healthwatch Derbyshire

Maternity Services

Antenatal, Intrapartum (birth) and Postnatal Care

A summary of comments received September – November 2016

Helen Henderson-Spoors (was Hart)
Intelligence & Insight Manager
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1. Thank you

Healthwatch Derbyshire would like to thank the many groups and services who supported and cooperated with this engagement activity. We would also like to thank the many participants who gave up their time to talk to us about their experiences.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, families, friends and carers who have used maternity services and health and social care services for young children and their families, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that patients, families, friends and carers have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding why we selected this topic

Healthwatch Derbyshire aims to talk to a wide range of people about their experiences of using health and social care services. As a result, we received a number of comments about maternity services through our general engagement activity.

Due to some themes emerging in the information we received through this activity, we decided to approach people who used maternity services, with regards to all three stages, i.e. antenatal, intrapartum (birth) and postnatal care in a more targeted way to find out a little more about the issues that were starting to emerge. This took place between September – November 2016.

5. What we did in brief

This report is based on 229 experiences of maternity services collated between September and November 2016.

During these months, engagement officers arranged to attend specific groups and venues to target people with recent experiences of using maternity services.

Participants were not asked specific questions, but instead were invited to talk more generally about their experiences of using these services.

All comments taken have been recorded on the Healthwatch Derbyshire database, and have been sent to providers and commissioners for their consideration, response and action, as appropriate. The purpose of this summary paper is to highlight the themes and trends that emerged during the engagement activity, with an example of the comments.

Out of the 229 experinces collated, 220 were from women, and 9 were from men. In terms of age, 140 experiences were from participants aged 18-24, 87 were from participants aged 25-49, and 2 were from participants ages 50-64. The experinces collated were from the following districts:

Chesterfield	40
Amber Valley	38
Erewash	27
North Dales	25
Bolsover	22
South Derbyshire	22
High Peak	20
North East Derbyshire	20
South Dales	15

6. Key findings

There are several themes that emerged from the engagement, which are as follows:

- People spoke about difficulties and delays with detecting tongue-tie
- Midwives
    - Continuity with the same midwife was seen as important
    - People spoke positively about community midwives
    - People spoke positively about hospital midwives
- There were mixed experiences of health visitors
- There were mixed experiences of the care offered in hospital after labour, most commonly with regard to assistance with feeding
- People spoke about long waits for scans. The reasons for the delays were not communicated well.
- People spoke positively of breastfeeding support in the community

- People reported mixed experiences in terms of the approach to identifying and responding to postnatal depression. There was a reported lack of awareness of how to respond to postnatal depression by professionals
- People spoke about not feeling adequately prepared for what can go wrong during labour, and how they might feel and cope once back at home
- People reported cancellations and rescheduling of planned C-sections.

7. What people told us

Tongue-tie

Several participants spoke about difficulties and delays with detecting tongue-tie. Once detected, some felt that the 'wait and see' approach they had experienced had caused uncertainty and delays to any treatment offered.

For example:

"Recognising tongue-tie in babies is still a problem. It is just not being spotted by hospital, or by midwives and isn't picked up until the health visitor calls. In the meantime, it causes anguish to mothers and can have a detrimental effect on the ability to breastfeed."

"Tongue-tie is not recognised until the health visitor picks it up."

The commentator explained that she had trouble breastfeeding. It was later discovered by the community nurse that her baby was tongue-tied. Her baby then had to attend hospital for the 'snip' procedure at seven weeks old. She said it was a very easy procedure, "My baby was swaddled, tipped over my knee, the doctor checked his mouth and then snipped."

"Tongue-tie was picked up on my baby on the ward but I was just told 'see how you get on'. I eventually got a referral but it was a three-week wait."

"My baby was checked for tongue-tie at the infant feeding café and if it had been an issue it could have been easily resolved there."

"The midwife noticed my baby had tongue-tie, so she said she would put it onto the discharge papers and the health visitor would talk in more detail about it. The health visitor referred me to a GP, and then the GP referred me to a consultant at hospital. The consultant did not listen and just told me to go back in six months when my baby moves on to solids."

"My first child had a tongue-tie issue and I do not think this was taken seriously enough and no action was taken to remedy it. Feeding and latching was a constant issue. Because of this I had to stop breastfeeding and go on to formula which I did not want to do but my child was not getting enough food and that was the priority. As a mum, we do know what is best for our child and I think professionals should listen to us more rather than just dismissing us. I think this can happen more when it is your first child and you have little experience of babies."

