

# Pregnancy **in Brent**



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

March 2017



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## Introduction

Healthwatch Brent is an independent local organisation, and part of the national network led by Healthwatch England. Healthwatch aims to help local people get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Brent. It was formed in April 2013.

We listen to people's views about Brent health and social care services. We listen to individuals of all ages and from all of Brent communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch. We listen to what they say about health and social care – the good and the bad. If there are concerns about the quality or safety of services, or there are unmet needs, we feedback patient's experience, to local commissioners and decision makers, in order to improve the service.

Following the lead of Healthwatch England's national focus on maternity care, we were keen to learn about women's experiences of maternity services in Brent. Healthwatch Brent designated maternity services as a priority area for research. Healthwatch Brent's Community Outreach Team was able to utilise its existing positive contacts and a range of outreach sessions in a variety of venues.

*Note: All responses of women, who took part in our research, are anonymous except for those who have explicitly expressed their interest to stay in touch with Healthwatch Brent, and provided their contact detail.*

## Acknowledgement

We would like to thank all the mothers who gave us feedback or completed our questionnaire, and to all staff who helped us with access to services. Our special thanks to:

- Brent CCG
- Children's centres: Alperton Children's Centre, Harmony Children's Centre, St Raphael's Intergenerational Children's Centre, for their ongoing support to provide access to services
- Healthwatch Brent staff and volunteers
- London North West Healthcare Trust and the midwifery team, for their collaborative approach and direct contact with our team, arranging hospital visits, and providing facts and information when requested
- Participants and members of the public
- Primary Care Chalkhill Centre
- Sarah Brown, a Healthwatch volunteer and a retired midwife
- Wembley Central Library

## Executive Summary

### Research and Data Review

The State of Maternity Services reports that the number of births in England was 660,000 in 2014 (Royal College of Midwives 'RCM', 2015). In Brent, there were 5,204 births in 2015 (ONS, 2016). 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. It is estimated that 2,600 more midwives are still needed to cover current demand nationally (RCM, p. 2). Moreover, the report emphasises that if 31% of midwives in England are aged 50 or older, 'there [may] not be enough time for newly-qualified midwives to gain the experience and confidence they need before many of their more senior, more experienced colleagues leave the service'. Also, the age of expectant mothers of who are 40 or older has increased by 78% (RCM, p. 2). This means that more women may require specialist care that responds to their age needs.

More recently, the Department of Health has allocated £8 million to support NHS providers improve the safety standards in maternity services in England, with £40k at least available for each trust to spend on training (Department of Health, 2016). London North West Healthcare Trust (LNWH) currently employs 184 midwives, WTE, across all geographical areas where the Trust delivers maternity services<sup>1</sup>, with an average age of 45.5 years old<sup>2</sup>.

Healthwatch Brent's engagement project into maternity services was carried out between August and November 2016. In this period, we engaged with 77 mothers, from various backgrounds, who used different maternity services in the last two years prior to the engagement. We aim to give a snapshot of the women's experiences of maternity care in Brent.

Responses from mothers in Brent showed that they had mixed experiences with care; some highlighted the dedication of the long-standing midwives; mothers who attended antenatal classes helped them feel more confident about what to expect; whereas others were not aware of their options as to where they can give birth. Overall, mothers value the contact and relationships they develop during the period of their pregnancy and after the birth, which demonstrates the vital role that professionals, specifically midwives, play in the lives of mothers and their babies.

### Methodology

- A questionnaire was developed by Healthwatch Brent staff and a Healthwatch volunteer, and was widely circulated through various channels including Northwick Park Hospital, voluntary-sector organisations, local and social media, and online platforms, including Brent-based groups on Facebook, and Twitter.
- The questionnaire focussed on choices of birth, antenatal and post-natal care, breastfeeding support, and community services.
- Two hospital visits were held, to ask women about their experience, to Northwick Park Hospital including Florence and Edith wards, both postnatal and antenatal services, and the Obstetric Observation Bay.
- Four visits to local centres including Alperton Children's Centre, Harmony Children's Centre, Primary Care Chalkhill Centre, and St Raphael's Intergenerational Children's Centre
- Leaflets were distributed in various public centres including the Birth Registration Centre

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<sup>1</sup> Information obtained at a meeting with LNWH's midwifery team on 4 May 2017

<sup>2</sup> Information obtained by email from LNWH's midwifery team on 24 November 2016

- An interview with the Midwife Lead for the Delivery Unit at Northwick Park Hospital, to learn about services available at the Hospital and the number of births per year.
- Information on various maternity facts in Brent was obtained from Assistant Director Commissioning for Maternity, at Brent CCG
- Information on various maternity facts in Brent was obtained from the LNWH Trust's midwifery team, including the midwifery workforce average age and number
- We attempted to arrange for a visit to the Maternity Service Liaison Committee meeting, on three different occasions. However, no response was received

### **Survey Responses**

- We received the following responses from 77 participants, as follows:
  - Online survey: 23 respondents
  - Northwick Hospital visits: 30 respondents
  - Community and children's centres: 20 respondents
  - A local newspaper: 4 respondents
  - Of these mothers, 24 respondents were pregnant, and 53 had given birth in the last 2 years
  - Around 82% of respondents are Brent residents, and 18% live in Harrow or other boroughs.

**Note:** The feedback, in this report, is from the overall survey responses received from mothers who used Brent services. They may have also used services outside Brent. Feedback is categorised by the birth location in the section 'Overall Mothers' Experience by Location'. At least 50 respondents have had used Brent services recently in the past 12 months; and 27 respondents have used Brent services in the past two years. All respondents used Brent-based services, either hospital or community services, or both. The terms 'mothers' and 'respondents' are used interchangeably in this report.

### **Respondents' background**

- 47% are aged 30-39; 43% are aged 20-29; and 6% aged 40-49.
- 24% are Black; 23% are Asian; 16% are White Other; 14% are White British; and 23% are Other (Romanian, Arab, and Mixed)
- 7% consider themselves to have a disability
- For illustration, please see Appendix

### **Findings**

Feedback was obtained, from new and expectant mothers. The following key points were identified

#### **General care**

- 37% of respondent mothers reported that they were not given an option as to where to give birth, of which 23% claimed that they were not given choice due to medical reasons, and 14% did not know why they were not given an option.
- 51% of respondent mothers reported that they did not have a named midwife or a team of midwives.
- 66% of respondent mothers rated the breastfeeding advice as excellent or good, 20% as poor or very poor. Mothers said that breastfeeding advice was either 'pushed into breastfeeding', or not provided
- 53% of respondent mothers rated emotional support as excellent or good, 23% as poor or very poor

## Community care

- There were mixed experiences of community midwives; some were described as 'professional' whereas others were seen as 'unhelpful'
- Some mothers commented that community midwives 'needed to rush somewhere'
- Some mothers said that they had limited support on breastfeeding, and with no follow-up from midwives or health visitors

## Hospital care

- 43% of mothers reported to have queued at a long time for antenatal appointments
- 22% would like to see more midwives and hospital staff
- 22% would like to see more midwives who are caring and supportive
- 19% of mothers said that midwives and hospital staff were caring and supportive; 13% described them as 'rude'
- 6% of mothers wished for their partner to stay overnight after birth because they were not allowed to, at Northwick Park Hospital
- Mixed experiences of food being offered after the birth; some mothers were offered food immediately after the birth, while others not

## Recommendations

### A. For commissioners

- To consider commissioning services which incorporate increased support for breastfeeding post-natal care, and signposting to community services
- To ensure that community support is an integral part of the post-natal support and defined within the service specification, for example, breastfeeding support, information and advice after the birth and home visits.

### B. For providers

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To ensure that mothers are aware of the birth location options available to them, and are able to make an informed choice, about where to give birth.
- To ensure that midwives are consistently more prepared to support mothers at various stages, and are more enabled to be more personable, empathetic, and compassionate, by reviewing the supervision, training, and development for midwives
- To review the waiting time for queueing for antenatal appointments at Northwick Park Hospital
- To consider working with community peer volunteers to provide breastfeeding support, and information after the birth
- To consider working with volunteers to ensure that food is consistently offered after the birth
- To consider allowing extended visiting time for partners to stay with mothers

### C. For expectant and new mothers

- To consider attending and providing feedback at the Maternity Users' Groups and forums organised by maternity care providers, at local GP practices, or at hospitals

- To ask, their GP, midwife, or health visitor, for help and information when in need of advice with regards to antenatal care, breastfeeding support, and all other maternity care

## Background

### A. Current practice and service provision

Maternity care in Brent is commissioned by Brent Clinical Commissioning Group (CCG). London North West Healthcare Trust is the main provider of maternity services in Brent. The Trust offers maternity care at Northwick Park Hospital, Central Middlesex Hospital, in addition to community care at general practices (Maternity Services, LNWH, 2016). Brent residents can also access maternity care outside Brent, including Queen Charlotte's and Chelsea Hospital, Chelsea and Westminster Hospital, and St Mary's Hospital.

#### *Northwick Park Hospital*

- Facilities: There is a number of hospital services that provide maternity care, including antenatal, neonatal, postnatal, a birth centre, and a delivery suite. Breastfeeding support, and classes for parents are also available. There is more information on the Trust's website, however, it seems to be out of date.
- Women's support: There are a number of midwifery leads who offer support to mothers in relation to mental health, bereavement, and FGM (female genital mutilation).

#### *Central Middlesex Hospital*

- Antenatal care: LNWH Trust offers three types of antenatal care:
  - Midwife-led care: where a mother can see a community midwife in her local area.
  - Consultant-care: where a specialist obstetric team provides care to mothers who need more medical attention regarding their health needs. This comprises a specialist team of endocrine care, maternal medicine, joint obstetric haematology, Bereavement, Vaginal Birth after Caesarean, and a specialist service for women with female genital mutilation.

#### *Tongue-tie service*

- This is located at Queen Charlotte's and Chelsea Hospital, for newborn babies who require surgery with tongue-tie conditions, where referrals are accepted from Brent residents.

