

# Maternity Matters

## Discovering experiences of maternity services

Southampton, Hampshire, Isle of Wight and Portsmouth

  
Wessex Voices

  
NHS  
England

  
local healthwatch  
working together



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# Introduction

The Local Maternity System (LMS) is undergoing significant changes until 2020 in line with the national Better Births report recommendations (2016).

Seven priorities from the report aim to drive improvement to ensure women across the UK receive excellent care that is more personal and family friendly.

Many women and families choose more than one service during their maternity pathway and the LMS know that women's experience is currently fragmented and sometimes complex; the current system has created boundaries and barriers to being able to offer a single service.

Their vision is to create a more 'mother focussed' maternity service through the creation of a formally managed networked maternity service with a single point of access for women, with a named midwife to navigate a woman's journey through the maternity pathway, removing traditional boundaries.

The LMS hope that their aspirations will change the landscape of maternity services, creating a seamless, standardised model of care that enables choice and empowers women to take control of their personal journey so that their entire experience is positive, fulfilling and centred around them.

Wessex Voices was commissioned to carry out engagement with women and their birthing partners. Healthwatch Hampshire, one of Wessex Voices' partners, was asked to undertake this on behalf of the project. They, alongside the LMS, created a survey with midwives and service managers to look at experiences of women and their birthing partners around pregnancy, birth and the first 10 days after birth. The link to the on-line survey was shared widely across the region with other Healthwatches and promoted via Facebook and Twitter.

Healthwatch Hampshire Engagement Officers and volunteers attended nine Child Health Clinics run by Health Visiting Teams across the county, as this was seen as the most likely place to engage parents of babies under 1 year old. They were on hand to promote and support parents with completing the survey.

All of the clinics we attended were busy, with some having over 60 parents and babies' attending one session. Over 400 leaflets were handed out, and the majority of parents wanted to complete the survey at home when they had time to give it their full attention. All the parents we spoke to were happy to share their experiences with us, and saw the work as very important.

In total 1215 responses from mothers and 63 responses from birth partners were recorded, and the results will be used to inform future decisions about maternity services.

All quotes used in the report are taken directly from responses given in the survey. They have been anonymised where necessary to avoid identification of individuals or care providers. All figures in the graphs represent those that gave a response. The number of responses is included with every graph. Some information is displayed at sub-regional level to provide further insight.

The report works through the experiences of women and birthing partners chronologically from initial booking appointment through to the first 10 days after birth.





This extensive engagement with women and their birth partners has shown that overall, women have very positive experiences throughout their pregnancy and birth in all areas of Hampshire, Southampton, Portsmouth and the Isle of Wight.

Most women were very thankful for the support they had received from all healthcare professionals. Many women recognise the pressures faced by the NHS and the amount of effort that staff go to, to make their experiences as smooth and stress free as possible.

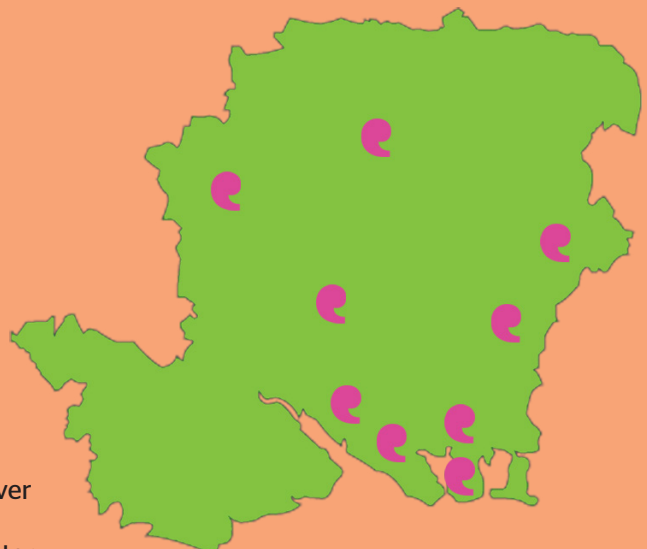
Despite this, there are a number of clear areas that have been highlighted where women tend to have shared experiences that require improvement.

*This report gives the findings from the survey and makes recommendations for improving services.*



#### Child Health Clinics attended:

- 16th August 2017 - Petersfield Hospital
- 22nd August 2017 - Chase Hospital, Borden
- 23rd August 2017 - Waterlooville Community Centre
- 25th August 2017 - Discovery Centre, Basingstoke
- 29th August 2017 - Salvation Army Hall, Hedge End
- 4th September 2017 - Milton Family Hub, Portsmouth
- 5th September 2017 - Genesis Centre, Fareham
- 12th September 2017 - Shepherds Spring Centre, Andover
- 14th September 2017 - United Reform Church, Winchester



# Summary

1215 women have shared their views and experiences of maternity services in Hampshire, Southampton, Portsmouth and the Isle of Wight. 52% of responses to our survey were from first time mums.



68% of those who responded gave birth in a Hospital, 75% of all those that took part said that they gave birth in the place or setting that they planned to.

42% of women who took part said that they saw the same midwife throughout their pregnancy. 19% said that they saw four or more midwives.



91% of women said that they often or sometimes used the internet to find extra information about their pregnancy. 75% said that they downloaded apps to provide extra information or advice.

83% of women felt that health professionals were aware of their wishes and were supportive throughout their pregnancy. 74% felt that they had enough support during the first 10 days after birth.



Although the overall picture is positive we also received large amounts of narrative feedback sharing negative experiences that will be explored in this report to provide more detailed insight.

# Summary of recommendations

These nine recommendations are based on the views of women - and birthing partners - who have given birth in Southampton, Hampshire, Isle of Wight and Portsmouth within the last 12 months. They are based on our survey findings and individual conversations with women. The recommendations are summarised below and included in full, with supporting information, on page 32.