Midwives

Continuity with the same midwife

Many participants commented that they felt it was important to have continuity with the same midwife, to build up a relationship, and prevent the need to repeat information.

For example:

"My experience as a whole was good, however there was just no continuity with the midwives at all. I had a different midwife every time I went so I always had to repeat myself; you only get a five to 10-minute appointment as it is."

"Community midwives keep changing so if you do have a problem, then you keep having to repeat the same story over and over again."

"I had the same midwife throughout the pregnancy; this is so important for parents."

"I had different midwives for the pregnancy and I noticed the difference when I got the same midwife later in the pregnancy as you get to build up a relationship."

Community midwives

Participants were overwhelmingly positive about the care offered by community midwives.

For example:

"I was heavily pregnant but I wasn't overdue and she came to my house to do a sweep to make it easier for me. If I rang up the practice for advice, she would always ring me back; she was a really good midwife."

"I had a home birth which was a very positive experience. Two midwives came out to me and they were really good. They gave me and my partner a lot of space. They kept checking my blood pressure and after my daughter was born they stayed with us for about an hour and then they gave me a number to call if I needed any help before they left."

Hospital midwives

Participants were overwhelmingly positive about the care offered by hospital midwives.

For example:

"I couldn't fault the treatment I received."

"The midwives were fantastic; I felt comfortable and happy."

"The midwives were happy; the majority of them were all amazing."

“I was able to use the birthing pool; I found it so relaxing. The midwives were amazing; they were so brilliant how they spoke to me. There was little interference by them. I would recommend a water birth to anyone.”

“During the birth I never felt rushed and the midwives were great.”

“There was a staff changeover whilst we were there but the new staff introduced themselves and the midwife who delivered the baby was really nice. You could talk to her like you had known her for years. The midwife was in the room the whole time. She never left us alone but she didn't interfere; she gave us our space. She was very calming and when baby arrived she made sure everything was OK and then went and got us all a hot drink.”

Health visitors

Participants gave mixed reports about health visitors. Although some participants gave positive feedback, others had experienced difficulties with getting in touch with staff, or felt that they had not been as helpful as they could have been.

For example:

“The health visitor didn’t turn up as expected. I chased and waited in. One lady did come the following week and although she was really nice, she thought my baby was six to seven weeks old when in fact he was 12 weeks; I think they are just so short staffed.”

“I have tried to contact my health visitor three times, and nobody has called me back. I have sent a text as well. This is a regular occurrence.”

“The health visitor starts to tell you about weaning too early, at a few months old. It would be better at about five months old as you forget what they tell you.”

“I feel that there is not enough knowledge or expertise amongst the health visitors about what to do with problems of reflux in babies. The people who I spoke to did not advise anything really and did not seem willing to go and find out.”

“My health visitor is good; I can get in touch with her if I have any concerns. I have her mobile number and I can text or leave a message. She always gets back in touch with me really quickly.”

“I have found my health visitor to be really supportive.”

Care in hospital after labour

Participants gave mixed reports about the care offered in hospital after labour. Most commonly, participants spoke about the assistance that was offered with feeding. Some participants felt that staff had been very supportive and persistent to support their choice of feeding method, whilst others felt that help and support had not been forthcoming. One participant also made a comment about the lack of specialist breastfeeding support at the weekend.

For example:

"I wanted to breastfeed and they just kept pushing formula on me; they didn't help me at all. I am a first-time mum with twins and I was left to figure it out by myself."

"I really struggled at first but they gave me top-ups of formula to give to my baby. There was one night I was struggling to feed; I pressed my buzzer and a midwife came to help me. They all persevered with me."

"I had a caesarean and I needed some hot water to warm the formula up for my baby. I could not walk very well and I was still in lots of pain and they said, 'I have no time to get boiling water for you.' I had to get up and carry my baby to get the boiling water. I found this frightening and was worried that I may have spilt some on my baby. Many times I heard the different staff saying how busy they were and that they could not help people. Staff should think what it feels like to hear this as, as a new mum you are trying to get well and strong enough to go home with your baby. You are not being lazy, you just need some help and care after the birth."

"I did struggle with breastfeeding and because my child was born on a Sunday there was no specialist breastfeeding support available. The midwives did try to help but I think that with the specialist support I may have continued with breastfeeding instead of using the bottle. I think this is a gap in service as people do give birth over the weekend."