#### *Community care*

- Antenatal care: This includes a booking system to book the first antenatal appointment date within two weeks of seeing a GP, and before reaching 11 weeks of pregnancy. The appointment is arranged with a community midwife to plan antenatal care. A midwife may refer the woman to other professionals including an obstetrician, a physiotherapist, or a dietician as per the woman's needs.
- Postnatal care: After the hospital discharge, a midwife makes a home visit to carry out a regular check-up on the mother and the new baby. The visit is usually carried out within one day after the mother is discharged from the hospital.

## **B. Brent CCG commissioning intentions for maternity care in 2016-17<sup>3</sup>**

- Maternity services have been undergoing a major transition since July 2015. The service aims to provide comprehensive care for mothers and new-born babies, to give birth at Imperial Healthcare Trust, Queen Charlotte's and London Northwest Healthcare Trust.
- Antenatal community care is provided by the same team of midwives.
- This change has resulted in a significant improvement in the level of consultant cover on the labour ward and midwife birth ratio since the transition.

## **C. Service performance**

### **Quality assurance**

The Trust uses a 'safety thermometer' tool to monitor the quality outcomes in various clinical services, where it helps to highlight areas for improvement (LNWH Quality Accounts, 2015-16). Maternity services have been designated as a priority area to monitor for the year 2016-17 (LNWH Quality Accounts, p. 80).

Brent maternity services, are also covered by North West London Clinical Commissioning Group scheme to improve maternity care; it aims for each woman to have a named midwife and to provide continuity of care throughout the maternity pathway<sup>4</sup>.

### **Breastfeeding initiation**

In August 2016, 84% of mothers were known to initiate breastfeeding within 48 hours of giving birth (a visit to Northwick Park, 2016).

### **Unassisted delivery**

In October 2016, the rate of women giving birth naturally, with the assistance of a midwife only, stands at 57% of all mothers at Northwick Park Hospital, compared to 50% at Queen Charlotte's Hospital (My NHS UK, 2016).

## **D. Current guidance<sup>5</sup>**

### **Staffing**

Although NICE guidance does not recommend a specific staff-to-mother ratio in clinical or community settings, it recommends providing one-to-one midwifery support to mothers during labour. For safe midwifery staffing in maternity settings, however, it offers a systematic approach to establish a staffing ratio, and that is to consider, not exclusively, the following (Safe Midwifery Staffing in Maternity Settings, NICE, 2015a):

- The number of midwives and the range of other professionals at any given time
- The skill mix of staff
- Risk factors including medical complications
- Historical trends of maternity care needs, and prediction of maternity demands
- The individual preferences and the need for holistic care

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<sup>3</sup>For detail, please refer to Brent CCG's Commissioning Intentions 2016-2017, [http://brentccg.nhs.uk/en/publications/winter-planning-2013/doc\\_download/2254-commissioning-intentions-2016-2017-with-statement-from-health-and-wellbeing-board](http://brentccg.nhs.uk/en/publications/winter-planning-2013/doc_download/2254-commissioning-intentions-2016-2017-with-statement-from-health-and-wellbeing-board)

<sup>4</sup> Information received from Communication Officer, North West London Collaboration of Clinical Commissioning Groups on 15<sup>th</sup> November 2016

<sup>5</sup> Please refer to NICE and UNICEF UK guidance for each section, for detail.



### ***Personalised care***

The recent Maternity Review (2016) chaired by Baroness Julie Cumberledge outlines that women should have their own personal maternity care budget. With the assistance of professionals to make informed decisions, the personal budget could enable women to choose their care package that suits their needs. A pilot scheme has been rolled out in some parts of the country in 2016 (Reaching Out East, 2016).

### ***Antenatal care***

NICE guidance (2012, 2017a) advises that every pregnant should:

- Have a named midwife during her pregnancy
- Have access to antenatal care by week 10 (by week 12 in a previous version)
- Receive information on where she will be seen and by who
- Be informed of the likely number, timing and content of antenatal appointments
- Have access to antenatal classes and breastfeeding workshops

### ***Birth location options***

For mothers who have a normal pregnancy, they should be given the option to give birth at home or at a midwife-led unit, provided they are also given information on the range of services and support available should they choose either birth option (Intrapartum Care, NICE, 2017b).

### ***Postnatal care***

Postnatal care is advised to be holistic and provided up to eight weeks, pending the condition of the mother and baby (NICE, 2015b); this would take into account the woman's physical, mental and social wellbeing and her baby, where formal debriefing is not recommended.

### ***Breastfeeding***

UNICEF UK calls on the government to promote and to encourage breastfeeding among mothers and professionals by adopting a national strategy for breastfeeding and reducing the advertising of breast milk substitutes in all clinical settings (UNICEF UK, Unknown). NICE guidance (2015b) on breastfeeding recommends the following, but not exclusively:

- To offer breastfeeding support sessions in the final trimester showing breastfeeding position and how to attach the baby correctly
- To promote breastfeeding benefits and support among mothers, specifically the ones who have access to less education and resources
- To ensure that midwives are appropriately trained and skilled to provide breastfeeding support confidently and competently
- To provide locally accessible peer support on breastfeeding

**“[My experience was] good. But it would have been better to see the same person...as I had to repeat issues everyone a new person attended”—a new mother who gave birth at Northwick Park**

## **Findings: Mothers' Experience**

### **A. Survey**

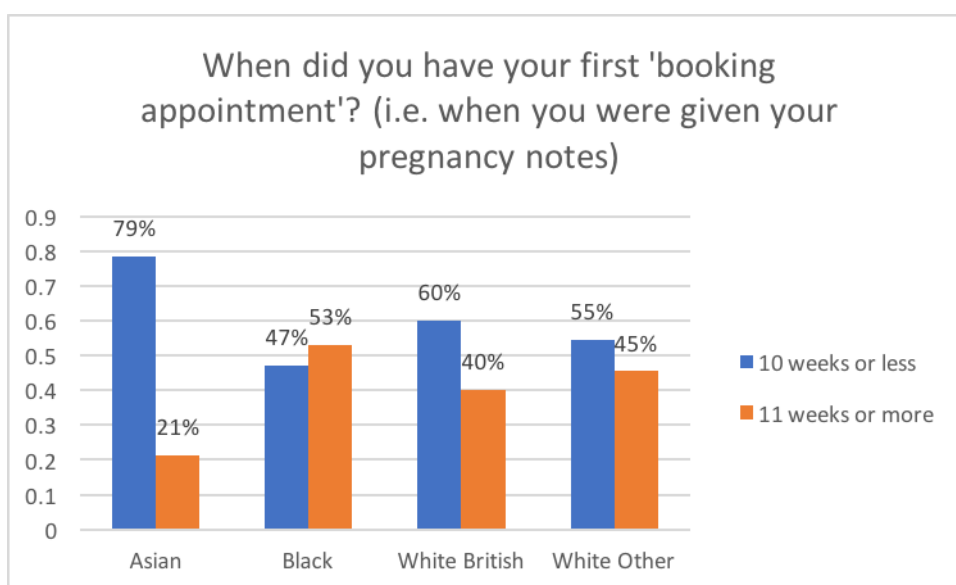
#### ***During pregnancy***

##### **Access**

- 59% of mothers were given their first booking notes at 10 weeks

pregnant or less, while 41% were given the notes at 11 weeks or more, in contrary to NICE guidelines (see p.9 in this report). However, this delay is mainly due either to relocation to Brent or seeing the GP late during pregnancy, or not knowing of own pregnancy

- Waiting time for an antenatal appointment at the clinic is described as long.
- Of those who had their pregnancy notes at 11 weeks or more:
  - 53% of Black African or Caribbean mothers
  - 45% of White Other
  - 40% of White British
  - 21% of Asian



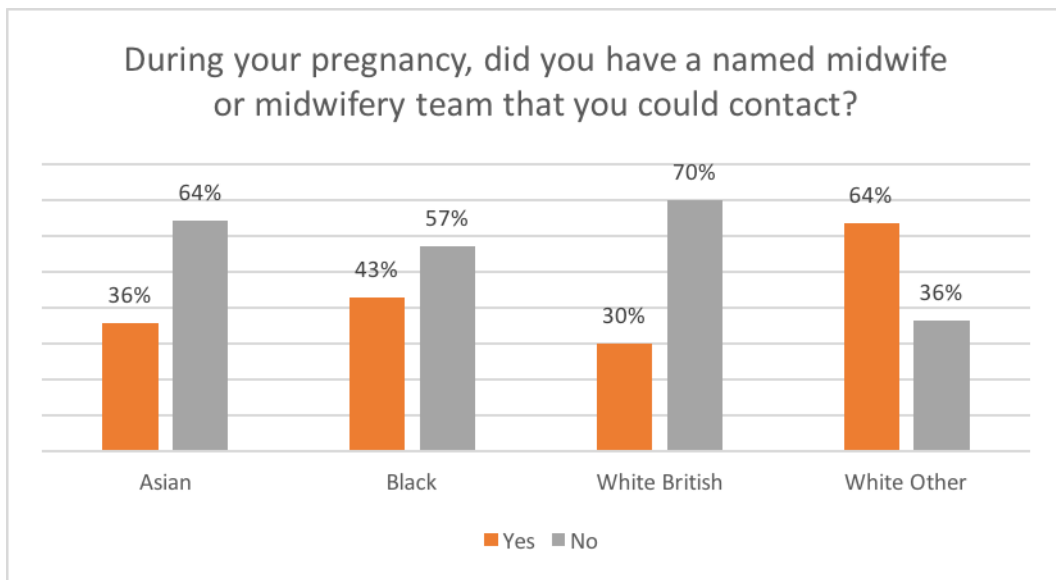
#### Choice of birth

- 37% of mothers reported that they were not given an option as to where to give birth, 23% of which claim that they were not given choice due to medical reasons, and 14% did not know why they were not given an option
- 86% of mothers chose to give birth in a delivery suite or labour ward in a hospital; 65% of which chose Northwick Park Hospital, 21% chose Charlotte's Hospital or other hospitals, and 13% chose a birthing centre.
- Around 60% of mothers chose as to where to give birth for the location, and safety reasons; followed by 28% made their choice based on recommendation, and 26% based on the type of experience offered to them.