## Make time

Provide clear and easy access to information and support at all times

## Clear communication at referral

Particularly for referrals related to raised BMI

## Manage expectations

Ensure all communication is open and transparent, particularly when discussing birth plans and options

## Consistency of midwives

Ensure that women have access to a consistent service at times that suit them

## More information at discharge

Provide appropriate information after birth

## Improve diagnosis and treatment of tongue-tie

Provide further training for staff in diagnosis and treatment

## Free antenatal classes for all

Ensure everyone who would like to access antenatal classes has the opportunity to do so

## Improve breastfeeding support

Provide specialist support at easy to access locations across the region

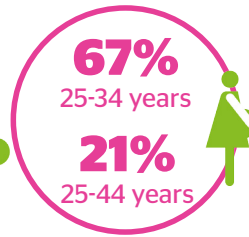
## Improve communication

Use consistent and easy to understand terminology



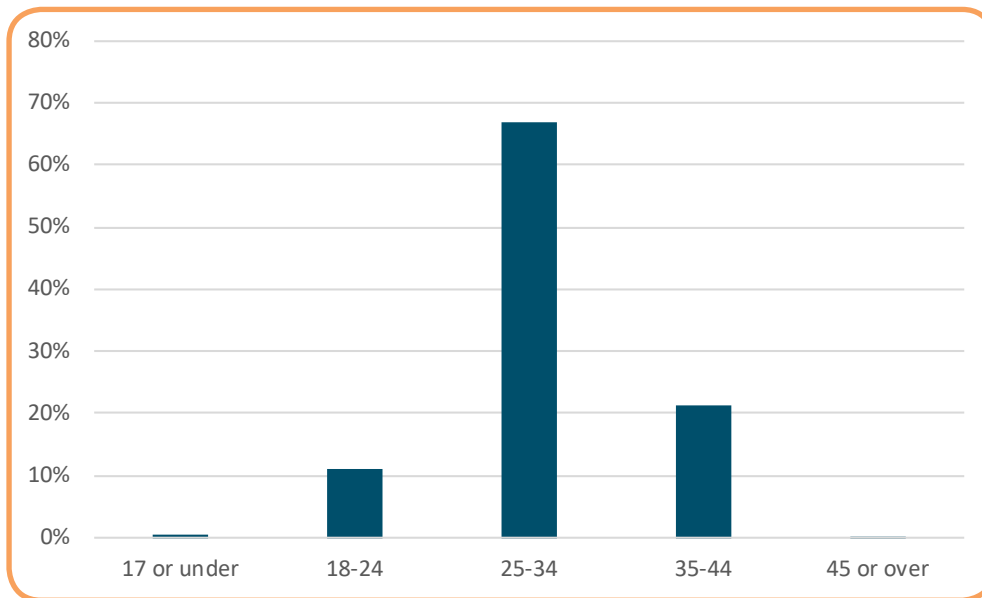
# FEEDBACK AND FINDINGS

## Context:



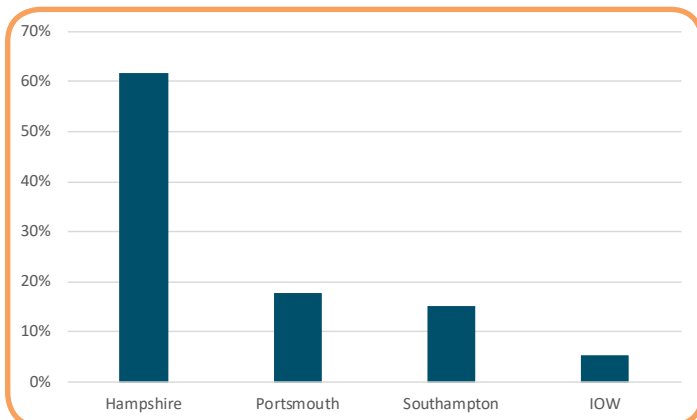
## Which age group were you in when your baby was born?

1213 responses



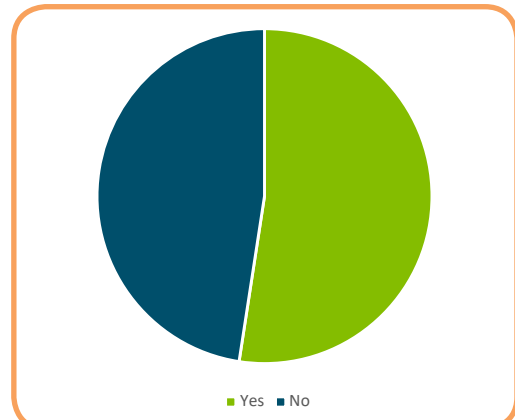
## Location of participants (by postcode)