"The assistant midwives were great. I didn't sleep all night and they really helped me with my baby as she wouldn't latch on. I didn't know where the feeding room was but I was told that I could feed at the side of my bed. I did go in the feeding room but it was really cold. One particular assistant was really helpful; she fetched me a cup so I could express, and that really helped me. All of the midwives looked really busy."

The commentator said she had given birth in late September 2016. She said, "I was not given a Red Book. Apparently the hospital only received a new supply at the end of October/beginning of November. I finally got mine last Saturday (mid November). This meant I had no birth details in my book. The health visitor has since filled in what she can. I don't understand why they didn't get a stock in. I was told it was something to do with funding."

Scans

Participants spoke about their experience of having antenatal scans. The majority of these comments were collected from Royal Derby Hospital because engagement staff attended scan sessions at Derby and spoke to participants in the waiting room. Many participants spoke about long waits and a small, cramped waiting room without enough seating. Several participants felt that the length of the process could be better communicated in advance to assist with planning, and any further delays could be better communicated on the day.

For example:

"At the 12-week scan I was not allowed to see the screen during the process. I felt that the person carrying out the scan was very unkind and did not explain anything to me."

"For my first scan I did not go in until 1½ hours after my scheduled time. My partner missed it because he had to go to work."

"When I went for my scans I had to wait a long time for my appointments."

"The waiting room is very small and cramped; there aren't always enough seats for everybody to sit down."

"My scans were useful but I always had a long wait of around 1½ hours before I got to see who I needed. This could be explained better, maybe in the letter, so that people can arrange enough time off work."

"There was a very long wait of at least an hour to see the consultant after each of my scans. There was never any explanation given for the delay."

"With regard to having a scan, these generally run to time but as I was consultant-led I always had to wait at least one hour after to see the consultant. Once I had to wait nearly two hours. When you do go in they say 'sorry', but there is never any explanation or warning before you arrive. This system could be improved."

"I do not think that it is right that children are no longer allowed to come into the scan with you. We wanted them to be part of the experience and had brought our children to the appointment a couple of weeks ago only to be told that this was no longer allowed. We had to go home and rebook as we could not leave the children in the waiting area while we went in, and my husband and I wanted to be together for the experience. As a suggestion, I think this should be made clear on the appointment letter and/or when you book the appointment."

"During my pregnancy I never had a scan and consultant appointment on the same day. It would be better if these could be coordinated as I struggle to get the time off from work and my husband was not always able to attend with me because of work restrictions."

Community breastfeeding support

Participants were unanimously positive about breastfeeding support services that they had used in their local community.

For example:

"I used the infant feeding café to help increase my confidence with breastfeeding. I did have some problems at the start but the staff were helpful and supportive."

"I have used the breastfeeding support team for all of my babies; they make you feel supported. I was not shown in hospital how to breastfeed properly so the support team was really useful."

"I was very pleased with the support I got from the breastfeeding support group. The first two weeks are very hard and the support that I got was invaluable."

“I had a very positive experience with both the health visiting and breastfeeding support team.”

“I was very impressed with the support when I was discharged from hospital. The day after I arrived home I received a call from Breastfeeding Derbyshire to see how I was getting on with breastfeeding and they gave me advice and tips over the phone.”

“I had a lot of support from the breastfeeding team; my worker was great. I had mastitis and I had help to keep feeding. She came to my house a couple of times and then I just had telephone contact if I needed any help. She rang me every week to see if I was OK.”

Postnatal depression

Many participants spoke about their mental health needs after birth, and reported mixed experiences in terms of the approach to identifying and responding to postnatal depression. There was a reported lack of awareness of how to respond to postnatal depression by professionals. There was also a need expressed to respond to the mental health needs of new fathers too.

For example:

One participant reported that, in her experience, continuity with the same health visitor had been important for picking up on the signs of postnatal depression and feared that this could be missed when there wasn’t continuity with the same professional.

“At the 10-day check I was asked about postnatal depression and I was happy to be asked about this and I felt it was done properly.”

“My friend left a message with the health visitor as she thought she was getting postnatal depression. It took two weeks to get back in touch with her, with the only advice from the health visitor being to not let the baby control her. In the meantime, the friend had sought help from a GP.”

