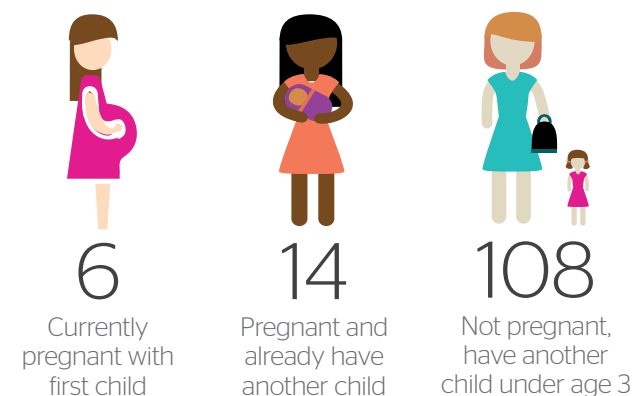
#### We heard from 190 people



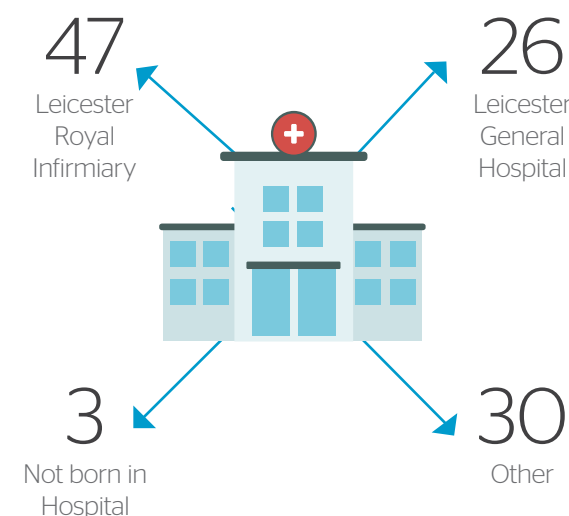
#### \*\*We heard from Healthcare professionals as follows:



#### \*We heard from mothers and mothers-to-be as follows:



#### Which hospital did you have your child?



## Context

At a National level, conversations are taking place regarding the review and improvement of the maternity system and how this affects local systems and subsequently mothers and families.

A National Maternity Review: Better Births - Five Year Forward View for NHS maternity services in England, recognised that delivering a vision for maternity services could only be delivered through locally led transformation, suitably supported at national and regional levels.

By October 2017, Local Maternity Systems we're aiming to have established a shared vision and plan to implement Better Births by the end of 2020/21; and work adjacent with the Sustainability and Transformation Plan (STP) Footprint involving all commissioners and providers of maternity services, as well as service users.

### Better Births: Improving outcomes of maternity services in England<sup>1</sup>

Our vision for maternity services across England is for them to become safer, more personalised, kinder, more professional and more family friendly, where every woman has access to information to enable her to make decisions about her care and where she and her baby can access support that is centred around their individual needs and circumstances.

All staff should be supported to deliver care which is women-centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

The Care Quality Commission (CQC) have launched a new national campaign called #Yourbirthplan, aimed at raising awareness of CQC amongst women who are pregnant, planning to have a baby or have recently used maternity services in England. The CQC want more women to be aware that, if they're pregnant and choosing where to have a baby, CQC resources, inspection reports and ratings, are there to help them make that decision.

We endeavour to ensure that local voices are listened to and that they have a pathway to be heard, through formal strategies such as Better Births and that relevant information such as CQC ratings are promoted as widely as possible.

<sup>1</sup> National Maternity review: Better Births <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>



## Key Headlines

The following headlines highlight the key issues that have emerged from the main analysis of findings after reviewing feedback from mothers, mothers-to-be, midwives and public health nurses.

### Mothers and Mothers-to-be

- Over a third of survey respondents (38%) told us that they did not have a birth plan. A further third (33%) told us that their plan was not followed, with just under a third (29%) saying that their birth plan was followed.
- Just over half of survey respondents (51%) were not aware they could go directly to the midwife without first going to see their GP, when they were pregnant.
- 85% of survey respondents had never noticed an opportunity nor been approached to give feedback or become involved in making services better.
- Nearly all survey respondents (90%) would like their maternity notes to be shared with their Midwife, Public Health Nurses and their GP.
- Over three quarters of survey respondents (86%) told us that they stayed in hospital overnight after giving birth. Two thirds of those (71%) told us that their partners were not given the option to stay with them overnight.
- Over two thirds of survey respondents (69%) told us that during their antenatal check-ups, they were given the right amount of time to ask questions or discuss their pregnancy. 12% told us that they were not given enough time and 19% told us they were given more than enough time.
- Just over half of survey respondents (54%) told us that they could have been better supported emotionally.

"You learn to trust one person and form a professional relationship. I did not like having to explain my history to a new midwife every time I went. They do not understand your personal journey as well"

North West Leicestershire, 25-34

### Healthcare professionals

- Almost two thirds (65%) of healthcare professionals told us that there 'definitely or very much so' could be better joint working between Public Health Nurses (PHN) and a third (35%) of Midwives. told us that there could be a 'slight or moderate' improvement.
- Over three quarters (80%) of healthcare professionals told us that there 'definitely or very much so' could be better information sharing between PHNs and Midwives. 20% told us that there could be a 'slight or moderate' improvement.
- Nearly half (48%) of healthcare professionals told us that they have enough time with the client to inform them of the things they need to know.

"Specific commissioning targets have squashed innovative practice which provided a bespoke targeted service to those in greatest need. We really need to look at services from the client perspective which I feel is being lost"

Public Health Nurse

"High caseload in relation to time at work. Particularly means clinics run late in order to ensure safe and effective care, particularly when a woman is encountering problems"

Midwife

"Midwives and health visitors need to have meetings to discuss clients... and be using the same online system. There needs to be a formal handover from midwife to health visitor"

Midwife



## Insights and Emerging Themes

From the survey responses of mothers, mothers-to-be, midwives and public health nurses, the following themes were identified as common:

### Results and reassurance

From our focus group discussions and survey responses, mothers and mothers-to-be mentioned that there is an assumption that GPs needed to somehow confirm their pregnancy. As part of this conversation, half of mothers and mothers-to-be were not aware that they could go directly to a midwife once pregnant. Some mums told us that their GP practice had stated they needed to see the GP first.



"My surgery reception said I needed to see GP"

Leicester City, 25-34

### A listening ear

From the responses received, it's clear that mums value and appreciate the time they have with their healthcare professional. However, when looking more closely at the feedback, we have learnt that mums are all too aware of the limited time for each appointment, and so are self-conscious about taking up more time to feel comfortable enough to ask further questions. Feeling unsure and unconfident, mums told us that any questions they may have, did not feel important in comparison to the key messages that healthcare professionals needed to convey. This contributed to feeling a lack of emotional support, especially for those that previously had issues with pregnancy, for example miscarriage or complications.



"Appointments were rushed and I felt as though I was being rushed, so didn't ask the questions I wanted to".

North West Leicestershire, 25-34

### Feeling abandoned

Mums told us about the vulnerability they experienced in the immediate hours of giving birth. They expressed a feeling of abandonment, especially those mums who were not allowed to have their partners stay with them. Many mums wanted more guidance and support from hospital staff during the night, as this was when their energy was at its lowest and they were reflecting on their childbirth experience and future responsibilities.



"My partner was not allowed to stay. This was very upsetting as we were unsure if our baby was going to survive"

North West Leicestershire, 25-34

### Building a bond

Mothers and mothers-to-be told us that the relationship between them and their midwife is important, allowing for advice, support and information to be shared by a trusted professional. It matters to them that the same midwife that visits them at home is the one they see throughout their pregnancy and that a strong relationship is established to provide comfort and reassurance to mums.



"I had a different midwife throughout and had to keep going over the same things all the time"

North West Leicestershire, 25-34



## Sharing of information

It was clear from their responses that many healthcare professionals thought there should be greater or more effective sharing of information. For example, this could be in the form of joint meetings between midwives and public health nurses. In addition, professionals discussed having a more effective relationship by using the same online systems and explored the possibility of a formal handover from midwife to public health nurse.



Healthcare professionals reported that their time during meetings with mums is limited, which can restrict a fuller discussion. Imparting information to mums that may be useful, delivering contractual information, putting mums at ease, as well as building a relationship with them is reported to be difficult to achieve in the allocated time frame.