1208 responses



## Are you a first time mum?

1211 responses

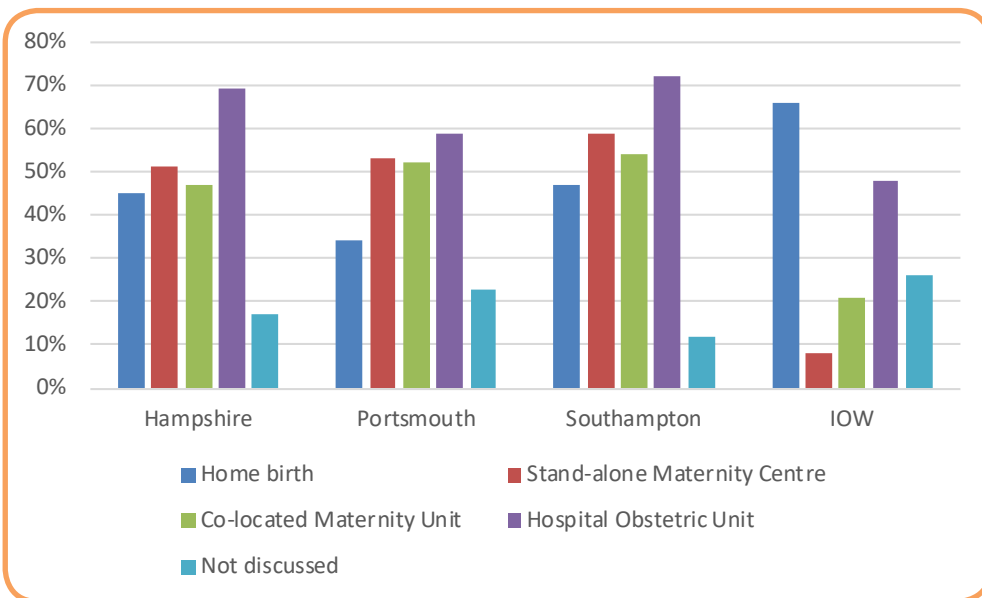


*"I had questions, lots of questions"*  
Initial booking appointment

At an initial booking appointment midwives should gain an understanding of a woman's medical history and lifestyle, calculate the baby's due date, discuss birth options, where the woman wants to give birth and feeding options. All women, whether it is their first or subsequent baby, and regardless of where they live has a range of options for where they can have their baby, even if it isn't local to them. We asked women if these options were discussed. Options discussed across Hampshire, Portsmouth and Southampton are fairly similar, which appears to indicate that there are similar services and choices available in these areas. However, the Isle of Wight indicates a different story.

**Which birthing options were discussed with you?**

1171 responses



**Birth options in Hampshire, Southampton, Portsmouth and Isle of Wight**

- Home birth
- Freestanding midwifery led unit
- Alongside midwifery led unit
- Hospital Obstetric Unit

The Isle of Wight only offer home or hospital birth options.

On the Isle of Wight there is a much higher rate of people discussing home births as an option, and a much lower rate of people discussing Co-located Maternity Unit, Stand-alone Maternity Centres, and Hospital Obstetric Units. This may indicate that the choices on the Island are very different to the mainland, and home birth is seen as a more viable option or promoted more.

*"Not many options on the Isle of Wight"* PO30 - Not first baby

26% of people on the island and 23% of people in Portsmouth report that options were not discussed with them, compared to 17% of people in Hampshire and 12% in Southampton.





Some respondents stated that options were discussed much later in pregnancy, and there seems to be some misunderstanding of the terminology used, leading to some confusion as to what is on offer.

*“The above was discussed but later in pregnancy, not during the booking in appointment”*

SO15 - First time mum

*“I found out about these first from NCT rather than my midwife. This was done at the birth planning appointment at 34 weeks”*

SO21 - First time mum

*“Briefly mentioned. I was directed to use an app”*

PO5 - First time mum

*“I felt the options weren't clear until the end. I went to the antenatal classes which were fantastic and told more info there. I had no idea the difference between labour ward or Broadlands”*

SO31 - First time mum

Where there had been complications in a previous birth, and midwives have advised and recommended which option was best, women have expressed that this had been explained well and they were fully informed. This meant they felt well prepared and reassured that professionals understood their particular circumstances.

*“Due to a retained placenta following delivering my first baby I was advised to give birth in the labour ward in the hospital as it was 50/50 if it would happen again. I retained again with my second child so I was advised correctly as I was in the right place to go straight to theatre”*

PO14 - Second baby

*“Reasonably early it was indicated that due to previous birth that I would likely need to be in hospital and advised that there wasn't another option. I understood this and happy with it. They also referred me to other professionals to check out what the plan would be”*

PO4 - Second baby

Some respondents who were having a second or subsequent baby, reported that it was assumed by the midwife that they knew all their options and did not require further information.

*“My midwife cut my appointments in half as “I have already had a child” barely saw her to express my concerns so had to use the NHS website and the 111 phone service”*

PO1 - Not first baby

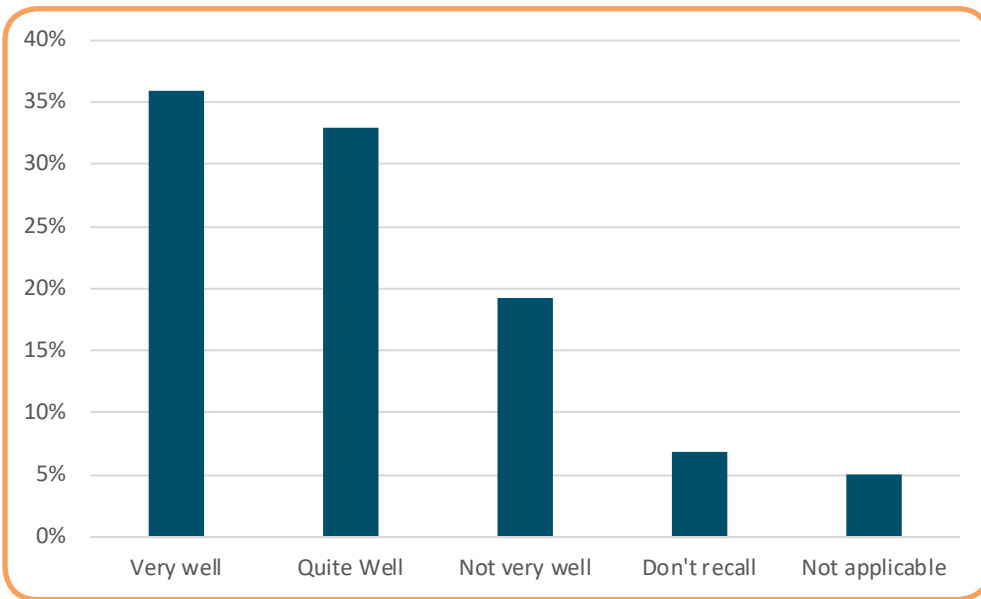
18% of respondents stated that birth options were not discussed at their booking in appointment. There also seems to be some confusion over the terminology used and what services were on offer.





## How well were all of the options explained to you?

1160 responses



The explanation of what options are available seems to be variable across the region. Some respondents reported that they received a lot of information that was discussed in detail with their midwife, and they felt reassured and prepared.

*"I had questions, lots of questions and based on research she was able to answer"* SO15 - First baby

*"She went into great detail even though she knew this was my fourth"* PO4 - Not first baby

*"My midwife was really good and explained everything I wanted to know"* PO5 - First baby

Others however had a different experience, some did not understand the difference between the options and the terminology used.