**“I needed to be fitted for compression stockings and they refused to help me. This led to an ulcerated vein rupturing having to be brought into emergency by ambulance at 8 months pregnant”-- a second-time mother who gave birth at Northwick Park**

#### Contact with midwives during pregnancy

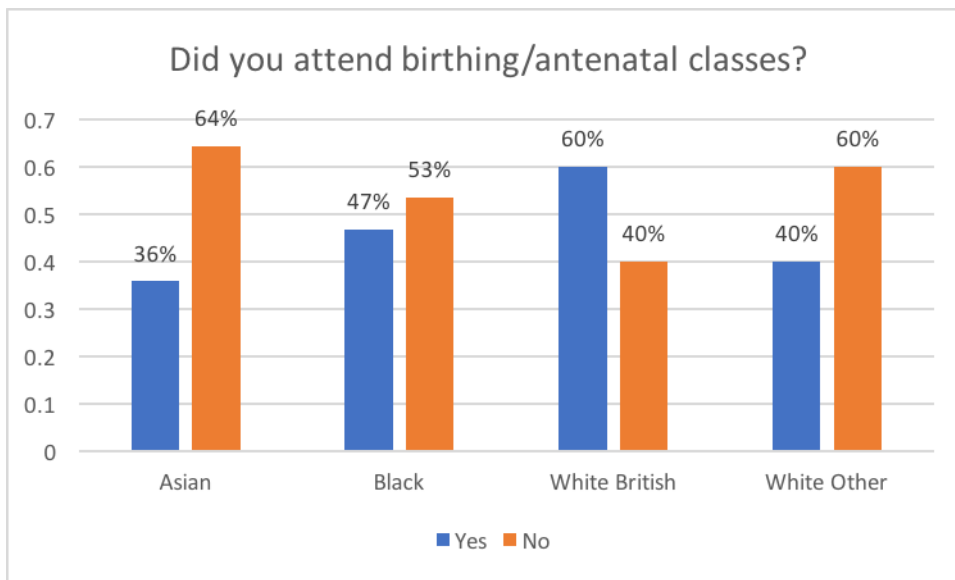
- 51% of mothers reported that they did not have a named midwife or a team of midwives.
- Of those who did not have a named midwife:
  - 70% of White British had no named midwife
  - 64% of Asian
  - 57% of Black African or Caribbean
  - 36% of White Other



- Of those who had contact with a midwife, 64% of mothers reported that they have either 'regular' or 'often' contact with a midwife during pregnancy, while 18% reported that they rarely had any contact.
- 8% of mothers said that they never had a midwife.
- 75% mothers reported that they had good experiences with midwives during pregnancy
- Poor experience, which accounts for 13% of responses, highlights the following:
  - The midwife is inattentive and refuses to help
  - Not having a named midwife
  - The midwife 'put me into induction. It was the midwife's decision'
  - [The Maternity Unit] phone is often unanswered
  - Long wait to be seen by a midwife or the midwife is unavailable
  - The midwife is late for appointments
  - Complained of severe pain and 'was told [the] body is preparing for the baby'
- Experience by ethnicity:
  - Asian and Black mothers tend to report a good experience with midwives
  - White British mothers have mixed experiences with midwives. Poor experience is mainly due to the unavailability of a midwife, late appointments, midwife's poor treatment, and preference to have the same midwife, than different ones
  - White Other mothers have mixed experiences with midwives. Poor experience is mainly because of the midwife's refusal to help

#### Antenatal classes

- 38 % of mothers attended antenatal classes; 28 % of them had given birth recently or were pregnant with their first baby
- 15% of new mothers have not attended antenatal classes
- Of those who did not attend birthing classes: 64% of Asian mothers did not attend; 60% are White British; 53% of Black; and 40% of White Other



#### *At labour*

##### Contact with midwife, hospital ward, or birth unit

Around 71% of mothers said that at the start of their labour they had contacted their midwife, or hospital.

##### Place of birth

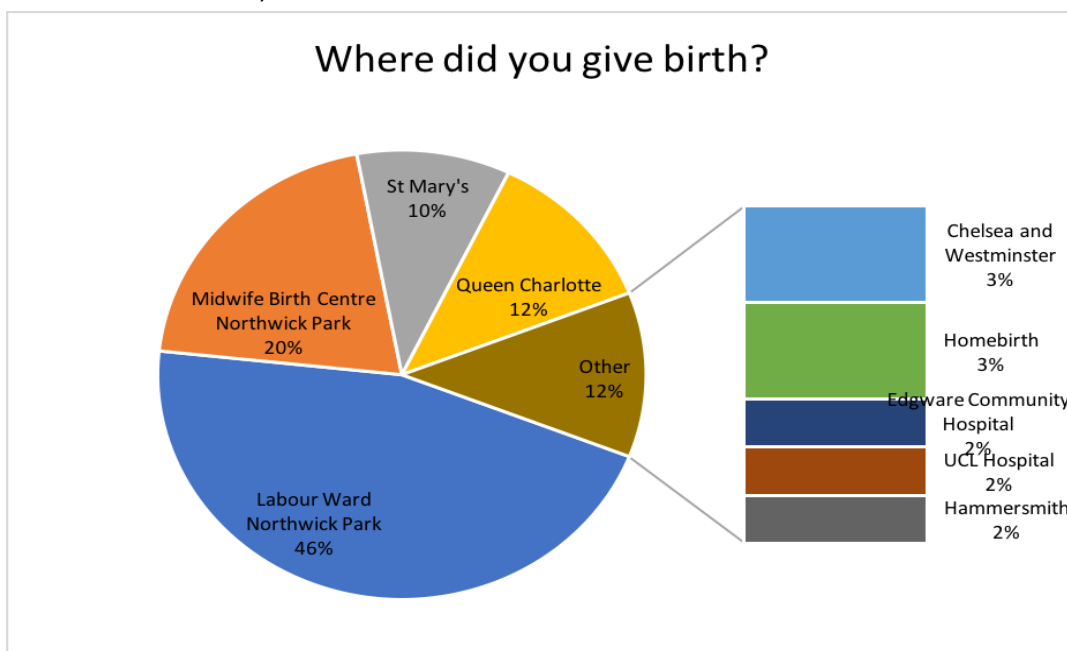
66% of mothers report that they have given birth in hospital or a labour ward; followed by 27% in a birth centre or a midwife-led unit, and 3% at home.

Those who have given birth in a delivery suite/labour ward are as follows:

- 46% at Northwick Park Hospital
- 10% at Queen Charlotte's and Chelsea Hospital
- 7% at St Mary's Hospital, Labour Ward
- 3% at Chelsea and Westminster Hospital

Those who have given birth in a birth centre are as follows:

- 20% at the Birth Centre, Northwick Park
- 3% at the Birth Centre, St Mary's Hospital
- 2% at the Birth Centre, Edgware Community Hospital
- 2% at Birth Centre, Queen Charlotte's and Chelsea



### Medical complications

29% of mothers reported that they had medical complications; of which three mothers reported having had gestational diabetes.

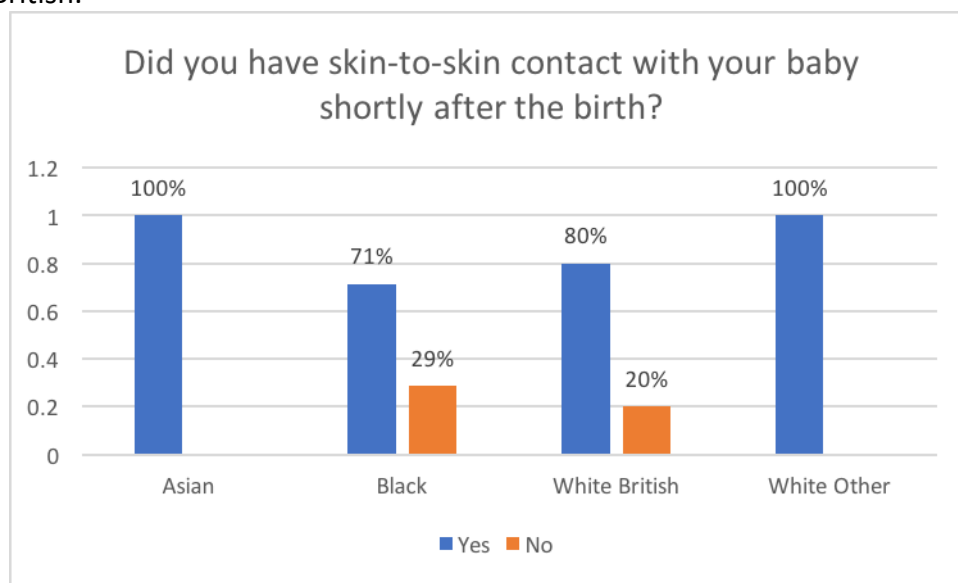
### Partner's involvement

Overall, 88% of respondents reported that they had a positive experience of their partners being involved in the birth process. Two mothers commented that their partner was not allowed to stay overnight, or was not given the option to be involved.

**“Midwife stayed with me all night, very good service... [and I would like to see a shorter] waiting time for antenatal. [At] Emergency, [there were] not enough doctors”—a mother who gave birth at the Birth Centre, Northwick Park**

### Contact with baby after birth

88% of mothers say that they had skin-to-skin contact with their baby shortly after birth. Of those who did not have skin-to-skin contact, they were mainly Black mothers and White British.