“I would like regular phone communication/ secure email/ 1:1 discussions/ meetings”

Public Health Nurse

“With the pregnancy of my 1st child, I had appointments with 8 midwives over the course of the 40 weeks! Each time I had to explain my pregnancy (few complications). There wasn’t any consistency”

Anonymous

## Recommendations

This report highlights experiences and insights into how mothers and mothers-to-be feel about services, and how healthcare professionals feel about internal workings.

We have provided both strategic and practical recommendations as follows:

In light of the local improvements and changes that are set to take place due to the National Maternity Review: Better Births - Five Year Forward View for NHS maternity services in England and the Care Quality Commission ‘Choosing Maternity Care’ initiative:

1. We recommend that the findings of this report are used to help inform future procurement and commissioning of services, as well as further public engagement when reviewing maternity services locally.
2. We recommend our Awareness Raising Campaign, similar to the ‘Direct to Midwife’ initiative that promotes women’s choices and an avenue to get their pregnancy care started sooner directly with the midwife.

Feedback from mothers has highlighted that their initial expectation of being allocated a named midwife is not aligned with the reality of seeing multiple people.

3. In order to manage expectations, we recommend that healthcare professionals are clear and transparent in informing mothers that they may see multiple midwives at various points throughout their pregnancy.

Better integration of services is a key driver for local health systems, as well as using the knowledge of frontline staff to shape services.

4. We recommend improved joint working and sharing of information amongst healthcare professionals.
5. We recommend a demonstrable process that allows healthcare professionals to provide a formal response/have meaningful input into any consultation or new service changes.

The emotional support provided to mothers is a key factor within this report and the feedback that mothers provided.

6. We recommend the exploration of new ways of working, including signposting or specific initiatives, to give mothers a better sense of emotional support, particularly in the first few days and weeks of giving birth.





## Positive experiences of services

The following are examples of feedback from respondents that reflect services user views.

“Fantastic, Leicester General Hospital was full, which meant the Leicester Royal Infirmary was extra stretched. Staff were having to come up from the wards to assist and deliver babies. Even so, the care was great and you would never have known they were so busy”

Blaby, 25-34

“Excellent, my midwife was friendly, attentive and even stayed after her shift. The doctor put me at ease, using humour, and quickly got my daughter out. Water bath was great”

Charnwood, 25-34

“Very good advice given, I had an excellent midwife who showed me how to breastfeed”

North West Leicestershire, 35-44

“Overall, I was very impressed with the level of care I received, from the community midwives to the team in Medical Assessment Unit and then on to the delivery suite. I would have no hesitation in recommending the Leicester Royal Infirmary if anyone asked my opinion and will hopefully get to deliver there again one day”

Blaby, 25-34

“I had a student midwife and a qualified midwife with me at all times. Anything they did for example drips/cannula, were explained to me and why they were necessary. Couldn't have asked for more, even when I had to be taken to deliver my little boy using forceps. All the doctors and nurses continued to explain everything to me”

North West Leicestershire, 25-34

“Excellent care at Leicester Royal Infirmary, midwives supportive and listened to my wishes”

Harborough, 25-34

“Excellent. I attended Leicester Royal Infirmary and everyone from start to finish was great. They explained my options very well when it was decided that we needed to go to theatre. The aftercare on recovery and in the ward, was friendly and supportive”

Leicester City, 25-34

“Very good hospital care. Extremely well looked after and lucky enough to have a fantastic midwife who really cared and looked after me. Even offering a hug when much needed”

North West Leicestershire, 25-34

“Fantastic midwife at the hospital, she was caring, so supportive, explained things and reassured me and my partner. She had a ‘human’ side, not just clinical. All staff from consultant to anesthetist were great although due to an emergency situation it was a scary time and the team were quick but I didn't fully understand what was happening”

Hinckley & Bosworth, 35-44

“The whole experience was brilliant. Midwife was amazing and I felt so relaxed and comfortable there”

North West Leicestershire, 25-34

“I gave birth at the Leicester Royal and I cannot fault the staff. They were amazing during labour and the birth. Nothing was too much trouble; they were supportive and informative”

Harborough, 25-34

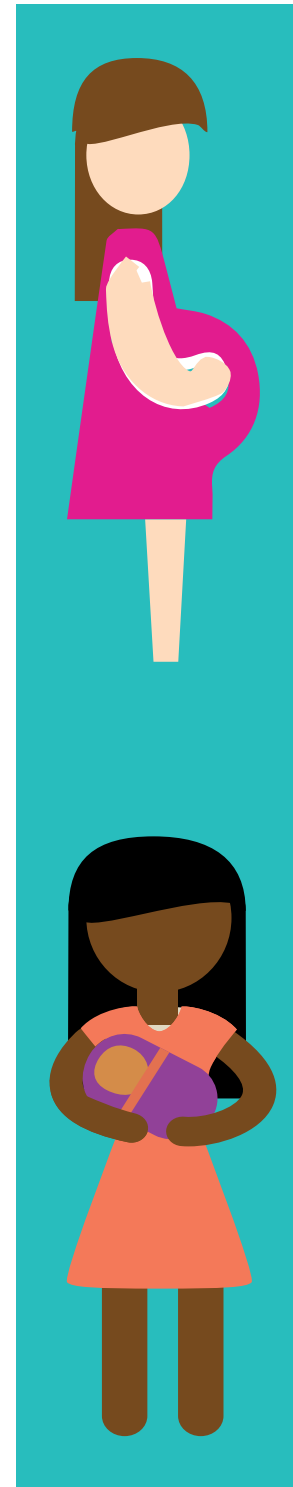
“Excellent staff, though they were short of staff, the exchange of midwives was great and the level of care I was given was truly excellent”

Leicester City, 35-44



## Top tips for new mothers

We asked mothers to share their insights into preparing for motherhood and to tell us the things that maybe comforting for other new mums to hear, from people who have already been through it. Every baby is different and some mothers may take longer to adjust to parenthood than they originally expected. The following is a summary of what mothers told us.



- 1 Inform yourself, get as much information as possible, speak to new mothers and put plans in place to get the support you might need after you come home from hospital. Ask a lot of questions and call health services as often as you need to, to seek advice and information for your newborn.
- 2 Enjoy the birth as much as possible and know that it isn't necessarily something of which to be scared. You can do it! Enjoy your time with baby. It goes by so quickly. No one knows your baby as well as you. If you want to stay in your PJs for the first few days and cuddle baby then do so; visitors can wait.
- 3 Don't be disheartened if your birth plan isn't followed through. Birth is unpredictable; don't be too upset if yours doesn't go as you planned. It's fine to not have the dream birth. Be positive during labour and listen to your body as you would if you were ill or exercising too hard, and go with what it's telling you.
- 4 Do not feel pressured into breastfeeding your baby; it isn't always easy. Being attentive, responsive and loving towards your baby is the most important thing. Breastfeeding is a tool to achieving this but there are many other ways to form a secure bond with your child. This is by no means a failure; it's just the beginning.
- 5 Allow yourself to rest whenever you can. Sleep when baby is asleep, accept any help given and don't be afraid to ask for it if you need it. Don't suffer in silence and don't assume that you should know how to do it all. Don't worry about the house, it's ok for it not to be perfect. Don't be too hard on yourself.
- 6 Don't buy too many clothes beforehand. Wait until baby is born and then buy what you need when you know your child.
- 7 Talk about how you're feeling; it's ok to admit if you're struggling. Don't compare yourself or your baby to others.
- 8 Trust your motherly instincts when it comes to your baby.
- 9 Sometimes, baby girls will bleed within the first few weeks as your hormones pass through their bodies - this is normal.
- 10 Go to some classes, groups or regular meetings. Having something in the diary makes it so much easier to get out of the house and helps to create a support network with other mums.





# Introduction

**In this report, we present our findings from the data and responses gathered from two separate surveys with mothers, mothers-to-be and healthcare professionals, mainly midwives and public health nurses.**

The report highlights the main themes that emerged from the analysis of the qualitative and quantitative responses and presents this information by target group.

## Our approach

### Focus group

**In July 2017, we delivered a focus group and met with a number of new mothers, second-time mothers and those that were expecting a child in the coming months. We asked the group what mattered most to them concerning their health and social care during pregnancy, and the subsequent couple of years.**

The intention of the focus group was to identify some of the key issues that people experience when going through the journey of pregnancy and how they feel about their experiences. This provided us with some trigger points and gave us a better idea as to what questions we wanted to ask during the main part of our engagement.