*"Bit unclear on the distinction between each type - co-located and hospital obstetrics with the midwife"* RG26 - First baby

*"They weren't. Basically told what you were having"* SO15 - First baby

Other felt as though there wasn't time available to go through the options and there were also concerns about staffing levels in some units.

*"That appointment was quite rushed and felt more like a 'box ticking' exercise, as opposed to a real conversation about my options"* SO18 - First baby

*"Was warned that my preference of St Mary's midwife led would be unlikely due to staffing. This needs rectifying, it should be a real option if women would like to use it"* PO4 - First baby

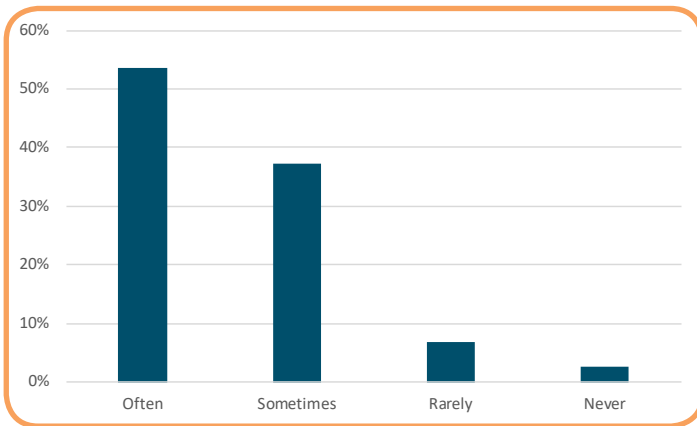
*'I watched lots of YouTube videos'*  
**Online and digital information and advice**

The survey specifically asked if women ever used the internet to find pregnancy related health information. It also asked about the use of downloadable pregnancy related apps for mobile devices and tablets. Over 90% of respondents said that they 'sometimes' or 'often' used the internet to find information relating to their pregnancy. Over 70% said they were also frequent users of apps to support or inform their pregnancy. The survey didn't seek further feedback about which sources of information are used or which apps are most often downloaded. Given the high rate of use of such services it would be useful to carry our further engagement with women to ensure that health professionals can guide women to 'approved' or trusted sources of information and advice.



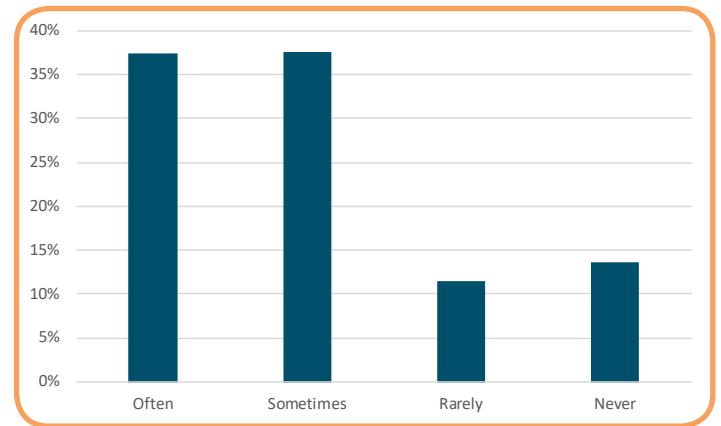
**During your pregnancy did you ever use the internet to find pregnancy related health information?**

1213 responses



**During your pregnancy did you ever download pregnancy related apps?**

1210 responses



In a separate survey aimed at birthing partners we asked how they prepared to support the process. Many respondents shared a similar sentiment and said they got their information from other expectant parents, classes (National Childbirth Trust (NCT) & NHS) and on-line.

*"Talked with expectant mother and researched on the internet"* PO30

*"Books and internet"* SO40

*"Private NCT classes. Books. Information online and from peers"* RG26

*"I watched lots of YouTube videos"* PO12

*"NCT and hospital classes, internet research"* SO17

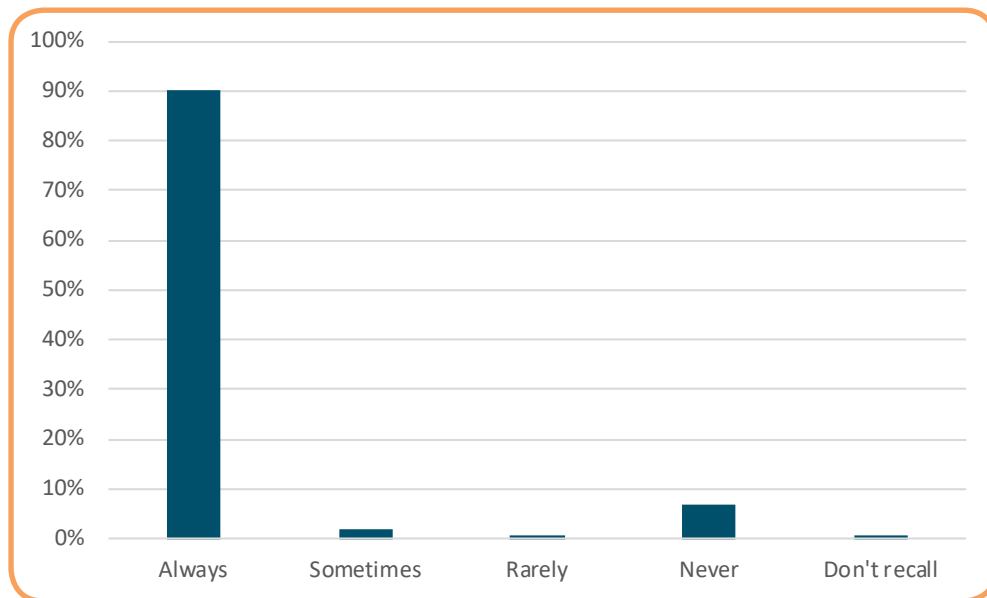


## 'She was so very busy...' Antenatal appointments

The survey went on to ask women about their experiences of antenatal appointments. We were keen to understand how many women regularly attended and if they had the opportunities at these appointments to discuss what was most important to them. It is apparent that most women attend all of their appointments but from reading through the narrative responses, there was some misunderstanding of the word 'antenatal' and some people had confused this with antenatal classes provided by the NHS or NCT.