“There is a gap in service for people with peri/postnatal depression. A support group is needed and peer support. There should also be support for the mental health needs of new fathers too.”

“I think the emergency caesarean contributed to my postnatal depression as I was still in shock when I returned home and could not bond properly with my baby. I felt that I did not know what to do and did not have any confidence.”

“There are the ‘stay and weigh’ sessions that you take your baby to but they never really ask about how you are doing, it is centred on the baby. You feel you have to pretend and say that everything is fine, when really it isn't and you are not coping. It took many months before I went to the doctors to get help and I was not helped in the way that I expected. I was told that I should be happy that I had finally got the baby that I wanted and I would 'be fine'. I should get out and do things to cheer me up. However, I was struggling to go out and leave the house. This was not helpful and I felt riddled with guilt for not feeling happy and content. I felt lonely and isolated. There should be more awareness and recognition of postnatal depression by doctors and other professionals who

come into contact with new mothers. There is pressure on mums to be perfect and managing with everything."

"I feel there is a gap as my husband did have issues and I would like to highlight that there is a need for fathers/partners as they may get the feeling of anxiety and depression after the birth as well and this should be recognised with support in place where needed."

"I had postnatal depression after the birth of my first child. It took many months for it to be taken seriously. However, when I got pregnant with my second child I was given information about postnatal depression and a referral to the mother and baby unit. I thought this was helpful as it meant that I knew that support would be available if I needed it. It was being preventative and prepared. This helped me to be calmer knowing that things were in place 'just in case'. I wish people were more open about postnatal depression. If doctors and health visitors were more aware of/open towards it then people wouldn't be afraid to talk about it. I know of people who tried, like myself, to tell the doctors and health visitors but they did not seem interested and said, 'It is normal to feel a bit low' or to 'sort myself out'. If people are helped sooner then it will have less effect on the child and the bonding with the mother and baby. It could prevent people getting worse and maybe having to get more substantial help in the long term. When I got the depression after the birth of my first child I was eventually put on tablets but I had to keep asking to get what I needed."

Antenatal preparation

Some participants felt that they had not been adequately prepared for what can go wrong during labour, and how they might feel and cope once back at home.

For example:

"I had to have a blood transfusion as I lost so much blood. I felt that I was not told enough information about what could happen before the birth. I would have preferred to be better prepared."

"When I returned home I found having a baby completely overwhelming. I think there should be more information given before the birth about how tiring it can be."

"When I had my son I had to have an emergency caesarean. I had not been expecting this and did not feel prepared for it. I wish I had been given more information about this in the antenatal sessions. I would have preferred more details on what could happen and how traumatic and bloody having a baby can be. There were only two two-hour sessions provided at the Children's Centre and the second one only lasted an hour. I do not feel that was enough to help people who were going to be a parent for the first time."

"One improvement I would suggest would be more practical tips in antenatal care especially for first-time mums. There is a lot of focus on the birth and very little afterwards."

Cancellation/rescheduling of planned C-sections

Some participants spoke about poor communication regarding the timing and cancellations of planned C-sections.

For example:

"I had a planned caesarean due to historical complications with a previous baby. I went in at 7.30am. At 1pm my husband prompted the staff and asked why I was still waiting. It was at this point they apologised and said my section had been cancelled and I was to return the following day."

The commentator said she had gone into hospital for a planned C-section due to her baby being breech. The commentator said she had not eaten since midnight, and by 5pm was sent home due to the fact that there were no slots as a result of bank holiday working and strikes. She was told to have a quick meal, not eat again then to go back at 7.30am the next morning. She returned the following day at 7.30am, and said she was kept waiting outside the door for 45 minutes. The commentator said she had had nothing to eat or drink all day and could only have an ice cube. At about 3pm the staff put in the IV tube, and at 4.30pm she was suddenly taken to theatre. "I just felt it was all of a sudden after waiting so long."

8. What should happen now?

Services should consider:

- The difficulties with detecting tongue-tie, and the delays in treating it once detected, and how these can be resolved
- The importance of continuity with regards to midwives during pregnancy and how this can be provided
- How more information can be given in respect of waiting times for scans and related consultations. This is both prior to, and on the day of the appointment.
- How postnatal depression, for both parents, can be identified and responded to more sensitively and appropriately
- Whether there is appropriate availability of and access to health visitors
- How prospective parents can be better prepared for the antenatal and labour period
- How breastfeeding support is currently provided in hospital and how this can be improved
- The impact, and information given to parents, when C-sections have to be cancelled.