### Support and advice

71% of mothers rated receiving pain relief as excellent or good, 13% as poor or very poor  
66% of mothers rated breastfeeding advice as excellent or good, 20% as poor or very poor  
60% of mothers rated advice and information after birth as good, 18% as poor or very poor  
53% of mothers rated emotional support as excellent or good, 23% as poor or very poor

The experience of obtaining breastfeeding advice had mixed responses. Some mothers reported that when it is provided, it is informative and helpful. Others reported that they did not have any breastfeeding advice. One mother said that she was informed that a health visitor would visit her for breastfeeding support, but no one visited her.

### Ward and facilities

- 69% of mothers described the antenatal ward and the birth suite as good or excellent; 10% as poor
- 81% of mothers described the birth suite as good or excellent; 8% as poor.

- 56% of mothers described the postnatal ward as good or excellent; 25% as poor. This is complemented by feedback from mothers that the availability of midwives varied during shifts
- 51% of mothers described the food and drinks after the birth as good or excellent; 23% as poor.
- 6% of mothers wished for their partner to stay overnight after birth because they were not allowed to, at Northwick Park Hospital

**“Midwife Angela from Chaplin Road was excellent”—a mother who gave birth at Northwick Park**

#### Hospital discharge

Around 10% of mothers were discharged late at night.

#### *After birth and postnatal community support*

##### Community midwife’s visits

- There were mixed experiences of community midwives. Some midwives were described as ‘excellent’ and provide lots of information and advice. Others were described as ‘rude’ or ‘unhelpful’.
- 71% rated their midwife’s visits as good or excellent; 16% as poor.
- Of these who gave more specific feedback, 50% of mothers said that their community midwife was ‘excellent’, ‘professional’ or ‘helpful’
- Poor experience highlighted the following:
  - Sometimes, community midwives were ‘rude’
  - Sometimes, community midwives did [the visit] in seconds as [they] need to rush somewhere
  - Sometimes, mothers said that they had limited support after the birth or with breastfeeding, and with no follow-up from midwives or health visitors. Two mothers said that they did not have a final check from their midwife despite their baby had jaundice or an infected cord
  - Some mothers wish to see the same midwife
- Experience by ethnicity: Overall experience is mixed across all ethnicity groups. The following feedback has been given:
  - An Asian mother commented that she was never informed of birthing classes, and wish she knew about them, and to have a hospital tour in advance
  - Some Asian mothers’ husbands acted as an interpreter between them and their midwife
  - A Black mother claimed to have requested a midwife to remove her footwear, when she was visiting her at home, but she refused for health and safety reasons

##### Postnatal community support

- 61% describe postnatal community support as good or excellent; 28% as poor
- There were mixed experiences of health visitors. Some were described as ‘excellent’. Others were described as ‘never gave any guidance’

## Word cloud

Overall experience is summed up based on quotes from survey respondents.

### What has worked well?

Good Experience Stage Birth Mothers Care Happy with Service  
Nice Responsive Midwife Team Delivery

### What has not worked?

Patients Appointments Baby Hospital Waiting Advice Midwife Doctor  
Partner Services Ward Knowledge Support Communication Midwives  
Patient Care Child Pushed Rooms Help Needed

## B. Overall mothers' experience by location

### Mothers who had a home birth

- Access to a midwife during pregnancy
  - 2 mothers had a home birth with St Mary's Hospital home team
  - 1 had a hospital midwife at St Mary's with regular phone contact and appointments
  - 1 never had a midwife
- Birth experience
  - Described St Mary's home birth team as supportive and helpful, and turned up immediately at birth
- Community support after birth
  - Community midwives were described as 'rude' and 'gave no breastfeeding support'
  - 1 mother was given notice to leave their flat within 7 days. She asked her midwife for housing advice, but no information was given. She eventually stayed at sister's
- What mothers like about maternity services
  - Midwives were described as 'supportive', 'professional', or 'appalling', 'no advice or info on breastfeeding', 'did not write baby's weight, or no follow-up checks at home visits

"... I appreciated that the same midwife visited twice, the only time I saw someone again in my whole pregnancy and birth experience which I actually think is really important to have that continuity. I ended up having an emergency caesarean and the student community midwife removed my stitches at the home visit (she was excellent) so their care was very important for me as well as my baby. I was very happy with the midwife home visits"—a mother who gave birth at Queen Charlotte

### Mothers who gave birth at the Delivery Suite at Northwick Park Hospital

- Access to a midwife during pregnancy
  - Contact with midwives was described as 'regular' or rarely'
  - 4 mothers had no midwives
  - Midwives were described as 'good' or 'refused to help, so ended up with a rupture and A&E admission at 8 months pregnant'
- Birth experience
  - Midwives were described as 'supportive', 'adequate' or 'unhelpful'. During the day midwives

"[I had] one midwife and one health visitor, [visiting me at home]...[my partner and I] were given lots of information about whom to call in case [I] feel pain, and in case, [we] want help and guidance"—a mother who gave birth at Northwick Park

- were not responsive but at night they were. Cleaners were described as ‘nice’
- ‘Midwife was nice to my older son and felt included’
- Hospital care after birth was described generally as adequate due to the lack of beds and midwives.
- Occasionally, no breastfeeding advice was given
- Occasionally, mixed experiences with the food being offered; sometimes food was offered immediately after the birth, and described as ‘excellent’, and other times it was not offered
- Community support after birth
  - Midwives were described as ‘supportive’, ‘professional’, or ‘appalling’
  - No advice or info on breastfeeding’, ‘did not write baby’s weight’,
  - No follow-up checks at home visits
- What mothers like about maternity services
  - Antenatal classes for couples and parents were excellent and boosted confidence
  - Overall journey of pregnancy was described as ‘great’
  - The Jade Team
  - Supporting mothers’ mental health needs
- What mothers would like to change
  - To have more midwives
  - To have midwives who are more supportive and compassionate
  - To have clarity of the role of different midwives
  - To have more doctors at A&E
  - To have a shorter waiting time at antenatal appointments
  - To have more breastfeeding support at hospital and in the community
  - To raise awareness of the role of the father during pregnancy, at and after the birth
  - To have more rooms and beds at maternity wards
  - To improve waiting times for an induction
  - To improve waiting times for a bed or room
  - To have more monitoring equipment so baby does not have to be taken in and out of the mother’s room repeatedly

“First visit was good but second visit I felt midwife did it in seconds as she need to rush somewhere and she forgot to write down my baby's weight. My health visitor who came after that wrote it by asking”—a mother who gave birth at Northwick Park

### ***Mothers who gave birth at the midwife-led birth centre at Northwick Park Hospital***

- Access to a midwife during pregnancy
  - Contact with midwives was described as ‘regular’ or ‘rare’
  - 1 mother had no midwife
  - Experience of care was described as good care, rude or unavailable,
  - Midwife’s phone not answered, or when called with an emergency (tachycardia), it was dismissed as unimportant
  - Late to appointments
- Birth experience
  - Midwife stayed with mother all night, and was caring and supportive
- Community support after birth
  - Midwives were described as ‘excellent’ or ‘rude’,
  - Sometimes, midwives visited a mother’s home 2-3 times



- Mothers were seeing different midwives, but preferred to see the same midwife
- What mothers like about maternity services
  - Encouraging mothers to have a natural birth
  - Encouraging mothers to breastfeed, but not to be 'pushed' into breastfeeding
- What mothers would like to change
  - To have more spacious postnatal rooms
  - To have more community midwives and health visitors
  - To improve waiting time for receiving letters, appointments, and queueing for appointments
  - To have less contradictory advice
  - To have midwives discussing less individual cases within ear shot of other patients
  - To have facilities for partners to stay overnight

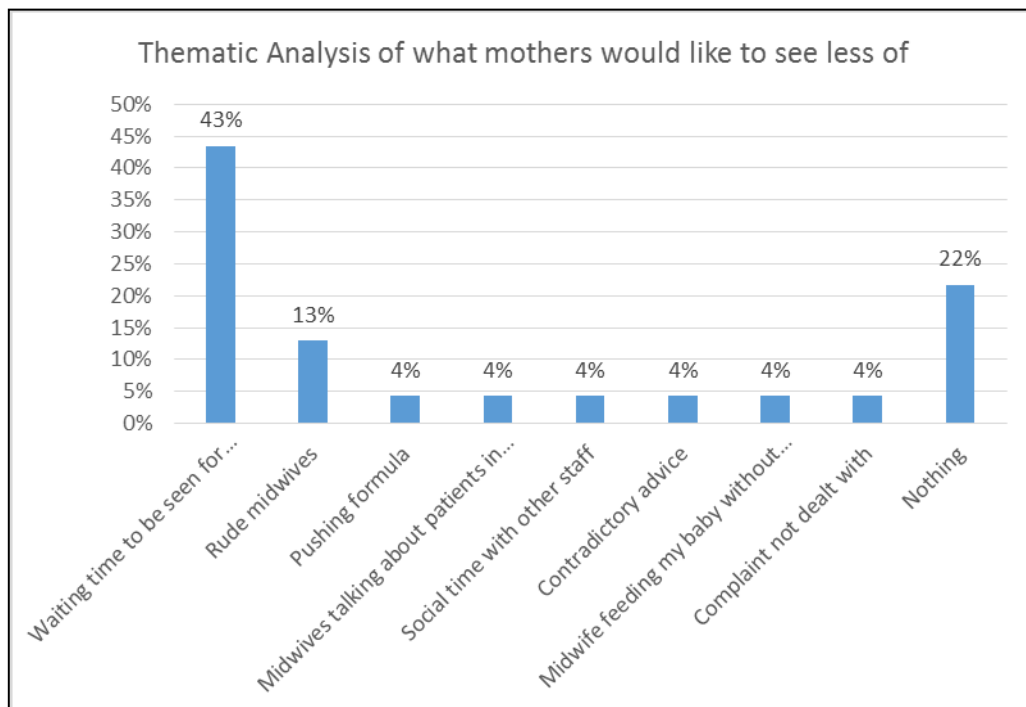
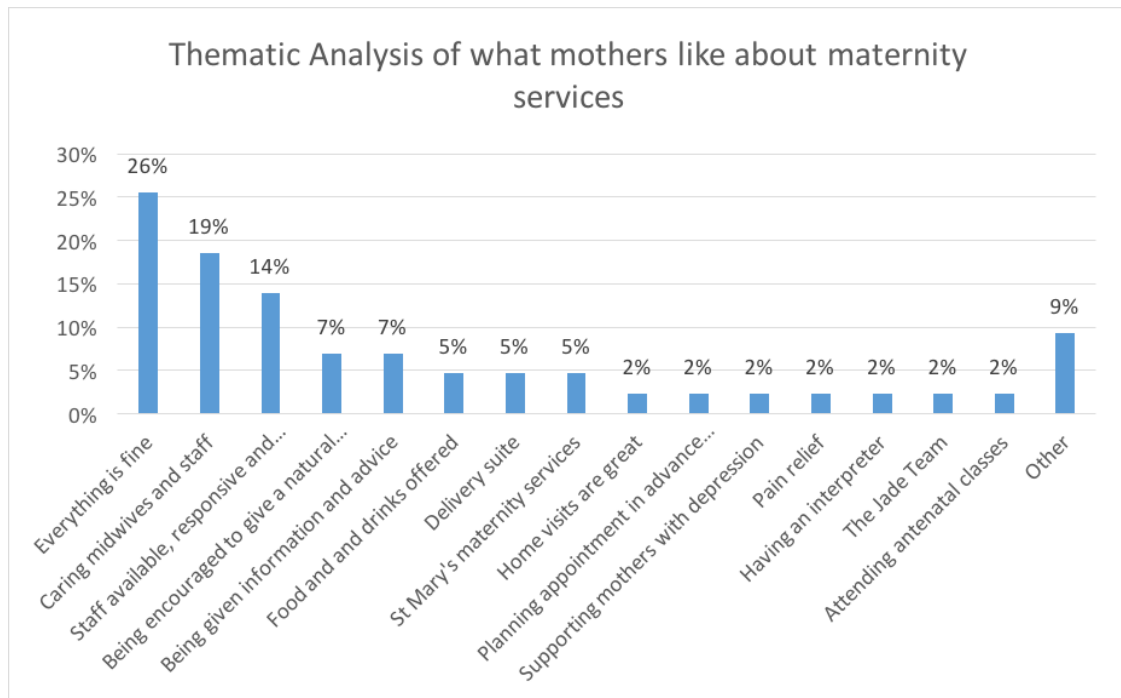
#### ***Mothers who gave birth in other locations***