### Did you attend antenatal appointments?

1130 responses



*"I went to all the antenatal appointments available to me, the two that were run from the health visitors at the local children's centre I felt were very dragged out and only focused on breast feeding where I would have preferred if it was how to change a nappy, however the one run at the hospital by my midwife was so useful myself and my partner felt like we had learnt so much and it was done in a fun way too"*  
PO30 - First baby

Some respondents reported that they were unaware of antenatal classes available to them or reported that they were fully booked and they couldn't get on so opted to pay for private NCT classes.

*"All the ones on the NHS were fully booked when I enquired after my first midwife appointment"*  
SO30 - First baby

*"Never offered any other than standard midwife appointments"* PO3 - Not first baby



When asked ‘At these appointments, were you given the opportunity to discuss what was important or special to you to do with you or your baby?’ the response was mostly positive, although again the term ‘antenatal appointment’ was sometimes confused with ‘antenatal classes’. Those who did refer to antenatal appointments and did not give a positive score gave the following responses:

*“Anything I ever said was put down. They discussed my labour more with my mum than me. The care was appalling”* SO19 – First baby

*“There seemed to be very specific things the midwife needed to achieve, but not much time for talking about how things were going”* SO50 – First baby

Other respondents mostly focused on midwives being too busy to discuss matters at length, and patients being aware of how stressed they were so didn’t want to take up their time.

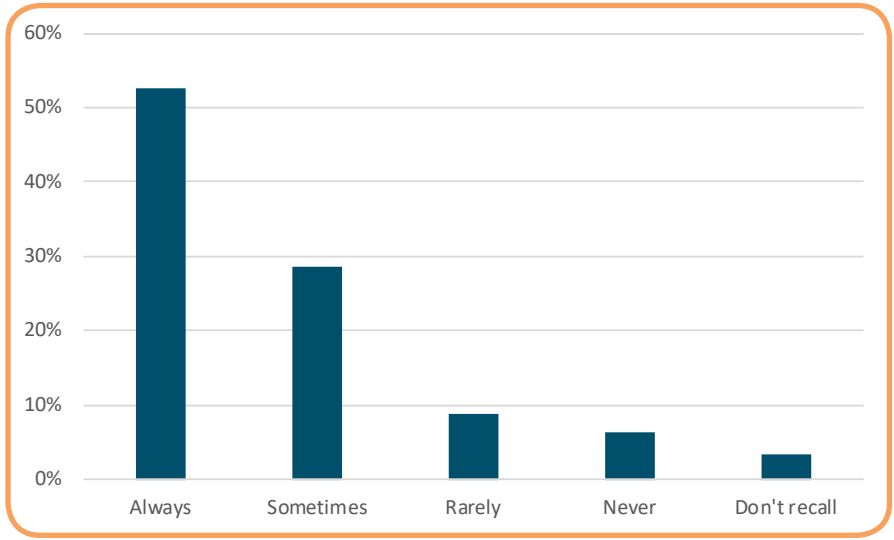
*“Midwife was lovely and did listen but I felt bad talking as it was obvious she was so very busy and had so much to do”* PO13 – Not first baby

*“Sometimes given the opportunity to discuss but this very much depended on the stress level of the midwife. I was told on one occasion that hadn’t got time to discuss issue as she was late for next appointment (even though we had gone in late ourselves)”* PO15 – First baby



**At these appointments, were you given the opportunity to discuss what was important or special to you to do with you or your baby?**

1103 responses



Many women said that their birth partner attended appointments with them. Over 80% of respondents felt that their partner was included in conversations at antenatal appointments and reported positive experiences.

*“Answered all his questions which was nice as our baby is his first child and wanted to know everything”* SO19 – Not first baby

*“We were spoken to as a couple, never singled out, exceptional service!”* SO23 – First baby

*“Some midwives were better at including my partner than others! However my personal midwife included my partner with all aspects which was lovely”* SP10 – First baby

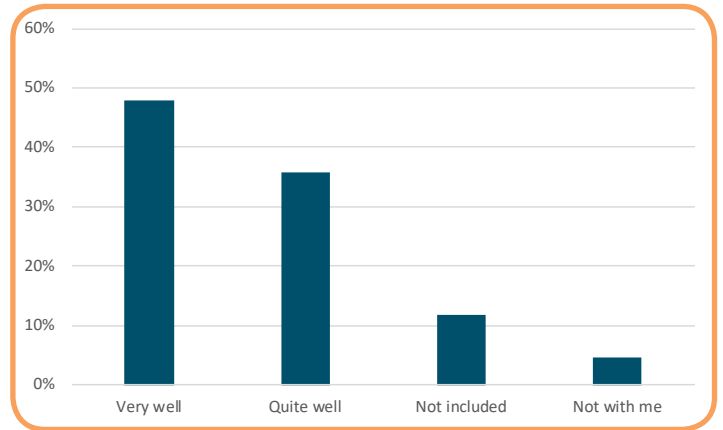
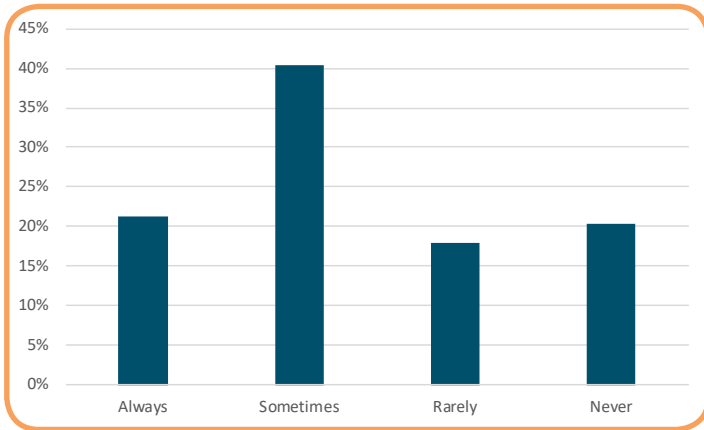


## Did your birthing partner attend any of the antenatal appointments?

1116 responses

## If they were with you, how well do you feel they were included in the conversation?

1074 responses



Of the 12% who felt their birthing partner was not included, women felt they had to make a point of including their partners. Others whose birthing partner was not the father of the baby felt they weren't treated as you would expect a birthing partner to be treated. We also noted that there was more feedback from second time parents who felt their birthing partner wasn't included in conversations.