From the feedback gathered, we decided to have a wide focus and ask people about their:

- Antenatal experiences
- Birth experiences
- Neonatal experiences

### Survey design

**In designing the survey, we wanted to provide respondents with the opportunity to share their general experiences and to discuss their aspirations for current and future services. We decided to use Survey Monkey as a tool to capture responses.**

We recognise that staff are well placed to identify areas that could be improved and provided them with the opportunity to share their insights. A short questionnaire was circulated mainly to midwives and public health nurses, in order to gather feedback.

In developing our questions for mothers, we were able to gather insights and expertise from colleagues at University Hospitals of Leicester (UHL) NHS Trust and Leicestershire Partnership NHS Trust (LPT), who were able to temperate-check our questions to gather feedback from mothers and mothers-to-be.

Our survey questions were also framed against the Families, Young People and Children's Services Standard Operating Guidance for Health Visiting Teams delivering the Healthy Child Programme<sup>2</sup>. The Healthy Child Programme is the guidance which underpins the work undertaken by health visitors as part of an integrated approach to supporting children and families.

<sup>2</sup> Families, Young People and Children's Services Standard Operating Guidance for Health Visiting Teams <http://alturl.com/uzxyf>

**“Very good advice given, I had an excellent midwife who showed me how to breastfeed”**

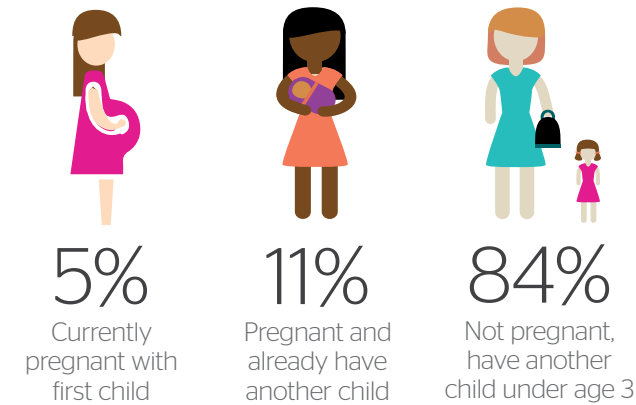
North West Leicestershire, 25-34



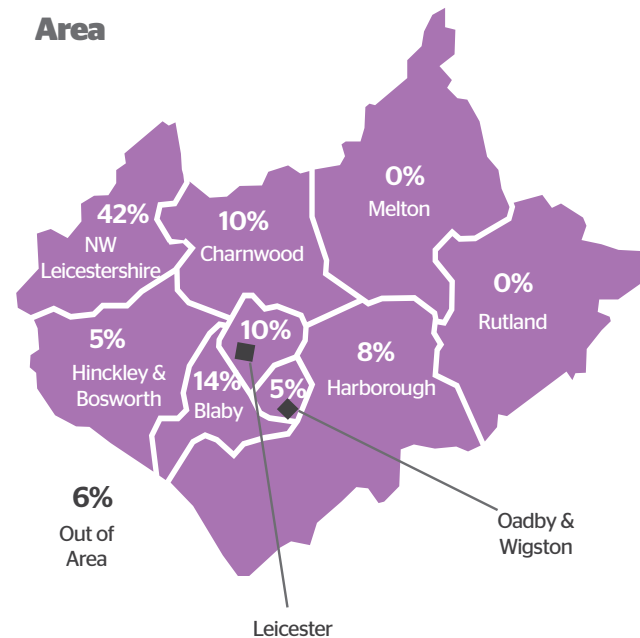


## Who we heard from

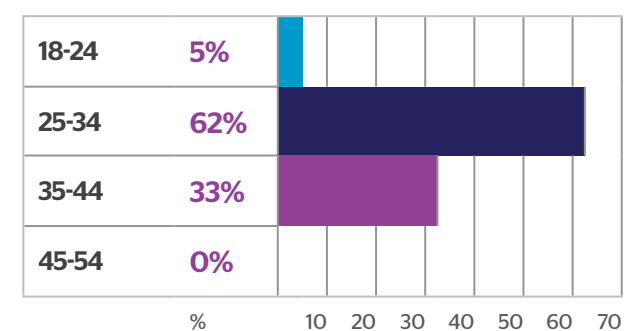
### Mothers and mothers-to-be



### Area

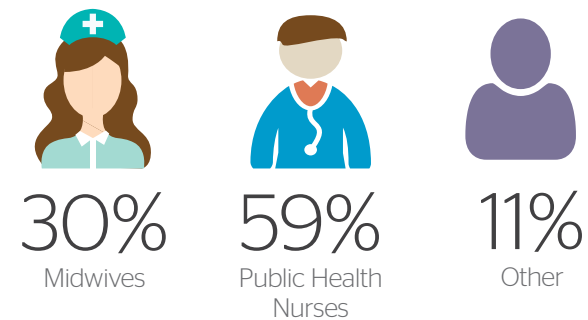


### Age

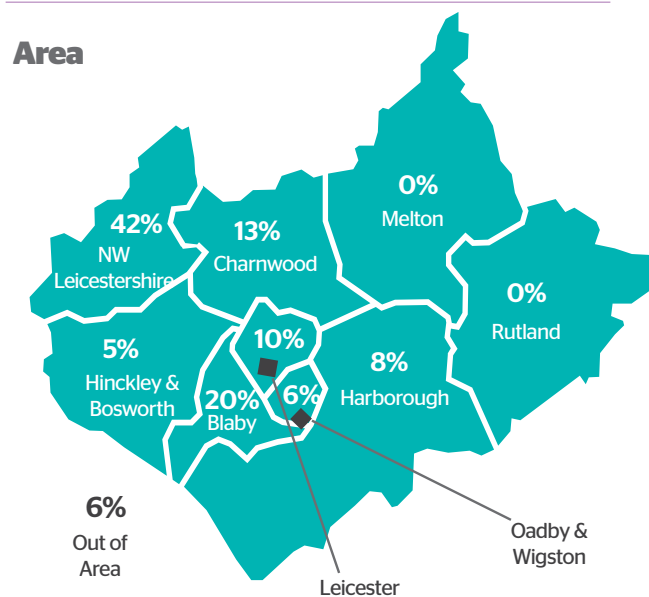


### Healthcare professionals

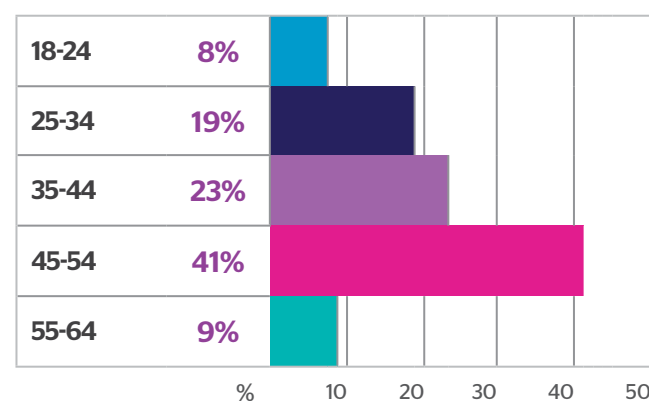
#### We heard from staff members as follows:



### Area



### Age



"I was very fortunate to have the same midwife throughout my pregnancy and fortunately she was on shift as a community midwife, helping at the hospital, so she delivered my baby, I also saw her postnatally; it was an amazing experience, every woman deserves continuity of care"

Hinckley and Bosworth, 25-34





# Main Findings

## from mothers and mothers-to-be

Gathering experiences of mothers and mothers-to-be has enabled us to gain insight in to their journey through pregnancy and maternity. From the data collected, we have highlighted the key messages that have emerged.

## Antenatal Care

Through our questions, we provided an opportunity for mothers-to-be and mothers to share experiences and suggest improvements. The following is what emerged from their experiences.

### Were you aware that you could book a midwife appointment directly without seeing a GP or a Nurse?

We asked mothers and mothers-to-be if they were aware that they could book a midwife appointment directly without seeing a GP or a Nurse. Half of the respondents (51%) said that they were not aware you could go directly to the midwife. The other 49% told us that they were aware.

In 2012, an NHS campaign, called 'Direct to Midwife', was designed to encourage mums-to-be to contact their midwife as a first point of contact to access advice and antenatal care more quickly, to help ensure a healthy pregnancy.