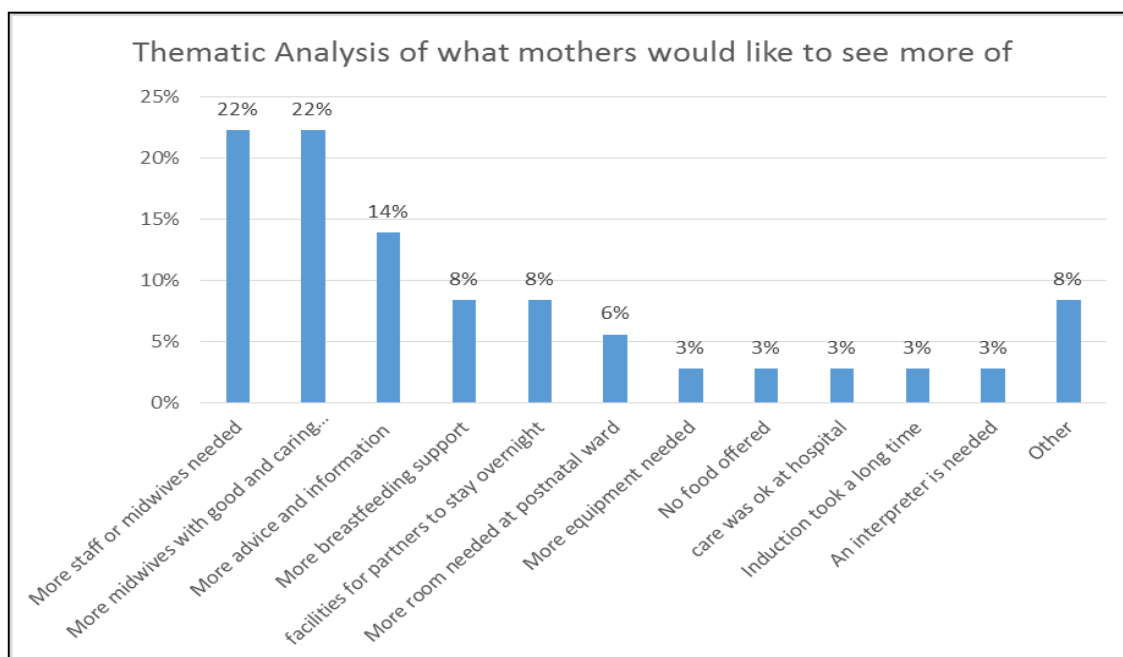
- Access to a midwife during pregnancy
  - Midwives were described as 'often not available', 'helpful' or 'just following a procedure'
  - Midwives were sometimes late to appointments
- Birth experience
  - Hospital care was described as 'excellent'
  - To improve care at postnatal wards specially at night shifts
- Community support after birth
  - Experience of midwives was described as 'great', 'amazing', 'unapproachable', 'unhelpful', or 'rude'
  - Weekly visits with the midwifery team was described as 'excellent' by a mother who had her baby born early
  - Midwife helped with removing stitches
- What mothers like about maternity services
  - Home visits were described as 'appreciated'
  - Some mothers had a good GP, and a baby and toddlers' clinic
  - One mother had a private paediatrician
- What mothers would like to change
  - To have breastfeeding peer support
  - To have more home visits
  - To increase funding for midwives and health visitors after the birth
  - To improve postnatal wards, especially at night shifts
  - To improve waiting times for receiving letters, appointments, and queueing for appointments
  - To have a more coordinated referral pathway to services
  - To provide information about the availability of BCG vaccination in different services in Brent
  - To have hospital midwives be more attentive to mothers
  - To not be pressurised to use formula to feed or to soothe a crying baby
  - To not use an 'accusatory' language, or not 'to be told off' around birth time

#### ***Pregnant mothers at Northwick Park Hospital***

- What mothers like about maternity services
  - Doctors were described as 'caring'
  - Midwives were described as 'good', 'listening', 'helpful', and 'informative'

- Knowing that there is someone who is always available
- What mothers would like to change
  - Information and advice were generally provided when needed
  - Interpretation was sometimes available, but other times not
  - To improve waiting times at appointments





## Observations

The Care Quality Commission (CQC, 2016) report on Northwick Park maternity care highlights positive areas where good care has been delivered, and areas that needed improvement. Some findings were complemented by the feedback we received from our survey. However, some of our survey findings also give a further insight into women's experience, both in Northwick Park and other locations.

- *Relationship with a named midwife:* Over 50% of mothers reported not having a named midwife or a named midwifery team during their pregnancy. This is in contrary to NICE guidance. Generally, respondents would appreciate having a designated team or a named midwife with whom they are able to build a relationship.
- *Recognition of good midwifery practice:* Mothers emphasised the value of having a good relationship with their midwife and other health professionals. Regardless of their condition, they repeatedly appreciated the importance of having a supportive midwife who makes a valuable difference to their baby and the quality of life during and after pregnancy.
- *Individual's experience with midwives:* The CQC report shows that mothers, who were spoken with during their visit to Northwick Park hospital, all said that they were treated with dignity and respect (CQC, p.109). While many mothers surveyed were positive about their experience with midwives, it appears that women have mixed care experiences. In some cases, community midwives and health visitors were described as 'excellent', 'professional', and providing good advice and information. Others were described as 'unhelpful', 'rude', 'do not enjoy their job' or 'need to rush somewhere'. Hospital midwives are sometimes described as 'inattentive' and 'did not answer the buzzer' when they were needed by mothers. Women's comments show that what makes the difference is to have a consistent and continuous approach to care, provided by a supportive midwife.
- *Birth location options:* Most mothers, from the survey, chose to give birth at the Delivery Unit at Northwick Park Hospital. They have indicated that their choice is mainly made based on the location or for safety. The CQC report indicates that the

maternity care in Brent (Northwick Park) had evidence of being compliant with NICE guideline for providing options of birth locations to mothers (CQC, p.105). However, our survey shows that many mothers were unaware of what other birth location options were available to them, whether they gave birth in Brent in Northwick Park or outside Brent.

- *Skin-to-skin baby contact:* Most mothers reported having had skin-to-skin baby contact, in accordance with NICE guidelines.
- *Antenatal care:* Mothers would like to have a shorter waiting time at the antenatal clinic to be seen by a doctor.
- *Breastfeeding support:* An infant feeding midwife was available at Northwick Park to promote breastfeeding (CQC, p.109). Mothers, in our survey, highlight that being encouraged to breastfeed is one of the things they like about the maternity care they receive in Brent generally, and in Northwick Park specifically. However, some mothers also said that they were being 'pushed into breastfeeding', or had no breastfeeding support.
- *Postnatal care:* Mothers also seem to have mixed experiences with care provided after birth at hospital and at home. There also seems to be a request for having more home visits. At Northwick Park, the experience with food being provided after the birth is varied; some women were offered food, while others were not. At Queen Charlotte's Hospital, one mother said that she stayed for 4 days at hospital but was given breakfast and lunch only once. At Northwick Park, some mothers were not offered food.
- *Emotional support:* the CQC report shows that there is a specialist bereavement midwife, spiritual chaplaincy and other forms of support provided to mothers (or parents) who experienced recent pregnancy loss (CQC, p.109). From our survey, mothers generally had positive experience, with many describing midwives as caring and supportive, while some mothers describe them as 'rude' or 'rushing'. The latter indicates that some mothers may feel they are not receiving the emotional support they need when they feel a midwife is rushing. However, there is also a sign of improvement of what mothers think of midwives, in comparison to earlier years. For example, there is one mother who gave birth at Northwick Park in the past two years, told of her early experience of midwives to be cold, with no compassion or support, specifically when she had a miscarriage. She says that she heard that midwives changed but she remains reluctant to use Northwick Park services again. Her feedback indicates, that despite her past negative experience and her reluctance, mothers' views and experience of midwives may have improved more recently. Moreover, another mother, who gave birth at Northwick Park, had recently a positive experience with the Jade Team who provides support for mothers with anxiety and depression.