*"It seemed like he was a spare part and not important to the midwife! Like he shouldn't be there"*  
SO40 - Not first baby

*"Was not asked one question"* PO1 - Not first baby

*"I was a single mum, so a close friend was my birthing partner. She wasn't treated as I would expect an actual partner to be treated"* PO16 - First baby.





When asked about appointment timings most respondents gave a positive score and felt their appointments were long enough and at a convenient time.

*"I never felt rushed but quite often midwife was running behind – this seemed to be due to her giving patients the time they need and not rushing them out the door in order to keep 'on time'. Perhaps more time should be allocated for appointments"* PO16 – First baby

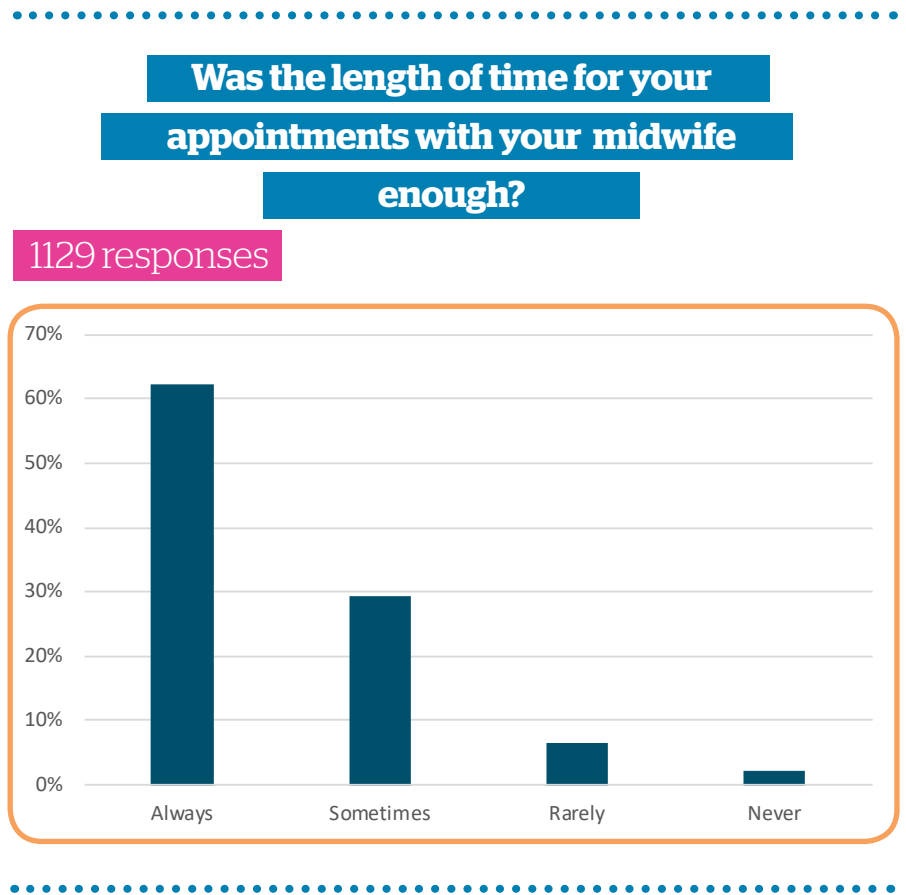
*"Not really aware of any timings, never felt like it was cut short"* SO50 – First baby

*"Always, my midwife had plenty of time for me"* SO16 – Second baby

*"Cannot fault my midwife she was my rock always there never rushed she was fab!"* PO30 – First baby

*"Always – even if she was running late she never rushed our appointment"* PO1 – First baby

For those respondents who were less happy with the care they received, they stated a variety of reasons for this. For example, having to look elsewhere for information that they felt should have been available from their midwife at appointments. Some felt that there were too few appointments and they were too far apart, being every 6 weeks. Respondents also stated that they picked up on how busy and stressed the midwives were and they felt this had an inevitable impact of the service they received. There also appears to be a higher proportion of respondents having a 2nd or more baby, who felt they were not given enough time at midwife appointments.



*"Often felt rushed and like I could not ask too many questions as midwife was too busy. Questions I did ask were often answered with me having to look elsewhere for the info"* SO53 – First baby

*"I was never given enough time to discuss any of my fears as a first time mum. I was rushed to finish and given short blunt answers"* SO19 – First baby

*"One appointment every 6 weeks is too few. No telephone number for midwife provided"* PO31 – Not first baby

*"One of my appointments was to take blood (1 hour appointment) but she tried to do everything in 20 mins as she was running late (only booked me for 30 min appointment)"* PO19 – Not first baby