**"I rang my local doctor's surgery and asked them what the process was. They asked me to fill in some forms and booked me straight in with the surgery's midwife at the relevant check dates"**

Anonymous

**"I was told at the doctor's surgery that I needed to fill out a form and that the midwife would be in touch. I didn't know until this point that a form was available"**

Blaby, 35-43 years

**"In my first pregnancy, with one GP I was allowed to do this, second pregnancy, different GP I was told I had to meet with a GP first to confirm the pregnancy before meeting with a midwife"**

Charnwood, 25-29 years

### During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

Two thirds of respondents (70%) told us that they had the right amount of time in their antenatal checkups to ask questions and discuss their pregnancy. 18% said they had more than enough time and 12% said they did not have enough time.

Although the majority of respondents said that they had the right amount of time, many of the comments reflected that they felt rushed during the checkups or that they went overtime in order to have fuller discussions.

**"I felt that the midwives seem to be overstretched, although it depended on which midwife I saw as to whether they were helpful or not"**

Blaby, 35-44 years

**"My midwife was very nice; though she was allowed to give 10 minute appointments, I always had a lot to ask therefore she used to book 20 minute appointments"**

Blaby, 35-44 years



### Do you feel that you were seen by the midwife often enough?

It was encouraging to hear that the overwhelming majority of mums and mothers-to-be (75%) said that they were seen regularly enough by a midwife throughout their pregnancy. However, there were 25% that felt they should have been seen more frequently. Some of their comments are below.

**“No not for the second pregnancy which I am still going through, I feel a lot different the second time around but sometimes wonder if there are any underlying issues as to why I feel so tired, but feel this may not get picked up because of seeing the midwife less”**

Blaby, 35-44 years

**“Due to a maternity cover gap, and then a long-term sickness issue with the cover midwife, I saw a different midwife at each of my appointments, which prevented any real continuity to my consultations”**

Blaby, 25-34 years

**“Due to history of miscarriage, would have welcomed more appointments for reassurance which would have helped to reduced anxiety through the pregnancy”**

Charnwood, 25-34 years

### Was the printed information given to you during your pregnancy useful?

The majority (81%) of mothers and mothers-to-be found the printed information that is given to them during their pregnancy useful. 19% did not find it useful.

**“A very good range of information leaflets were provided”**

Leicester City, 35-44

**“I felt it was excessive, lots of leaflets and pieces of information. There was one booklet called ‘Maternity Services Guide’ which was quite handy, would have been better if everything could have been encompassed all in that one space”**

Charnwood, 25-34

**“Midwife mentioned leaflets which she couldn’t give due to a supply issue, but informed everything online”**

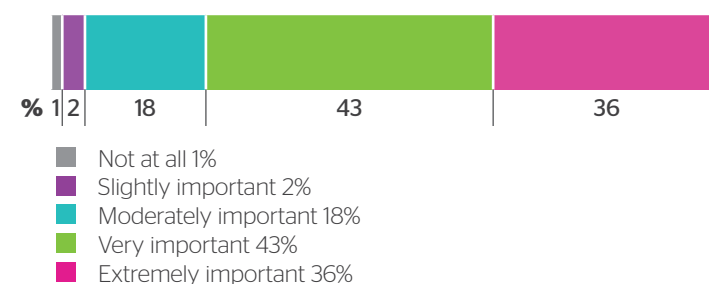
Charnwood, 25-34

**“Not all of it and generally the useful stuff gets lost in a sea of unnecessary flyers and leaflets”**

North West Leicestershire, 35-44



### Is it important for you to be supported by the same midwife throughout your pregnancy?



Mothers responded passionately, with over three-quarters (79%) of respondents stating that having the same midwife is very or extremely important. Respondents spoke about building a bond with the midwife and having fluidity with appointments, as well as the difficulty of being able to open up to or feel comfortable with a new person. Many respondents expressed that the continuity of personnel during such a personal and emotional time would benefit them.

However, there were respondents who either did not mind the change of personnel or told us they were fortunate enough to have the same midwife throughout their care.

### Those who told us they had a good experience

**“Obviously understand that this may not be the case. I alternated between two, which was equally fine”**

Charnwood, 25-34

**“I don’t mind as long as they have time to see you and you don’t feel like you have been rushed through your appointment”**

Blaby, 35-44

**“I was lucky that I saw two midwives throughout the pregnancy and after the birth, both got in touch to follow up, but was great to express concerns and for them to remember on the next visit”**

Oadby and Wigston, 25-34

**“As I saw the same midwife, it allowed me to build a personal relationship and feel cared about rather than just another number”**

Anonymous

**“There were a lot of complications, so it was nice to see someone who knew my situation”**

North West Leicestershire, 25-34

**“During pregnancy, changed midwife halfway but didn’t mind”**

Hinckley and Bosworth, 25-34

**“My dad passed away at the end of my pregnancy and it was nice to speak to the midwife that I had met the most although I didn’t see them at every antenatal appointment”**

North West Leicestershire, 25-34

**“This continuity of care is really important; when my midwife was on leave, I saw someone else and felt like I had to go over the whole pregnancy again”**

North West Leicestershire, 25-34

**“It’s always great to have consistency, however all have the same skills/expertise, therefore I felt that to have a variety is great too because you get more advice from everyone”**

Leicester City, 35-44





### Those who told us their experience could have been improved

**“I did not have the same midwife which caused issues at the end of my pregnancy”**

North West Leicestershire, 25-34

**“Didn’t meet my named midwife until I was over 6 months pregnant”**

Oadby and Wigston, 35-44

**“I have seen a different midwife at every appointment”**

Anonymous

**“Unfortunately, this didn’t happen”**

Blaby, 25-34

**“Occasionally seeing someone different is acceptable. The most often I saw the same midwife before giving birth was twice; there wasn’t much consistency from the community midwife team”**

Anonymous

**“Had this with my first and it makes you feel more confident, but with this pregnancy I don’t have a named midwife, as no one will come to surgery permanently”**

North West Leicestershire, 35-44

**“I was not and it did affect me a little - the changes were unsettling, not knowing who I would see upon each of my appointments. It also made me less likely to talk about any issues or concerns, as I had not built up trust in the constantly changing midwife”**

Anonymous

**“I saw a number of different midwives, which, in one case, led to a misunderstanding”**

Anonymous

**“It’s easier to talk about pregnancy side-effects with a midwife you know rather than a stranger”**

Anonymous

**“Yes, but if your midwife doesn’t support you, it’s important to be able to request a change. If I had kept my first midwife, I feel I wouldn’t have felt able to have confidence in my own decisions”**

Harborough, 25-34

**“I had different midwives during my first pregnancy, which led to complications, as through the last trimester, I had only seen a student midwife”**

Harborough, 25-34

**“I feel it is so important to ensure continuity of care. Unfortunately, this was not the case for me and I had numerous midwives and so had to start again at each appointment”**

Anonymous

**“I had different midwives throughout my pregnancy; it would have been nice to have the same midwife, as you do get different views from different people”**

Leicester City, 35-44

**“I was disappointed that the midwife sent home was different, as I had built up a relationship with my GP-based midwife and would have preferred her to have seen me through the journey”**

Leicester City, 35-44



### Would you like your maternity notes to be shared between your Midwife, Public Health Nurses and GP?

An overwhelming 90% of mothers and mothers-to-be welcomed the sharing of information surrounding their pregnancy and their child’s care amongst midwives, public health nurses and GP’s. We found that there is a partial expectation that this is already happening, or that it would be beneficial for, at least, their GP to be kept informed by midwives and public health nurses.

**“Yes, that would be most helpful, and to have a main electronic system rather than paper notes which is very antiquated”**

Blaby, 35-44

**“Is there a reason they are not shared? Wouldn’t it help for care to be more streamlined, if they are shared?”**

Hinckley & Bosworth, 35-44

**“I assumed they were. Considering I had a difficult birth, I had hoped that they were all aware of what we had experienced without explaining it to each practitioner so that the best advice could be given for next time...”**

Blaby, 25-34

**“It would help to reduce the number of questions asked and to make public health nurses aware of any previous issues”**

North West Leicestershire, 25-34

**“They all have a role in mine and the baby’s health, so I see no issue”**

North West Leicestershire, 35-44

**“It would save repeating the same information to each professional. Wasting our appointment time recapping”**

Anonymous

**“Yes and no. I would like my GP and midwife to have shared to information... However, I don’t feel it’s necessary for health visitors”**

Anonymous

### Were you ever signposted/ directed to any additional services or support services?

As a patient champion that offers a sign posting service, we understand that it can be crucial for patients/clients to be advised of services at the right time. We asked respondents if they had been signposted or directed to other services, including support services and 42% said that they had. This does, however, mean that over half of mothers-to-be or mothers were not advised of a service that would benefit them. Some of the services that were suggested are as follows.