## Recommendations

### A. For commissioners

- To consider commissioning services which incorporate increased support for breastfeeding post-natal care, and signposting to community services
- To ensure that community support is an integral part of the post-natal support and defined within the service specification, for example, breastfeeding support, home visits, information and advice after the birth.

## **B. For providers**

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To ensure that mothers are aware of the birth location options available to them, and are able to make an informed choice, about where to give birth.
- To ensure that midwives are consistently more prepared to support mothers at various stages, and are more enabled to be more personable, empathetic, and compassionate, by reviewing the supervision, training, and development for midwives
- To review the waiting time for queueing at antenatal appointments at Northwick Park
- To consider working with community peer volunteers to provide breastfeeding support, and information after the birth
- To consider working with volunteers to ensure that food is consistently offered after the birth
- To consider allowing extended visiting time for partners to stay with mothers

## **C. For expectant and new mothers**

- To consider attending and providing feedback at the Maternity Users' Groups and forums organised by maternity care providers, at local GP practices, or at hospitals
- To ask, their GP, midwife, or health visitor, for help and information when in need of advice with regards to antenatal care, breastfeeding support, and all other maternity care

## **Provider's Response to Healthwatch Brent Report**

The London North West Healthcare Trust, the main provider of maternity care in Brent, was invited to respond to this report. The Trust's response is as follows:

### Trust Response

The Trust welcomes the Healthwatch report which asks mothers in Brent their experience of maternity services. We note that 77 women participated and this is a range of mothers who had birthed recently and up to two years previously. Annually 5060 women give birth at the Trust. It is also noted that approximately 66% (n=51) of them had their maternity care with LNWH NHS Trust, the remaining 34% (n=26) with other providers.

We are keen to keep in touch with the views of our service users and pay close attention to this feedback. We work closely with our local Maternity Services Liaison Committee (MSLC) and with our GP commissioning colleagues and local North West London Trusts. We are a partner in the Early Adopters North West London Programme to pilot new models of care which will improve continuity of care throughout pregnancy and birth delivering high quality care with excellent experience for users of the service.

We have carefully considered the recommendations from this report and have already made the following improvements.

### Recommendation (1)

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To ensure that mothers are aware of the birth options available to them, and are able to make an informed choice, about where to give birth.

### Trust Response

The maternity department is delighted to have become a partner in the (Early Adopters Programme) looking into continuity of care models which forms part of the Better Births recommendations. We are confident that this addresses these concerns and will significantly improve the overall experience of our women and families.

We have made significant changes to our clinical and staffing models with innovations in public health and major national programmes. We will be piloting a continuity care model which will ensure that each mother has a close working relationship with a small group of midwives who will be with her every step of the way; this pilot model will be rolled out before the end of the year.

Throughout their pregnancies from their first booking appointment birth options and locations are discussed with mothers and documented in their hand held notes. We also discuss options at the parent education classes. Plainly we need to work harder to make sure that they feel that they have all the information they need to help them to make a choice.

### Recommendations (2)

- To ensure that midwives are consistently more prepared to support mothers at various stages, and are more enabled to be more personable, empathetic, and compassionate, by reviewing the supervision, training, and development for midwives.

### Trust Response

We were saddened and disappointed to read that 23% of all the mothers surveyed (n=18) rated emotional care as poor and 13% (n=10) described staff as rude. We wholeheartedly agree that supervision, training and development are key to changing this.

A new Divisional Lead for Women's Services was appointed in December 2015. In response to user's feedback, he has worked with the front line staff to redesign the structure to give clear lines of reporting for all staff. Innovative roles have been introduced and are currently being phased in: specialist roles to support mothers after caesarean section, Neonatal Assistants and housekeepers. These roles have been specifically created to improve women's experience and to free up midwives to allow them to offer first class care and support for all our women and babies. Our matrons use the friends and family data in individual ward areas, which provides real-time feedback for their areas to work with and make changes.

The team successfully bid for funding for maternity safety training, which has enabled staff to attend multidisciplinary bespoke training at the Royal College of Obstetrics and Gynaecology to improve clinical safety in areas such as situational awareness and decision making.

The Trust has engaged with staff and patients to state and commit to Trust values which guide the attitudes and behaviours which patients should expect from us.

In addition, staff are being supported with customer care training and team values sessions. We believe that looking after our staff is the best way to ensure they look after our families.

#### Recommendations (3)

- To review the waiting time for queuing at appointments

#### Trust Response

The antenatal service clinic provision has been remodelled and the waiting area and patient flow is managed accordingly around distinct pathways.

The new clinical model has seen inpatients services co-located together instead of split across the unit. We now have clear areas one side for Midwifery-led services and the other side for Obstetric services. This puts the right professionals in the right place at the right time.

#### Recommendations (4)

- To consider working with community peer volunteers to provide breastfeeding support, and information after the birth

#### Trust Response

All of our community midwives are co-located in community clinics to ensure that new mothers can meet with them easily and conveniently. We appreciate the valuable role of peer volunteers and work closely with them to help support mothers.

#### Recommendations (5)

- To consider allowing extended visiting time for partners to stay with mothers

#### Trust Response

Visiting hours have now been extended and we welcome partners from 9am to 9pm. Some of our mothers share four bedded bays, so when welcoming partners we are mindful of the needs of other families in these bays.

## **Conclusion**

Women consistently appreciate the value of building a long lasting relationship with their midwife who is able to recognise them by their first name, and makes them feel valued and cared for. Most of the issues and concerns, raised by the mothers in the survey, emphasised the value of long-term investment in staff development and recruitment of experienced and competent midwives who are caring and supportive of women's needs. It is noteworthy to highlight that maternity care is at the top priority list for commissioners and providers in Brent. It would be useful to explore a sustainable approach to antenatal and postnatal community support, and to continue working in partnership with mothers, keeping in mind, that investing in relationship-building between mothers and midwives is what would provide good care and healthy families on the long-term.

*"People do not buy goods and services. They buy relations, stories and magic" - Seth Godin, an author and public speaker*

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## Glossary of Terms

CCG	Clinical Commissioning Group
GP	General Practitioner
LNWH	London North West Healthcare Trust
NICE	National Institute for Health and Care and Excellence
RCOG	Royal College of Obstetricians and Gynaecologists
RCM	Royal College of Midwives
WTE	Whole Time Equivalent



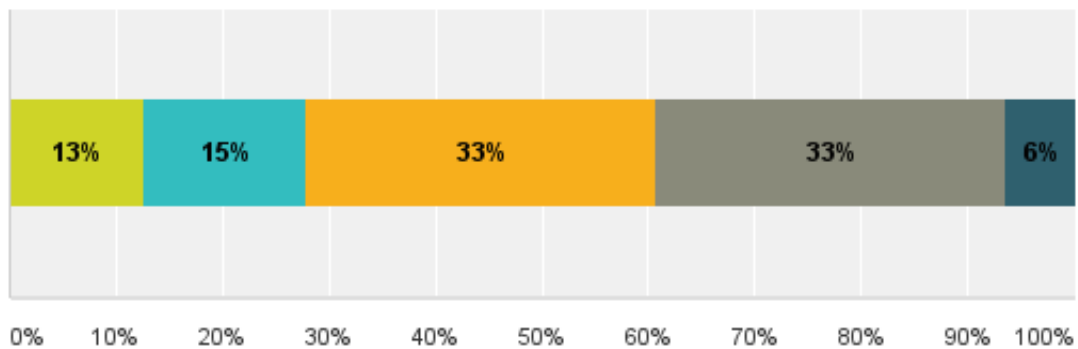
## Appendix

### Graphs

Note: questions that are not represented by a graph in this section are of a qualitative nature, and therefore, they were included in the main body of the report. Seventy nine mothers indicated whether they were first-time or second-time mothers. However, only 77 provided feedback through the online and face-to-face survey, but not necessarily answered all questions.

### Q3 Is this your first pregnancy? Tick one

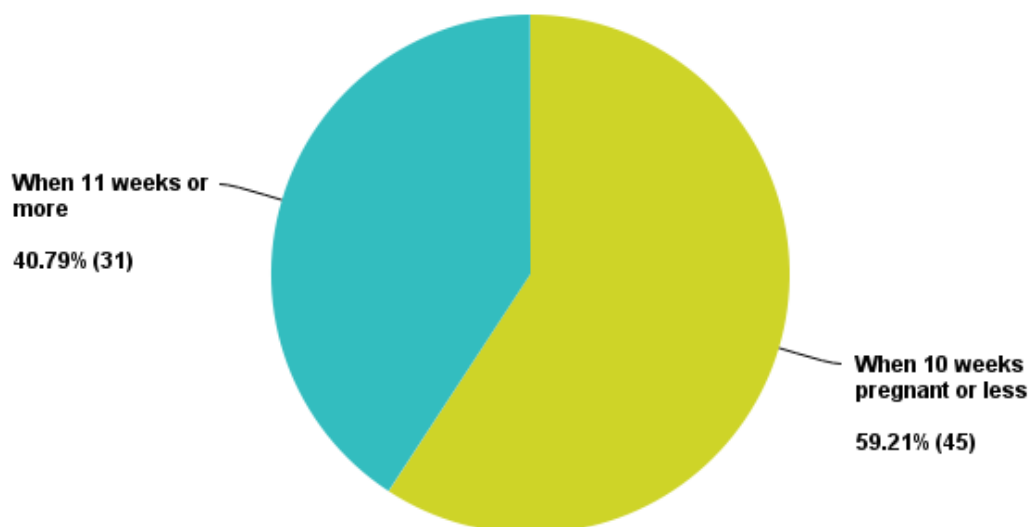
Answered: 79 Skipped: 11



**I am pregnant with my first baby**    **I am pregnant with my second my baby (or third or more).**  
**I had my first baby**    **I had my second baby (third or more)**    **Other**