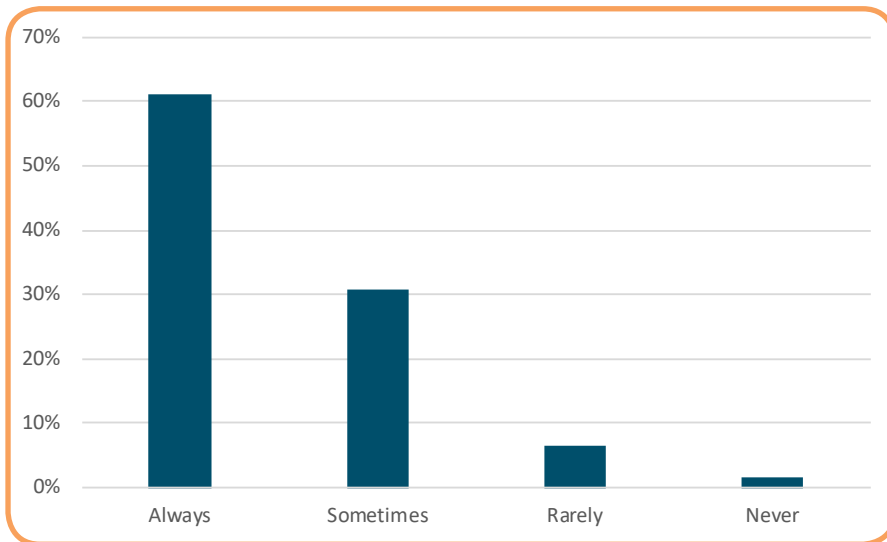


*"I felt rushed at times and was told as a second time mum I knew what I was doing, despite a very complicated first birth. Many second time friends have expressed the same that compared to the first time, appointments were rushed"* SO31 - Second Baby

*"As the appointments were not very often according to what is on offer I always had a lot of questions to ask by the next time that I saw the midwife and 20 mins was never enough time to discuss these questions"* SO50 - First baby

**Did you have the opportunity to book appointments that was at a time convenient to you?**

1125 responses



When asked if appointments were at a convenient and flexible time for patients this shows inconsistencies across the areas. 9am - 5pm appointments don't suit all patients because of their work commitments. There were also comments on midwives only working certain days that didn't work for some individuals.

*"Appts were flexible to my working pattern which was helpful"*  
PO53 - First baby

*"I have a really hard work schedule and my midwife completely understood this and always fitted me in at times that would suit and worked with me when I needed to change my appointment too"*  
PO30 - First baby



*"As a teacher, I always asked for appointments around 4-4.30pm. Whilst I was given what I asked for I did feel this was sometimes begrudging as they were concerned about filling up appointments from start of the session. I was also told repeatedly that my employer should be fitting around me, but in teaching that is very difficult as cover has to be arranged"* SO18 - First baby

*"Appointments outside 9-5 would have been preferred"* PO6 - First baby

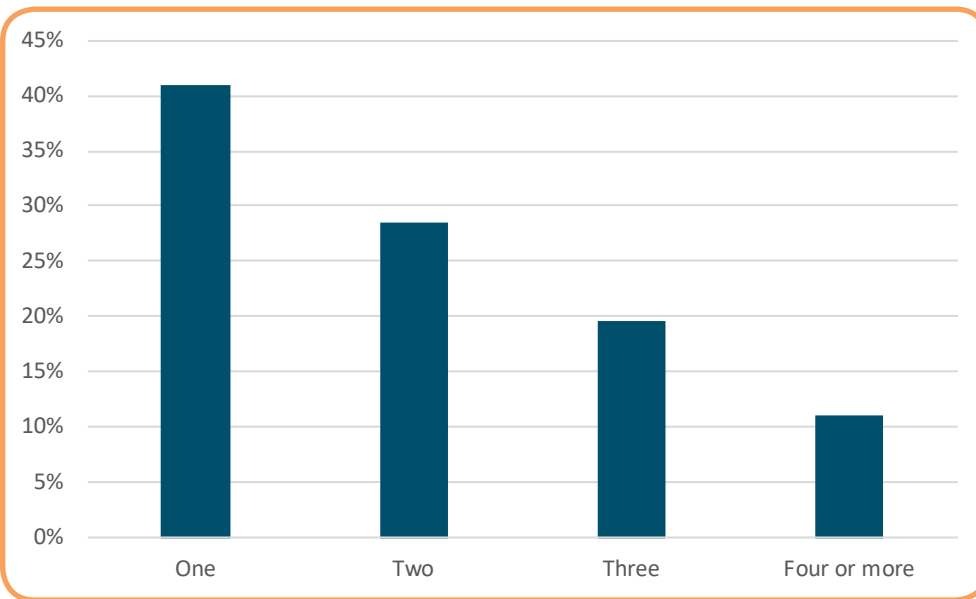






## How many midwives did you see?

1129 responses



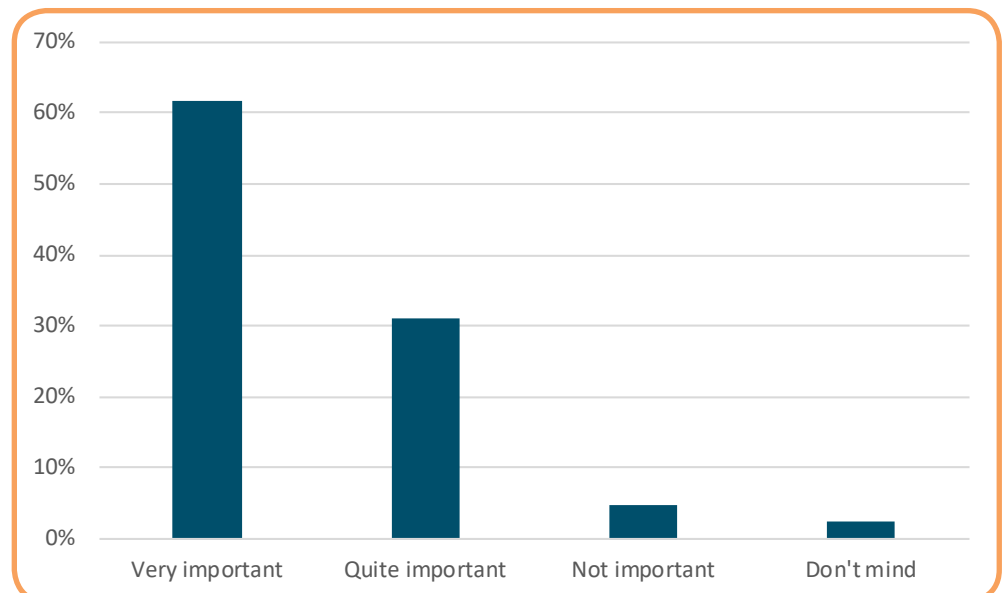
## Was it important to you to see the same midwife during your pregnancy?