- Extra growth scans
- Breastfeeding
- Consultant for colitis
- Mental health services
- Sure-Start support worker
- GP
- Birth reflections, Health & Wellbeing clinic
- Antenatal class and support/baby groups
- Sure Start
- Bereavement midwife
- Physio

### Alongside your pregnancy, did you suffer from any health-related conditions?

A third of respondents (31%) told us that they suffered from health-related conditions whilst pregnant. From these, nine conditions emerged through the feedback we received, after removing the duplications. We used NHS Choices<sup>3</sup> to help provide a brief description of the conditions and would suggest this website as one option for anyone that wanted more information on the following conditions.

**Preeclampsia** - Pre-eclampsia is a condition that affects some pregnant women, usually during the second half of pregnancy (from around 20 weeks), or soon after their baby is delivered. Early signs of pre-eclampsia include high blood pressure (hypertension) and protein in your urine (proteinuria). It’s unlikely that you’ll notice these signs, but they should be picked up during your routine antenatal appointments.



**Hyperemesis Gravidarum** - is a pregnancy complication, characterised by severe nausea, vomiting, weight loss, low blood pressure and possibly dehydration. It is much worse than the normal nausea and vomiting of pregnancy ("morning sickness").

**Hypertension** - is the medical term for high blood pressure. Both terms mean the same thing. High blood pressure, or hypertension, rarely has noticeable symptoms. But if left untreated, it increases your risk of more serious problems such as heart attacks and strokes.

**HELLP syndrome** - HELLP syndrome is a rare liver and blood clotting disorder that can affect pregnant women. It's most likely to occur immediately after the baby is delivered, but can appear any time after 20 weeks of pregnancy and, in rare cases, before 20 weeks.

**Irritable bowel syndrome** - (IBS) is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. There were reports of those who suffered with extreme IBS before, during and after pregnancy.

**Obstetric Cholestasis** - Obstetric cholestasis is a disorder that affects your liver during pregnancy. This causes a build-up of bile acids in your body. The main symptom is itching of the skin but there is no skin rash. The symptoms get better when the baby is born.

**Carpal tunnel** - Carpal tunnel syndrome (CTS) is a common condition that causes a tingling sensation, numbness, and, sometimes, pain in the hand and fingers. These sensations usually develop gradually and start off being worse during the night. They tend to affect the thumb, index finger and middle finger.

**Anaemia** - Iron deficiency anaemia is a condition in which a lack of iron in the body leads to a reduction in the number of red blood cells.

**Symphysis pubis dysfunction** - Some women develop pelvic pain in pregnancy. This is sometimes called pregnancy-related pelvic girdle pain (PPGP) or symphysis pubis dysfunction (SPD). PPGP is a collection of uncomfortable symptoms caused by a stiffness of your pelvic joints or the uneven movement of joints at either the back or front of your pelvis. PPGP is not harmful to your baby, but it can cause severe pain around your pelvic area and make it difficult for you to get around.

### Do you feel that you were given enough support to manage your health-related condition?

As mentioned previously, a third of respondents (31%) told us that they suffered from health-related conditions whilst pregnant. We then asked these respondents if they felt they were given enough support to manage their health-related condition. We received a variety of comments about the support they received, which can be found below.

**"I wasn't even advised that I had preeclampsia until my birth reflections appointment"**

Anonymous

**"I was referred to the General for my preeclampsia, where I received excellent care"**

Harborough, 35-44

**"I didn't feel that enough information was given on my condition (Obstetric Cholestasis) to make educated choices about the birth. I was told I would have to be induced and not given any stats, if I did or did not want to undergo this procedure"**

Anonymous

**"I was well supported by the hospital for my condition (Hyperemesis Gravidarum) but my GP questioned the repeat prescription and wanted me to make further appointments. I was also only prescribed one week's worth of medication at a time"**

Anonymous

**"I was referred to Physio for Symphysis Pubis Dysfunction but the practitioner said she wasn't an expert, but if she had referred me to a specialist the wait would have been so long and I wouldn't have been seen until after the birth"**

Harborough, 25-34

**"Staff in the antenatal diabetic clinic were brilliant. Very supportive"**

Blaby, 35-44

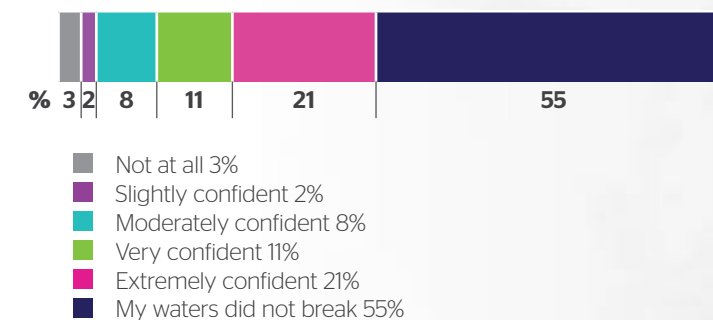


## Birth Care

**When your waters broke, how confident were you that you knew what it was?**

**We asked mothers and mothers-to-be to tell us how confident they felt when their waters broke, and if they knew what it was.**

Over half of the mothers that we heard from told us that their waters did not break naturally before labour (55%). A third of mother told us that they were very confident or extremely confident that they knew what it was.



**Was your birth plan followed?**

**29%** YES

**33%** NO

**38%** stated they didn't have a birth plan

Over a third of respondents said that they did not have a birth plan. A further third stated that their plan was not followed. However, many of the comments we received stated they were due to unavoidable complications.







Comments where birth plan was not followed

“Wanted to have elective C-section but talked into natural labour when arrived at hospital”

North West Leicestershire, 35-44

“Unfortunately, my little boy went to the toilet inside of me, so I couldn’t go to Melton Mowbray birthing centre and had to go to the Leicester Royal Infirmary”

Blaby, 35-44

“I had written things down but I don’t remember anyone actually reading it”

Hinckley and Bosworth, 25-34

“I was advised to come to the hospital as soon as labour started (due to a previous emergency C-section) although I probably left this late and I hadn’t appreciated I was fully in labour. This was probably because I wanted to be at home for as long as possible as the first time I did not find the midwife as supportive; she seemed busy and thought I had come in too early. This time I was left alone a lot of the time, she was also younger (I don’t want to discriminate but it seemed she lacked confidence and experience)”

Hinckley and Bosworth, 35-44

“I wrote my own but no one asked to see it”

Harborough, 35-44

“I’m so devastated my request for delayed cord clamping was not followed and that my baby was given antibiotics without my consent”

Hinckley and Bosworth, 35-44

“Health professionals at the hospital did not ask about my birthing plan”

Anonymous

Unavoidable

“No, but due to change in circumstances, ended up high risk when admitted so unavoidable really”

Blaby, 25-34

“Only because there wasn’t enough time and I had done the entire labour at home”

Charnwood, 25-34

“But it had been read and wasn’t followed due to complications”

Leicester City, 25-34

“Only due to the nature of the birth”

North West Leicestershire, 25-34

“Had to be amended due to complications”

North West Leicestershire, 35-44

“Unfortunately, not due to complications”

North West Leicestershire, 25-34

“It didn’t even come out of my bag”

North West Leicestershire, 35-44

“Waters broke 5 weeks early”

North West Leicestershire, 35-44

“As I hadn’t planned on being induced”

North West Leicestershire, 25-34

“Had to be induced due to being overdue - but I knew my birth plan wouldn’t be set in stone anyway. I was given all the options throughout my labour and most importantly my baby was born safely”

Out of Area, 35-44

“Only asked about cutting cord and skin-to-skin after delivery”

Blaby, 25-34



No birth plans

“I wasn’t asked to complete one”

North West Leicestershire, 25-34

“No, as I had to be induced which changed the plan”

North West Leicestershire, 25-34

Comments where birth plan was followed

“Yes, in the main, although my midwife did not seem as knowledgeable on hypno-birthing as during my last labour”

Anonymous

“As much as possible”

North West Leicestershire, 25-34

“I chose to have a home water birth and my midwife was very supportive”

Blaby, 35-44

Case Study

Hazel’s story

Hazel has 2 children and lives in the Harborough area of Leicestershire. Hazel was a high-risk pregnancy but did not feel she had enough appointments with the midwife.