9. Service Provider Response

Derbyshire Local Maternity System Response to the Healthwatch Derbyshire Maternity Service Antenatal, Intrapartum and Postnatal Care – Summary of comments received September to November 2016 report.

The members of the Local Maternity System, who have now come together to form the Maternity Transformation Programme Board, would like to extend their thanks to Healthwatch Derbyshire for this report.

As we are sure you are aware in 2016 Better Births – the report of the National Maternity Review – made a series of recommendations and provided a Five Year Forward View for maternity care for:

- Personalised care
- Continuity of carer
- Safer care
- Better postnatal and perinatal mental health care
- Multi-professional working
- Working across boundaries
- A payment system

The Maternity Transformation Board, in response, has collaboratively developed Derbyshire's Maternity Transformation Plan (MTP), the five-year priorities of Derbyshire's Local Maternity System (LMS). This provides the local response to the recommendations of Better Births and the final version was submitted to NHS England on 31st October.

The plan sets out Derbyshire's ambition for safer, kinder and more effective care in order that we may respond to the Better Births recommendations and improve outcomes for local women and families. Implementation of the actions within the plan will be monitored by the Maternity Transformation Board.

The feedback you have provided in your report, outlining the experiences of parents and expectant parents through the whole maternity service journey, has been used alongside other sources providing information on service user experiences to inform the priorities and actions in the plan.

A tailored engagement exercise was also undertaken during the drafting of the MTP to test the proposed priorities and refine the objectives and timeline – this reached nearly 200 mothers and family members.

The LMS members are committed to ensuring that the voice of women and their families remains at the centre of plans to transform local Maternity services. In order to fulfil this commitment a Maternity Voices Partnership (MVP) will be established in early 2018 to formalise an LMS-wide approach to engagement and co-production.

Response to feedback not specifically referenced in *Better Births Derbyshire*

Resolving tongue tie
The extent of this issue is clear from the feedback in the report and the complaints received by the Derbyshire Health Visiting Service. Women are within maternity services for a very short time postnatally, which reduces the opportunity to assess issues with breastfeeding that might be related to tongue tie unless this is significant and identified during the Newborn and Infant Physical Examination (NIPE) process. This means tongue tie is often identified after several days; however, long waiting times to access support are unacceptable. In addition, a lack of agreement within the medical profession about the way tongue tie should be dealt with does unfortunately lead to a complex system for families to navigate.

- **Management of tongue tie will be incorporated into the existing transformation workstream to standardise guidelines across the LMS.**

Communication regarding waiting times for scans/appointments, and also on the day when c-sections had to be postponed
As part of standard practice, providers operate all-day theatre lists and request all patients to arrive in the early morning so that the anaesthetist can see them before the list starts. Unfortunately, on-day cancellations are generally unavoidable because previous cases on the theatre list have been more complicated than anticipated (leading to postponement of surgeries planned for later in the day) and due to general increased activity and prioritisation of care in the maternity unit. However, it is vital that timely and appropriate communication takes place when this situation occurs and, in general, to ensure women are appropriately informed and have realistic expectations about all aspects of their maternity care.

- **A review will be undertaken of the patient information and processes for C-section, in particular on-day cancellation. Routine review of patient information is commonplace.**

Access to and support from a health visitor
There was a balance between positive and negative comments on this matter. The Derbyshire Health Visiting service Friends and Family Test feedback has also identified difficulties with the woman being able to contact her Health Visitor and this is already being rectified. A duty service is in place, to enable someone to answer the phone at the base but staff sickness may mean that the individual manning the office will need to leave to undertake visits, when message service will be in place instead. Messages will be picked up during the day, generally at lunchtime and again late afternoon. It is recognised that women have a named Health Visitor for the first 12 months only, with only three standard visits in that period if there have not been any additional needs identified under the national Healthy Child Programme (10-14 days, 6-8 weeks and 12 months). As a result, many issues are discussed early on; however, women are provided with a range of information and signposting which will include information about child health clinics and how to contact the named Health Visitor to discuss any issues, concerns or queries.

- **This feedback will feed into the service's existing quality review processes.**

Your feedback

Experiences of Maternity Services

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: ……

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b) We will be making the following changes: ……

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Your name: ……

Organisation: ……

Email: ……

Tel No: ……

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire, DE56 0RN