

Pregnancy **in** Barnet



A review of women's experiences **in** Barnet

September 2016
(updated version)



Executive Summary

Purpose: Why we are looking into maternity services

The State of Maternity Services reports that the number of births in England was 660,000 in 2014 (Royal College of Midwives, 2015). In Barnet, there were 5,244 births in 2014 (ONS, 2015). The report highlights a number of areas in maternity care, in particular, the demand for more experienced midwives, who are 50 years of age or less, and the fact that the age of expectant mothers is sharply rising to be 40 or older. In the UK, although the number of live births has decreased by approximately 36,600 live births since 2012 (ONS, 2012-2014), it is estimated that 2,600 more midwives are still needed to cover current demand nationally. Moreover, 31% of midwives in England are aged 50 or older, which may imply that newly qualified midwives may not be able to gain the experience they need from their more experienced peers before their retirement. Also the age of expectant mothers of who are 40 or older has increased by 78%. This means that more women require specialist care that responds to their age needs.

The 2015 report describes the ageing workforce of midwives as a 'time bomb', which is hoped to guide commissioners to invest in the development of more qualified and experienced midwives. In Barnet, there are currently 176 WTE¹ midwives practising with an average age of 40². As part of the Royal Free London Trust development programme, the main provider of maternity care in Barnet, a number of midwives got promoted; and an ongoing rolling recruitment programme is in place which states that they will be at full establishment for midwives by December 2016³.

Healthwatch Barnet carried out a piece of research about the experiences of women who live in Barnet, and used different maternity services across the borough in the last two years. Feedback from mothers in Barnet showed that they had mixed experiences with care; some highlighted the dedication of the long-standing midwives; some had medical complications which required intensive care; whereas others did not have breastfeeding support whilst in hospital. Overall, mothers value the contact and relationships they develop during the period of their pregnancy and after birth, which demonstrates the vital role that professionals, specifically midwives, play in the lives of mothers and their babies.

Methodology: How we made our findings

- A questionnaire was developed by Healthwatch Barnet staff and a volunteer partner, based on the maternity national survey, and was widely circulated through various channels including voluntary-sector organisations, social media and online platforms, including Barnet-based groups on Mums Net, Survey Monkey, Facebook, and Twitter.
- The questionnaire focussed on antenatal, post-natal care, breastfeeding support and community services. Respondents were asked for comments on an optional basis.
- Two hospital visits held; one to Barnet Hospital, and another one to Royal Free London Hospital, as part of Barnet CCG's visit for contract monitoring of service providers.
- One engagement event at a parenting workshop.
- One visit to the Royal Free Maternity Service Users' Forum.

¹ Employed by the Royal Free London Trust

² Information provided by the Director of Midwifery, the Royal Free London Foundation Trust, 17 June 2016

³ See Note 2

- Leaflets distributed in various public events.
- An interview with a midwife, who is also a Healthwatch volunteer.
- We received responses from 74 participants, as follows:
 - Survey: 64 respondents (56 had given birth; 8 were pregnant)
 - Hospital visits: 5 respondents (1 antenatal; 3 postnatal; 1 partner)
 - Maternity Service Users' Forum: 5 participants

Note: All respondents used Barnet-based services, of which 7 respondents used Hampstead-based services at the Royal Free London Hospital. Therefore, the findings of mothers' feedback apply to both service sites (Barnet and Hampstead), except where it clearly highlights a specific service site.

Findings

Feedback was recorded, from new and expectant mothers, during the research period from October 2015 to January 2016. Key themes emerged.

General care

- Mothers generally were happy with the care they received, and there was an acknowledgement that 'midwives were rushed off their feet'.
- More than 50% of mothers had the option of giving birth either at hospital or at a birth centre, compared to 34% had the option of home birth
- 50% of mothers chose their preferred choice for giving birth, for the location, followed by 30% for the type of experience offered to them.
- 38% of mothers did not have a named midwife. Seeing various professionals over a short period of time had led, mothers sometimes, to receive conflicting advice, more specifically from both hospital and community midwives, and health visitors.
- The communication approach and availability of midwives may impact the mother's experience of care.
- At the Barnet site, there seems to be insufficient recognition of identifying babies who were tongue tied; on one occasion, a mother had sought private services to get this resolved at her own expense. In Hampstead site, one mother claimed to have waited for 13 weeks for a tongue-tie appointment.

Community care

- Making an appointment with community midwives is difficult, due to capacity issues.
- Antenatal appointments are held, sometimes, in non-community settings (eg Chase Farm Hospital), where some mothers may 'find it difficult to access'.
- Appointments with midwives are very short and brief.
- Limited support provided on breastfeeding, and post-natal care.
- Many mothers are not aware of what community support is available including maternity classes.

Hospital care

- An opportunity for raising awareness among expectant and new mothers of maternity care services is available both at the hospital and in the community.
 - Barnet Hospital phone advice, for women in labour, has mixed experiences between receiving good advice, and unhelpful information.



- At the Barnet site, food, after labour, may vary and be provided within hours following a woman’s labour. Sometimes, it includes tea and biscuits only.
- At the Barnet site, Victoria ward has been described as ‘under-staffed’.

Recommendations

A. For commissioners

- To commission accessible antenatal appointments in the local community.
- To commission antenatal services which incorporate increased support for breastfeeding post-natal care.
- To ensure that community support is an integral part of the post-natal support and defined within the service specification.

B. For providers

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To consider reviewing how to enable mothers make an informed choice, about evidence-based birth options, including home birth as an option for normal pregnancy or to lower risk mothers.
- To ensure that food, in Barnet Hospital after labour, is provided to mothers when needed.
- To explore options for providing breastfeeding support through voluntary groups and other avenues.
- To provide more frequent and longer midwife home visits for postnatal community care.
- To widely promote existing NHS antenatal and postnatal classes through various channels.
- To publicise community post-natal support and proactively signpost new mothers to these services.
- To widely promote the Maternity Service Users’ Forum among mothers and their families, and in a user-friendly language.
- To identify training needs of midwives and all maternity-related staff, specifically related to communication.

C. For providers and commissioners

- To ensure babies with a possible tongue-tie condition⁴ are being identified and referred for advice in a timely manner.
- To consider reviewing how to ensure that new and expectant mothers are clear about the advice and information provided to them.

D. For midwives

- To ensure that new and expectant mothers are clear about the advice and information provided to them.

⁴ NHS Choices defines tongue-tie as “a problem affecting some babies with a tight piece of skin between the underside of their tongue and the floor of their mouth ... [which may] prevents the baby feeding properly and also causes problems for the mother”. Website accessed on 31 May 2016

E. For expectant and new mothers

- To consider attending and providing feedback at Maternity Users' groups and forums organised by maternity care providers, at a local GP practice, or at hospital
- To ask, your GP, midwife, or health visitor, for help and information when you are in need of advice with regards to antenatal care, breastfeeding support, and all other maternity care

Note to this report version

- An amendment in the Findings section: 'in Hampstead site, one mother claimed to have waited for **13 weeks** for a tongue-tie appointment'.
- An updated response in the Provider's Response section, from the Royal Free London.