“I gave birth at the Leicester Royal Infirmary and I cannot fault the staff, they were amazing during my labour and the birth. Nothing was too much trouble, they were supportive and informative.

“I had a couple of stays in hospital before my baby was born... I felt comfortable and in safe hands. I felt much better staying a night in hospital; the staff in the night were really good when I worried about feeding my newborn and changing her. However, it feels like you are just sent home, with a newborn, and just have to get on with it. For a first-time mother, it feels VERY daunting.

“I suffered with postnatal depression but not until 4/5 months after giving birth. I thought it was an immediate thing that came on; I had no idea it could be weeks or months later.

“After the first few months, I felt the health visitor service was somewhat lacking in my area. They are impossible to get hold of; they didn’t make time for me. I have had my daughter’s 2-year check messed up twice: once they sent me to the wrong place, second appointment cancelled with no reason and now I’m waiting for a third. If I have a problem, the first call I make is to my GP as I feel more supported there”.





### If there were any complications during the birth, was everything explained in a timely manner?

Almost two thirds of mothers and mothers-to-be told us that they had complications and, in many cases, they were totally happy with the way issues were communicated. Even when they were informed after the fact, mothers understood that timing was critical.

 **58%** YES

 **13%** NO

**29%** stated there were no complications

**“My little boy’s heart rate went up and the midwife did say that she was going to press a button and a lot of doctors would come in”**

Blaby, 35-44

**“Was explained that I would have emergency C-section the next morning but was left all day with no updates and finally had the operation about 5pm after being nil-by-mouth for nearly 24 hours”**

Leicester City, 35-44

**“Skin-to-skin wasn’t even offered; they just took baby away straight away, even though he was perfectly fine according to checks. One of my biggest regrets was that whole hour my newborn son spent on his own, as I was finishing up in theatre. There were no complications, so I really feel as if he should have been kept with me”**

Oadby and Wigston, 18-24

**“There were complications with my first, however there wasn’t much time to explain things. It was something that had to be done. I was in-and-out of consciousness.**

**Things were explained to my birth partners”**

Anonymous

**“Had to have an emergency C-section due to not dilating past 4 cm. Everything was explained, including warnings of potential outcomes. I was constantly updated on next steps and time scales (e.g. If I hadn’t dilated any further in 2 hours they’d discuss C-section)”**

Anonymous

**“Minor issues were explained, for example, heart traces. I don’t recall other complications other than immediately after the birth, which was explained as we had a student midwife extra in the room”**

Charnwood, 25-34

**“Epidural went wrong twice and after first one, I knew it had not worked but had to wait too long until they tried to give me the second, by which time I was too far gone and needed spinal injections instead. Understandable afterwards, but at the time I just wanted the pain to ease”**

North West Leicestershire, 25-34

**“Yes, everything was thoroughly explained”**

Charnwood, 25-34

**“There were disagreements between midwives and consultants, which were played out in front of me, with little explanation offered”**

Charnwood, 35-44

**“No time to explain, but was reassured as we went along”**

Blaby, 25-34

**“The baby’s cord was wrapped around its neck, which was only apparent when I was close to delivery and pushing. I arrived at**



**hospital just in time as the contractions became shorter very quickly. I was rushed to emergency section (code red) and it was all very frantic and scary. At that time, I didn’t understand what was happening or what this meant, but was told to get on the bed and if the epidural didn’t work first time I would be put to sleep. I appreciate that there was no time for explanation and the team seemed to be working hard and quickly to help me and my baby and although the consultant apologised the next day for the way it had happened, I still didn’t have much of an analysis. I didn’t ask; I was relieved to have baby okay”**

Hinckley and Bosworth, 35-44

### Did you stay in hospital over night after giving birth?

 **86%** YES

 **14%** NO

### Was your partner given the option to stay with you?

 **29%** YES

 **71%** NO

A third of mothers (71%) told us that their partners were not allowed to stay overnight. Many of the comments we received emphasised that mothers would have found it helpful if their partners could have stayed. Mothers reported that, in some cases, it was a little daunting and they felt a sense of abandonment being left on their own in a room with a newborn. For some mothers, they had just experienced a traumatic event and then, shortly afterwards, told that they would need to be without their primary person of support.

**“I believe UK hospitals should be able to have Dads stay as long as they like; it is their baby as much as the woman’s and would also give the mam slight more chance to rest”**

Charnwood, 35-44

**“I had an extremely traumatic birth and was unable to feed or change my baby. Having my partner there would have been a great support, as I had to wait for midwives to help me and there wasn’t always enough people on duty”**

North West Leicestershire, 25-34

**“Probably the worst part of the experience. I gave birth in the evening and was on the ward by around 9/10 and so the three of us only had an hour or two before my partner had to go home, which I found distressing”**

Charnwood, 25-34

### Overnight experiences

When we asked mothers about their overnight experiences, they tended to report them as either very good or very bad. We heard about the great service that midwives and nurses provided, supporting mothers and relieving the pressure of having a newborn. However, this was counteracted by the experiences of anxiety and inconsistency in the care shown by staff. Many mothers felt they were not given enough guidance as to how to care for their newborn on the ward.

**“One of my twins would not sleep in the crib and wanted to sleep with me... very common with newborns. Unfortunately, the midwives were completely against co-sleeping and would remove baby from me as soon as they noticed us asleep. This would wake baby up within 10 seconds and the cycle would restart. No support on how to get baby to sleep in the crib, so no sleep at all in 3 nights! This all seemed ridiculous”**

North West Leicestershire, 35-44





### Overnight experiences continued...

"Nurses were good as they took my little boy for a couple of hours in the night so I could get some sleep. Helped me change nappies after I had fed him, as I had stitches and could barely move"

North West Leicestershire, 25-34

"Midwives responded promptly to requests. One took my daughter for an hour to give me time to rest"

Charnwood, 25-34

"Was moved to the ward at around 4am, so my husband had to leave then. Was put with three other women, none of whom had given birth yet but were all in for complications. This was undesirable because I was very conscious of my crying baby and the other women were all in for illnesses. I was not told until around 2pm the next day that I would be staying a whole night and I was extremely upset about that. I was never told why I had to stay a further night, but I understand from friends and family that it may have been due to my baby's reluctance to feed. It would have been very good to have had this explained to me. I was moved into a private room for the second night however, which was better. Midwives were on hand when I needed them, which was very good considering how busy they were"

Charnwood, 25-34

"It was okay; staff were very kind. Discharge, however, was a nightmare and very time-consuming, waiting on doctors, which made it quite a negative experience. Because of my history with mental health they wanted to let my consultant and CPN know I had delivered before I left the hospital, but they only decided this on the Friday when I was due to leave. Obviously my consultant and CPN had left work for the weekend and an emergency nurse from the crisis team had to be sent out to evaluate my release, a very emotional, stressful and, in my honest opinion, needless event. If anything, it triggered my anxiety and made me felt trapped. I was then asked, after having given birth, to explain my

entire history of mental health to a stranger to reassure them that I was fit to leave the hospital with my son. I felt judged and penalised to say the least"

Oadby & Wigston, 18-24

"I found it quite difficult as there were only 3 midwives on overnight, so it took a while for anyone to respond to calls. I also struggled with breastfeeding initially and would have liked some support/guidance"

Harborough, 35-44

"Not overly helpful staff. Felt a bit unsure. Didn't feel comfortable asking for help. Sort of left to figure it out on my own. The postnatal care was lacking compared to the care I received before baby was born"

Unknown

"Stayed over with my first child (she is 3). Husband wasn't given the option of staying. Everyone was friendly and approachable. Discharge process took a long time, could have happily left early morning but was not discharged until 3-4pm as waiting for advice/leaflets & doctor review (perhaps could have been provided by community care)"

North West Leicestershire, 25-34

"I had a really good experience of being supported by the staff throughout the night, my baby had jaundice and wasn't feeding so they really kept a close eye on me and provided me with any support I needed"

North West Leicestershire, 25-34

"I had a lot of support from the midwives on the ward, helping me to feed and change my son after my section"

Harborough, 25-34

The care provided by health care professionals during my labour was very good, but midwives swapped shifts, which was unsettling. I was sent home straight away but it was my second child and I chose to go home. The call from the midwife at home the next morning was reassuring"

Harborough, 35-44 years of age



## Case Study

### Janes Story

I was monitored fully and put at high risk due to failings in my first pregnancy in 2013, where my first child only weighed 4lb and nearly died. Investigations were held and to this day I will never know what was missed and why my first child was so small and poorly. 3 years later, I was pregnant with my second child and suffering from postnatal depression.