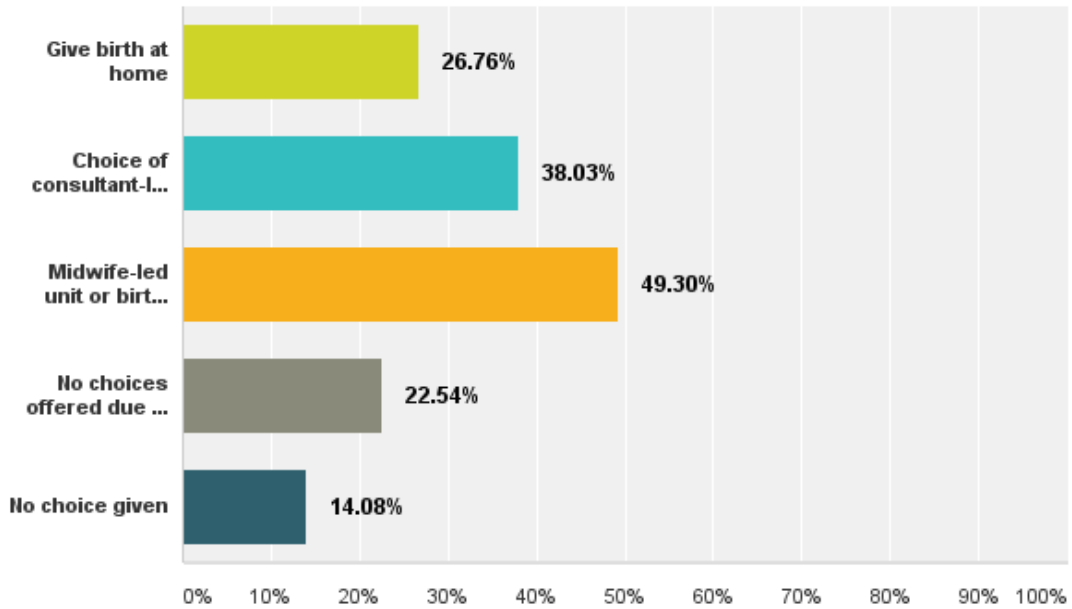
### Q4 When did you have your first 'booking appointment'? (i.e. when you were given your pregnancy notes)

Answered: 76 Skipped: 14



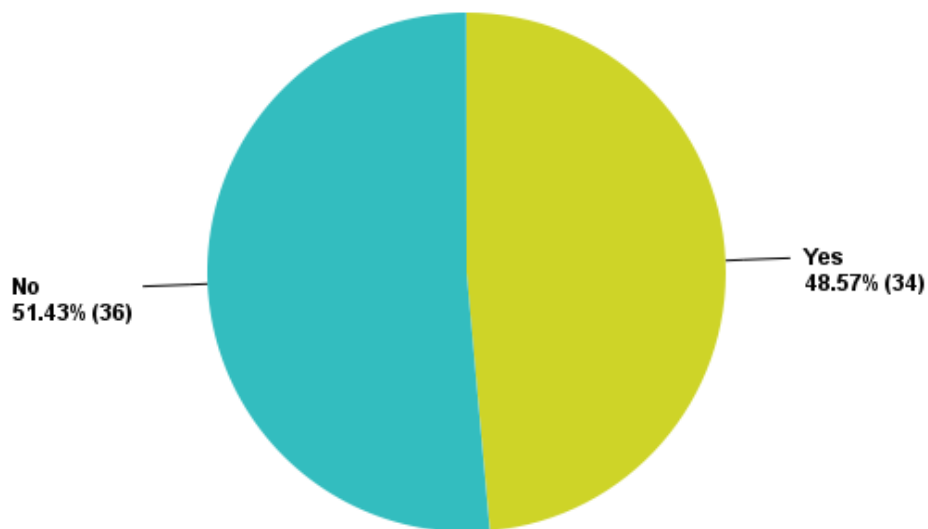
**Q5 What options were available for you about where to have your baby? Please tick all that apply.**

Answered: 71 Skipped: 19



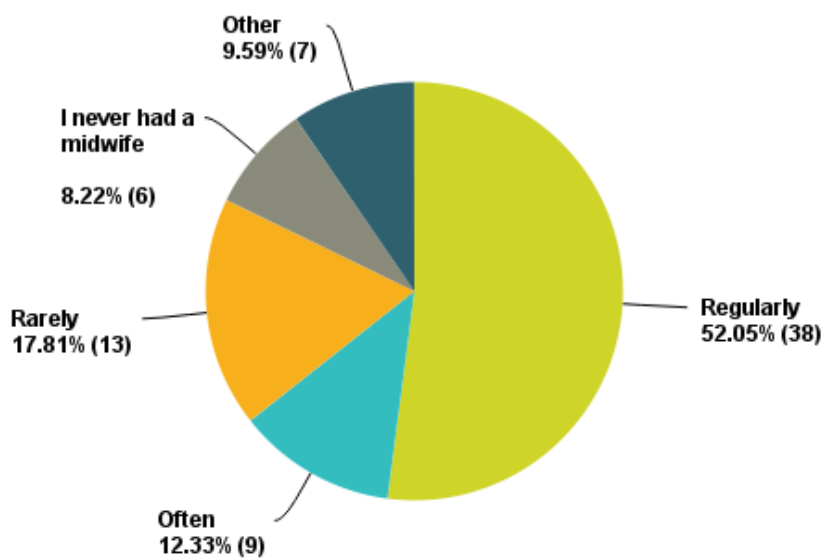
**Q9 During your pregnancy, did you have a named midwife or midwifery team that you could contact?**

Answered: 70 Skipped: 20



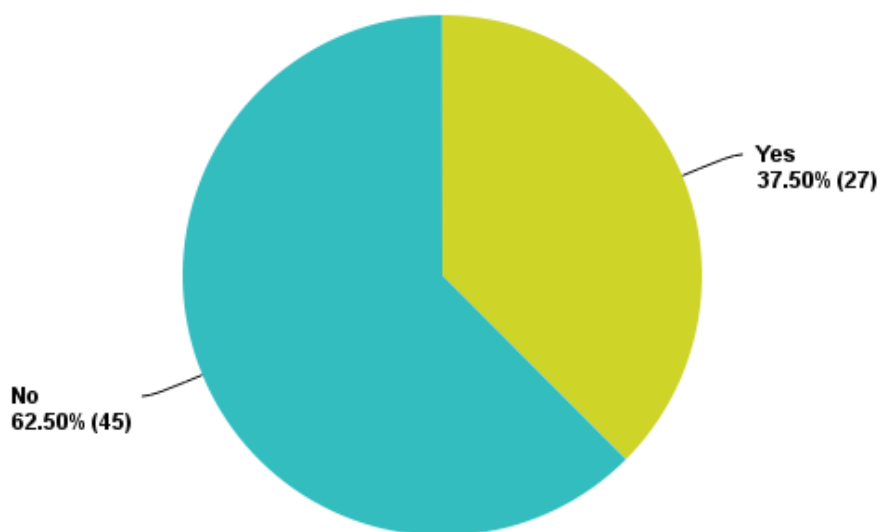
### Q10 How often were you in contact with your midwife/midwifery team?

Answered: 73 Skipped: 17



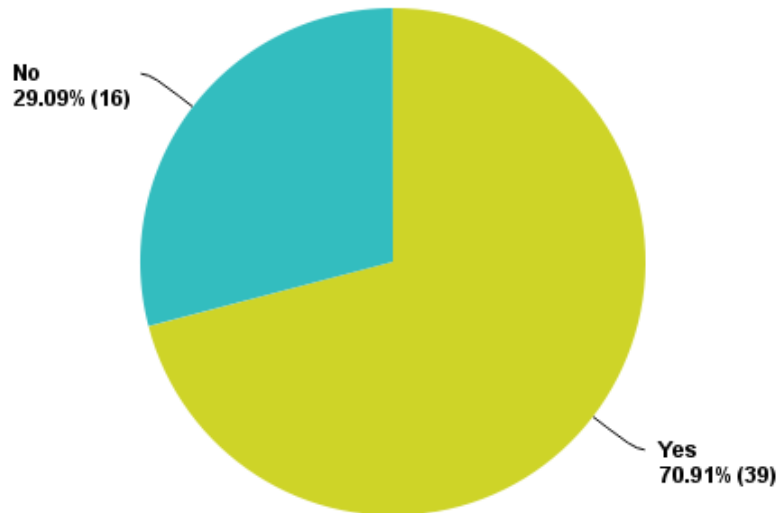
### Q12 Did you attend birthing/antenatal classes?

Answered: 72 Skipped: 18



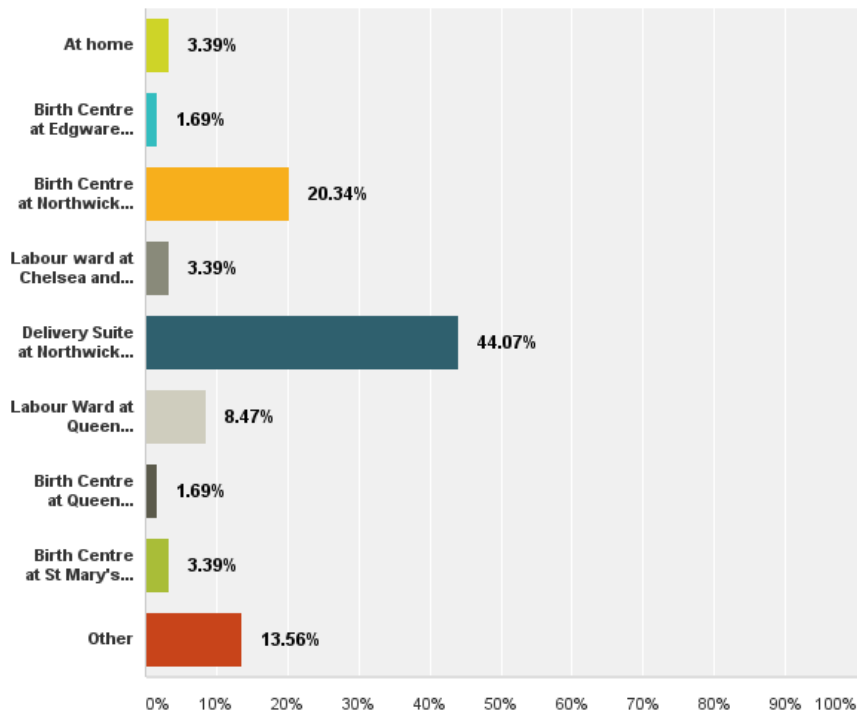
### Q13 At the start of your labour, did you contact your midwife, hospital or birth unit for advice?