With my first child, I wasn't really prompted to complete my red book, but with the second I didn't think to, as there are other ways parents record milestones (in memory books and photos etc.)

My child needed to go to the Neonatal unit, but this was only for 5 hours and the experience was very good. I felt that my baby was well looked after, although I did not see this for myself as I was in recovery, my husband did.

The ward itself after birth was great and lots of help was given. I work in healthcare myself, so I understand the demands on staff and

understand that some patients may have been frustrated by long waits. The staff try their best and I felt that I was supported when I needed it, especially in feeding. However, the care I received before birth in the assessment units with both babies was awful, and I nearly lost my first child due to lack of proper monitoring and key problems in urine samples and babies heart beat traces being missed. This was discovered in an investigation after my first baby and whilst pregnant with my second. This investigation was only held because I had a nervous breakdown during my second pregnancy, fearing the same would happen again. I was given a chance to meet with a professional at Leicester General, who looked through my notes and said "they were sorry for missing things". Things should not be missed.

I was very happy with the help and advice from health professionals regarding my baby's health and progress, during the six weeks after birth.

Charnwood 25-34 years of age





Is there anything else that you think could be done differently to improve the experience during pregnancy?

 40% YES

 60% NO

### Better options for overnight stays

**“Let spouses stay after birth of baby”**  
Leicester City, 25-34

### More staffing to increase time spent with new mums

**“More staff, they have more time and are more reassuring. I felt I was left a lot and they didn’t have time to see me during my first labour”**  
Harborough, 35-44

### Improved waiting times

**“Improve waiting times, modernise the waiting rooms and hospital wards, ensure everyone is kept updated on decisions made”**  
Leicester City, 35-44

### Keeping patients better informed of changes

**“Communication. I got told where my antenatal classes were and booked them. They said “Any problems, we will contact you.” We turn up on the day and it’s a building site. No one had told us it had changed venues and luckily, we drove and used our brains and found out where they were. We were late and we have never had a baby before so didn’t want to miss them”**  
North West Leicestershire, 35-44

### Increased emotional support

**“A little more emotional support, as I miscarried in my first pregnancy”**  
Leicester City, 25-34

### Continuity of care

**“Same midwife throughout pregnancy. Option for extra appointments if needed or if I have a concern”**  
North West Leicestershire, 25-34

### Improving empathy for mums who feel anxious

**“The attitude of the consultants at the hospital could have been better. My baby measured as really large on a growth scan at 38 weeks which made me feel very anxious - the consultants were very dismissive of my concern”**  
North West Leicestershire, 25-34



## Neonatal Care

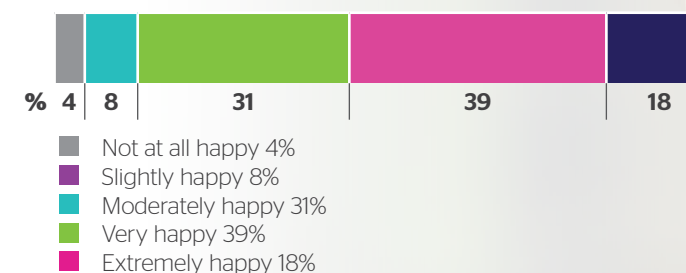
Were you given advice on what to expect in the first few weeks after the birth, including parental advice and contact information in case you had any concerns?

 82% YES

 18% NO

**“Yes and no. You’re told some things to expect but not others. There were a few things that happened in the first few days which when I then asked about them was told were completely normal. Had I been told in advance to expect those things it might have saved some concern and worry and trips to the doctors”**

Charnwood, 25-34



It is encouraging to see that over half (57%) of mothers were very happy or extremely happy with the help and advice from health professionals during the first six weeks after birth. A third of mothers (31%) were moderately happy and 12% were slightly or not-at-all happy with their help and advice.

**“I was seen a lot at home which made me feel well looked after as I didn’t have to worry about my or my little boy’s health”**

Blaby, 35-44

**“The community midwives and midwives at the hospital who were available to ring within the first 6 weeks were a blessing. I rang them three or four times and they were so helpful and reassuring. Can’t fault that service at all”**

Charnwood, 25-34

**“It was better with my first baby born in 2010 as there was more support”**

Harborough, 25-34







**Were you given enough information about your own emotional needs after the birth? For example, postnatal depression.**



**"I think it should be talked about a lot more"**  
North West Leicestershire, 25-34

**"Although I know the professionals were looking for signs of postnatal depression, I did have days of feeling 'low', not necessarily formally PND, but I think perhaps some resources would have been useful"**

North West Leicestershire, 25-34

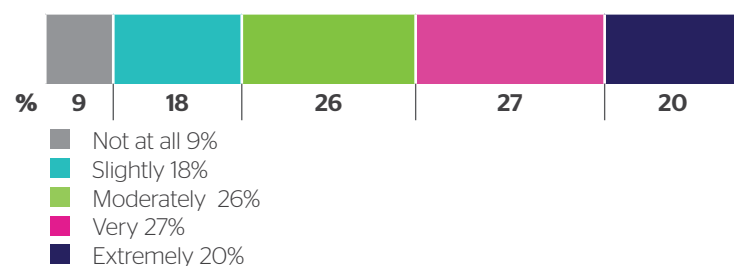
**Did you breast feed your child?**



**Were you told about breast feeding cafes and peer support?**



**Were you given enough support with breast feeding in the early stages?**



**"I had a lot of trouble feeding, a feeding expert came to see me a couple of times in the early days, and the midwives were very encouraging to keep trying. After day 4, my daughter got the hang of it"**

Charnwood, 25-34

**"Although I felt supported, it was overlooked that my baby was not getting the amount he needed for a large baby. He, therefore, began losing weight dramatically due to a tongue tie that made breastfeeding very difficult for him. This was missed through every support session I had"**

Blaby, 25-34

**"Plenty of support on the physical side. Not enough info/support on the emotional side - new mums are told it's the best way to bond with your baby, so when that wasn't the case for me and I felt isolated, I didn't feel able to voice it as I thought I was abnormal for feeling that way. I breastfed exclusively for 2 weeks, then combined expressed and formula for 2 more weeks, then switched fully to formula. Best decision I made"**

Unknown

**"Throughout my stay, I had support from some fantastic staff on the neonatal ward"**

North West Leicestershire, 25-34

**If you have had more than one child, were the services you received consistent each time?**



59% Have not had a second child

**"I'm with a different GP, with a different set of midwives, this time so there have definitely been changes in that respect. It's been much more consistent with this GP. You're seen much less the second-time round, which I find odd. They always tell you every pregnancy is different, but the assumption is always made that one low-risk pregnancy means a second low-risk pregnancy"**

Charnwood, 25-34



**Were you given any advice or information on your child's oral health?**



**"Nobody has ever mentioned to me a suitable age to start taking my child to the dentist, or discussed oral hygiene. Friends in the dental field have told me that you can start taking them as soon as their first teeth come through, but I don't really know the process, whether you register and book an appointment or just take them along to yours"**

Charnwood, 25-34

**Were there times that you think you could have been supported better emotionally?**



Just over half of mothers told us that they had a desire to receive better emotional support. Within the qualitative answers to this question, mothers emphasised their vulnerability at the time in their life.

**"I have spoken to my midwife and doctor about how low I felt, due to severe nausea and sickness, trying to hold down a full-time job and look after a 3-year-old, but it took multiple conversations for anything to be done. I just kept getting told it's normal, you are pregnant"**

North West Leicestershire, 35-44

**"Yes, I felt abandoned by my consultant and only the community midwife offered any consistency"**

North West Leicestershire, 35-44

**"Was left hanging, waiting for a C-section. Then all medication was stopped by doctors. I had to keep travelling back to hospital as my blood pressure shot up again. Went back each day for 1st week, and once overnight due to errors in medication. Ruined the first week at home with my baby"**

Leicester City, 35-44

**"Straight after birth, when I had to be alone, I needed my partner"**

North West Leicestershire, 25-44

**"The aftercare was just awful, to leave mothers traumatised on their own is not okay"**

Oadby and Wigston, 35-44

**Did you smoke or drink during pregnancy?**



**Have you ever been approached about or noticed an opportunity for mothers to provide feedback and be involved in making services better?**



Being a patient and public champion, we would advocate that expecting mothers would be involved in any review of services that is taking place. It is evident that the mothers and mother-to-be to whom we listened, did not notice any opportunity to be involved in change.



# Main Findings

## from Healthcare Professionals

Gathering experiences and views of healthcare professionals has enabled us to gain insight into how processes affect not only staff, but the lives of patients. From the data collected, we have highlighted the key messages that have emerged.

## What healthcare professionals told us

We provided an opportunity for suggestions and improvements to be shared by staff, we then collated those suggestions and ideas, and summarised them under headings. The following is what emerged from staff experiences.

### Do you believe there could be better joint working between Public Health Nurses and Midwives?

65% (34) of staff answered 'very much so' or 'definitely' when we asked if they thought there could be better joint working. 35% (18) answered 'moderately' or 'slightly' when answering the same question.

Below is an amalgamation of feedback from some of the comments that we received.

- **Safeguarding:** Monthly protected time to discuss safeguarding and allocations - Regular meetings within aligned caseload to discuss safeguarding concerns - Liaison with Public Health Nurses regarding safeguarding referrals.
- **Shared initiatives:** Joint antenatal and postnatal visits for vulnerable patients - Local joint meetings with shared initiatives.
- **Better communication:** Easier to contact community midwives.
- **Regular Meeting:** Face-to-face meetings - Sharing records - midwives do not input on 'System One' so cannot see clients' records

"Get UHL and LPT to communicate and have same agendas"

Public Health Nurse

"Unsure how Public Health Nurses actually work with us at all presently"

Midwife

"I am very passionate about this and feel it is vital"

Public Health Nurse

"More Multidisciplinary Team meetings. This happens in some areas/surgeries but not all. It would enable ease of updates re: women and their families rather than relying on telephone calls and written information, and lead to better working relationships between teams"

Midwife



### Do you believe there should be better information sharing between Public Health Nurses and Midwives?

80% (33) of staff answered 'very much so' or 'definitely' when we asked if they thought there could be better information sharing. 20% (11) answered 'moderately' or 'slightly' when answering the same question.

Below is an amalgamation of feedback from some of the comments that we received.

- **Time to share:** Allocated time to share information via face-to-face meetings between PHN and MW - Increased frequency of formal meetings to share learning, including the handover of identified vulnerable pregnant ladies
- **System One:** Midwives being on or having access to System One may aid consistency regarding information.

"We have a very good relationship with the midwives with whom we work, contacting them by mobile telephone. Maybe a Multi-Disciplinary Team would be useful?"

Public Health Nurse

"Midwives and health visitors need to have meetings to discuss clients, just like the GP liaison meetings, and both professions need to be using the same online system. Really do need to have a midwife to health visitor formal handover"

Public Health Nurse

"It would be much better if our smartcards enabled us the same access as the Public Health Nurses and for them to be able to see our entries. Currently we can access a surgery's entire patient list, which is not necessary, but I can't access a woman's record if she isn't at a surgery with which I'm registered"

Midwife







### Are there any parts of your role that could be improved in order to support clients/ patients better?

Staff mentioned wanting more autonomy to be able to offer clients more support when there is a need, whilst ensuring client empowerment. This included freedom to assess the amount of support required for families with unmet health needs.

Below is an amalgamation of feedback from some of the comments that we received.

- **Autonomy:** Allow Public Health Nurses to make their own universal contact appointments for the home. That phone call begins the relationship, and allows the client a say in when it is convenient for a professional to visit in their own home. More autonomy to see families as necessary.
- **Communication:** Antenatal appointments are frequently changed because the impersonal letter that is sent to clients assumes that no one works and can attend or have a visit on any day or time.
- **Information:** Better if more information is shared from midwives and the red book completed, for example body maps. - Handover of vulnerable clients formalised.
- **Information:** Better quality resources - More information available in different languages.
- **Partnership working:** Better liaison with outside agencies and more free-flow of information, particularly with social care.
- **Signposting:** Places and support to refer to. Due to so many cuts in services, many services are either being stopped, reduced or have very high thresholds for referral.
- **Continuity:** Better continuity of care, which could also be improved with additional staffing in order to cover workload adequately.
- **Safeguarding:** Safeguarding and social care involvement could be greatly improved.

### Do you believe you have enough time with the client to inform them of the things they need to know?

Just under half (48%) of staff told us that they had enough time with clients to tell them what they needed to know.

Staff told us that this varies from day to day but that there is a huge amount of information to impart to parents and sometimes there is not enough time. It can often be difficult to build relationships with people that allow them to feel comfortable enough to discuss their needs in the time that staff do have.

- **Appointments:** 15 minute appointments are not long enough for antenatal appointments, if there are other clinical issues to deal with. 1 hour for a booking appointment and 15 minutes for a repeat antenatal appointment is no longer sufficient to cover all of the things specified by UHL or the expectations of women.
- **Public Health messages:** Who delivers public health information? Large focus on public health information instead of focusing on midwifery and birth preparation.

**“There is a high caseload in relation to time at work. In some cases, it means clinics run late in order to ensure safe and effective care, particularly when a woman is encountering problems”**

Midwife



### If you could make any other changes or improvements to the service what would it be?

#### Midwives

- Give midwives System One access, in line with the Public Health Nurse to allow information to be shared more efficiently.
- Working in a Sure Start centre we have to continue to use paper records. We have a computer but because of System One restrictions, we can't use it. It's frustrating.



- Health care professional specific telephone lines (direct dial), as often, when referring, I have to wait in a telephone queue or call on multiple occasions, due to lines being engaged, causing stress for myself and worry for the women for whom I am caring.
- More midwives and quicker recruitment.

#### Public Health Nurses

- Working to individual needs of children and families rather than one-size-fits-all approach
- Regular monthly meetings with midwives, more telephone liaison and sharing of information between services.
- Understanding different policy and procedures to support a seamless service. Public health nurses and midwives giving the same information; joint training would help with this.
- Make record keeping less time-consuming so that staff can spend more time with clients and have more time for public health/community activities.
- Move the Public Health Nurse birth visits to later than 10 days, as Midwives are involved until day 10. The parents have a flurry of professionals and then no one. Also consider stopping the 10 month reviews as children invariably do not pass on areas such as gross motor.
- Better joined up working including more integration more with children centres and social care.





# Conclusion

In May 2017, NHS England published a document, 'Patient and public participation in commissioning health and care'<sup>4</sup>. The report outlines the importance of involving patients and the public in their work, in a meaningful way. It also shows the importance of involving people in commissioning to improve health and care services, and how NHS England can meet their legal duties to do so.

Gathering experiences from local people, as presented in this report, is a good way for commissioners to utilise relevant and recent information, as well as other avenues such as the Better Births agenda. Listening to the voices of healthcare professionals, especially those on the frontline, is extremely important when we aim to make improvements in any system. We found that there is a desire amongst healthcare professionals to have conversations that will drive improvements for better working.

Ultimately, those who commission and provide services must deliver improvements in a way that will make this journey better for staff and patients.

<sup>4</sup> 'Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England'. <http://alturl.com/fe4uq>

## Useful services and programmes to support parents

### BUMPS TO BABIES

The Bumps to Babies programme is a coordinated 4-week group session for first time parents provided by midwives and local public health teams. Midwives facilitate week 2 and the Public Health team, weeks 1,3&4. The sessions cover preparing for the birth, birth itself, feeding and caring for your baby and are run throughout Leicester, Leicestershire and Rutland.

### CHATHEALTH

This is a new secure text messaging service run by public health nurses for parents of children 0-19. You can get confidential advice and support with behavior, parenting, child development, emotional health and wellbeing and general health queries.

📞 In Leicester text: **07520 615381**

📞 In Leicestershire and Rutland text: **07520 615382**

ChatHealth operates Monday - Friday from 9am until 5pm, and during this period messages are responded to within 24 hours. Outside these times, users receive an automatic reply indicating that they will receive a response when the line re-opens.

This is not an emergency service.  
For urgent medical attention please contact your **GP** or call **111** or **999**

### HEALTH FOR UNDER 5's

This is a website dedicated to help parents with children under the age of five years has been launched at **[www.healthforunder5s.co.uk](http://www.healthforunder5s.co.uk)**

The website is written by NHS professionals and houses sections that detail support and information from pregnancy, through the developmental stages of your child's life to pre-school.

🌐 **[www.healthforunder5s.co.uk](http://www.healthforunder5s.co.uk)**



# In Mum's words

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