Answered: 55 Skipped: 35



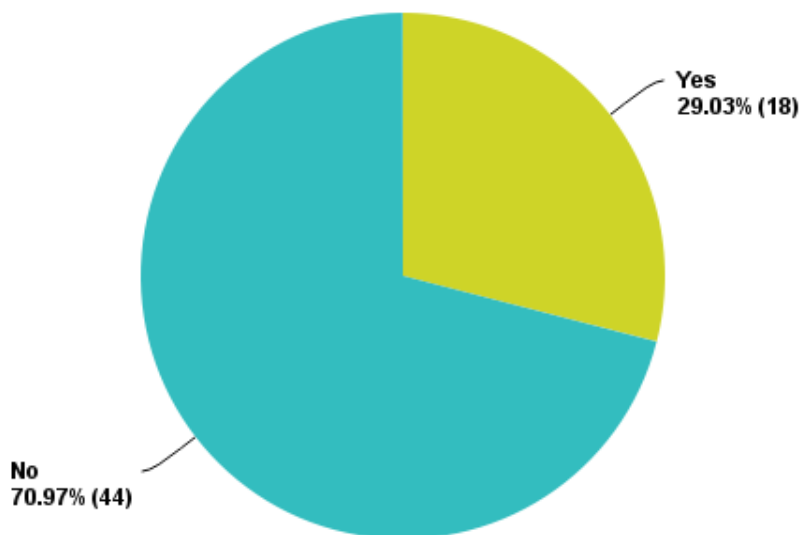
### Q14 Where did you give birth to your baby?

Answered: 59 Skipped: 31



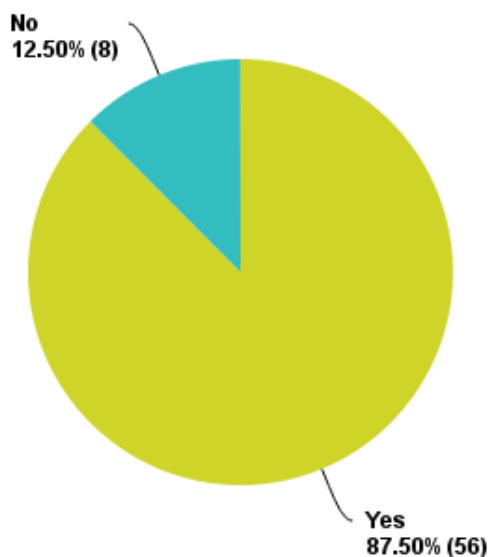
### Q15 Did you have any medical complications that changed where you gave birth?

Answered: 62 Skipped: 28



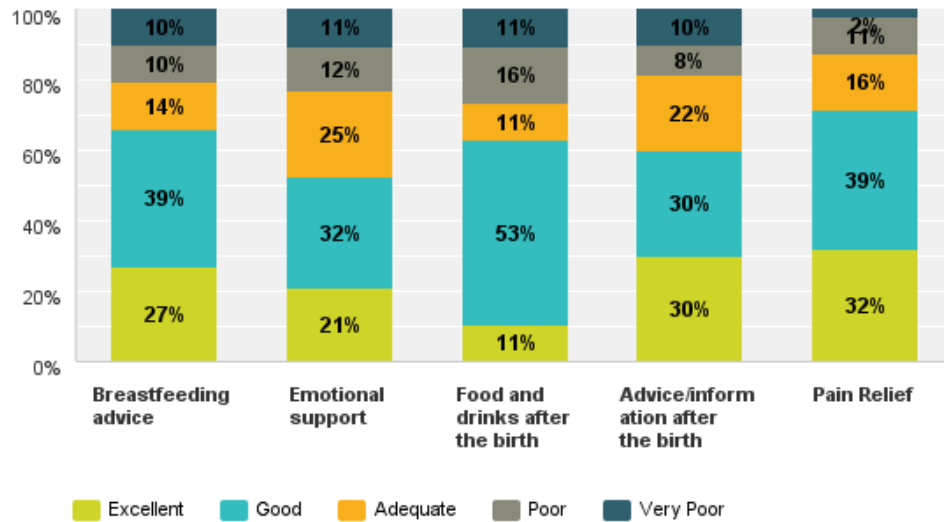
### Q17 Did you have skin-to-skin contact with your baby shortly after the birth?

Answered: 64 Skipped: 26



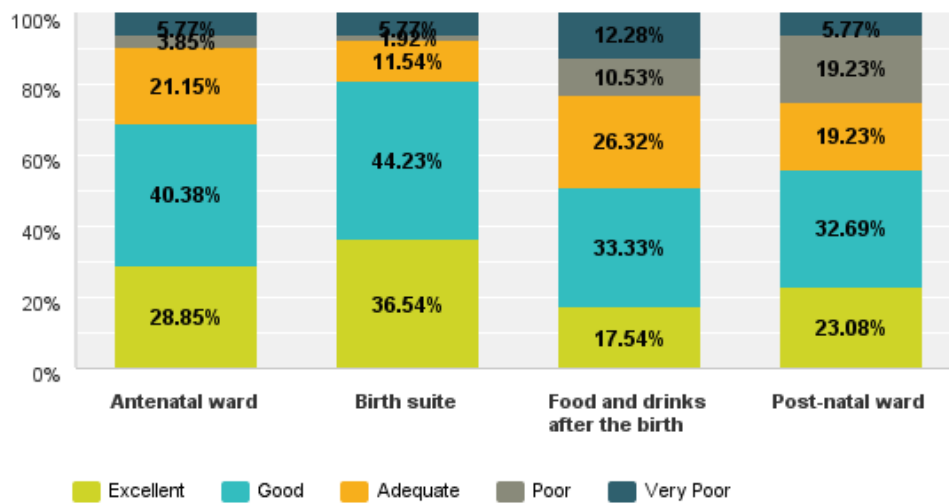
### Q18 How do you rate the support you received in each of these areas?

Answered: 62 Skipped: 28



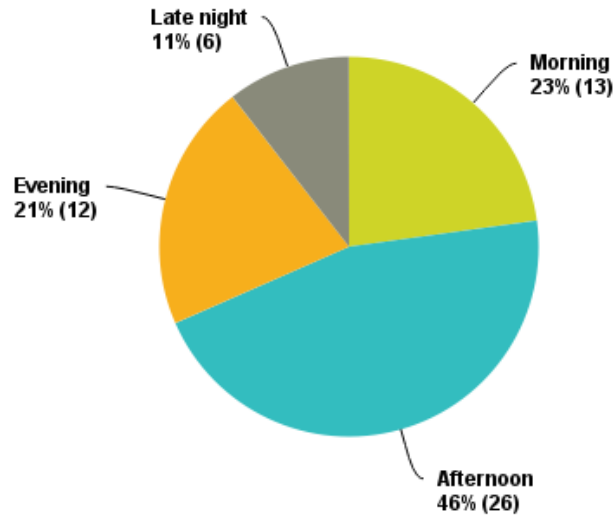
### Q19 If you gave birth in hospital or at a birthing centre, please rate how you found the following facilities.

Answered: 58 Skipped: 32



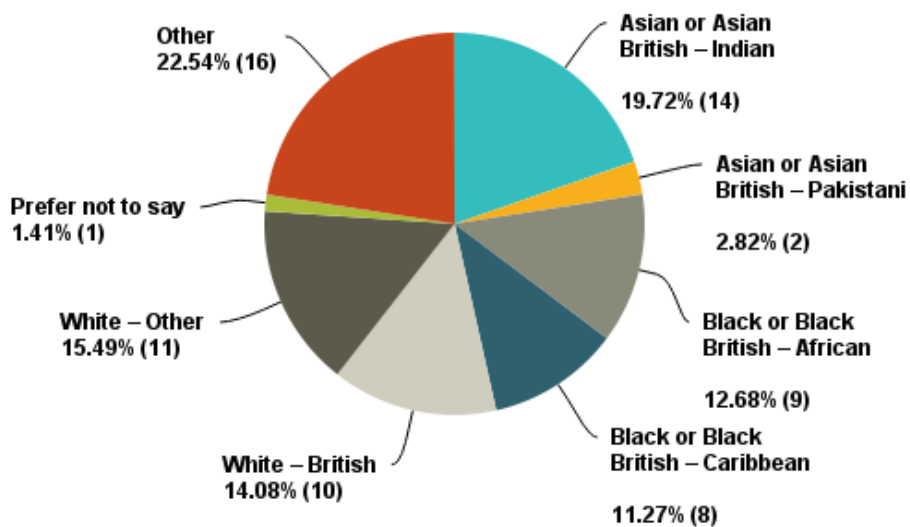
### Q20 If you gave birth in hospital or a birth unit, what time of day were you discharged?

Answered: 57 Skipped: 33



### Q27 Please tell us your ethnicity

Answered: 71 Skipped: 19



## Q28 Do you consider that you have a disability?

Answered: 57 Skipped: 33