1127 responses

*"It was very important to me as I felt I couldn't build a strong relationship with any of them"* SO50 - First baby

*"Due to a traumatic first birth it was important that I didn't have to recount what happened over and over again."* SO30 - Not first baby

*"It's very important as this pregnancy was with my baby who had brain abnormalities so would of benefited from seeing the same midwife"* PO9 - Not first baby



The National Institute for Health and Clinical Excellence (NICE) state that **'pregnant women are cared for by a named midwife throughout their pregnancy'**. The survey results clearly show how important it is to women to have consistency in their care and value the chance to build a relationship with their midwife. Despite this, over 30% of respondents said that they saw three or more midwives throughout their pregnancy. The 12 statements that make up the NICE quality standard for antenatal care are included in the appendices.

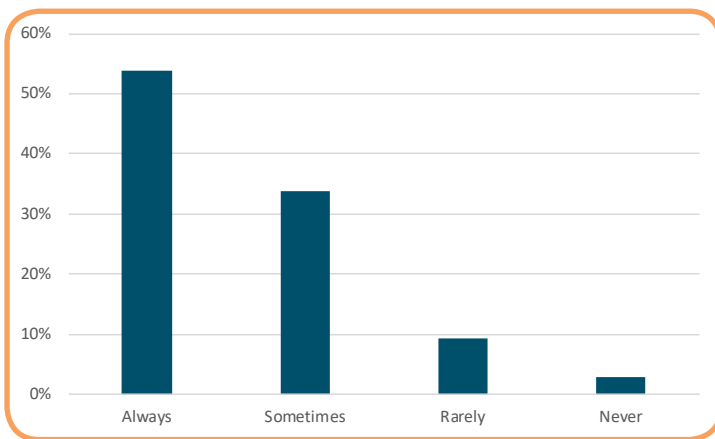
*'I wish a few more things were explained'*

## Extra appointments

There are a number of reasons why women may require extra appointments throughout their pregnancy. These include women who have a higher than normal chance of developing gestational diabetes, women who smoke, women who have a body mass index (BMI) over 30 and women who have long term health conditions or who had complex births previously. The survey asked a number of questions regarding extra appointments to try and ascertain whether women felt they had enough time, support and information about the reasons for the appointments.

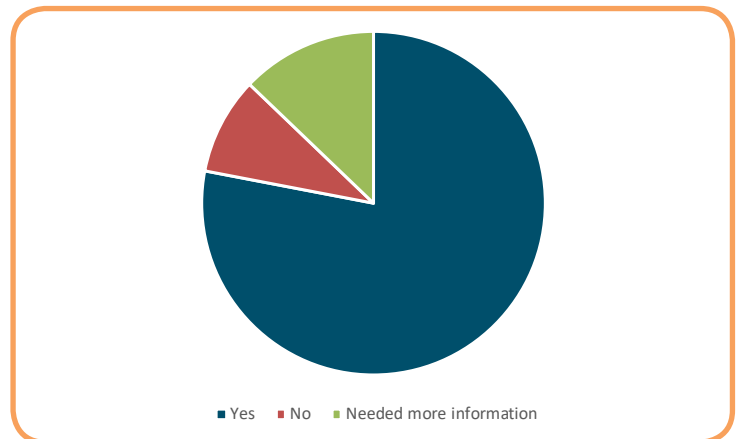
**If you needed extra appointments, do you feel you were given enough information about them?**

988 responses



**Were the reasons for the extra appointments clearly explained to you?**

967 responses



Most responses to this were positive as the graphs show, and a vast majority felt they had received enough information when attending extra appointments. It was also clear that the majority of women felt they had enough time with medical professionals at extra appointments. However the narrative feedback given appears to highlight areas in the service that respondents didn't feel properly informed about.

One area where this was clear was from women who had been referred due to a high BMI. Multiple women said that they did not feel well informed about why they had been referred. Some also referred to the appointment letters sent to them which state a time and location of extra appointments but give no further clarity as to the reasons for them.

*"I had a raised BMI so multiple appts were made: dietician, anaesthetist, growth scans etc. But some were clearly a generic response to my BMI as opposed to being medically necessary for me. I think my favourite apt was the dietician who was bewildered that I was attending as I couldn't diet and was already making appropriate lifestyle and diet changes and had lost weight since falling pregnant. But I was told the apt was mandatory and thus a waste of NHS time and mine"* PO17 - First baby



Whilst most women felt they had enough time with professionals, a second common theme coming from the narrative responses was the noted pressure that NHS staff were working under. Most respondents felt their care was compromised due to the heavy workload of staff and were also aware of the under staffing in some departments. This causes concern for patients and can make challenging situations more stressful.

*“Super understaffed because of stupid NHS cuts, it’s becoming dangerous the workload medical professionals have”* SO50 – First baby

*“They are clearly very, very busy and only have allotted time slots. The staff were always amazing but overworked, I felt it was dangerous”* SO15 – First baby

The survey went on to ask women if there is anything, upon reflection, they now know that they wish they had been told before their birth. There were several common themes that were highlighted in 436 separate comments. These are summarised below.

### After care and Post-natal expectations



*“Not a lot of information regarding recovery after birth”* SO19 – First baby

*“That diabetes had a risk of my milk not coming in. Also what to do about my diabetes post delivery, I had no idea and 5 weeks later still don’t know what I should be doing so I’ve come off all medications”*  
SO30 – First baby

*“How your body can be effected after birth. I felt I wasn’t pre-warned about bleeding, clots etc”*  
SO41 – First baby

*“I wish a few more things were explained – what would happen just after the birth – milk coming in – how often to feed and about cluster feeding and the second/third night when babies just want to feed all night”* SO51 – First baby

*“That I would not receive any after care after the birth of my daughter due to TFMR (DX with T21 & AVSD) I had no contact from bereavement midwife or my own midwife (save for a text to say “thinking of you”) I was just 18 weeks so assume this was why* SO18 – Not first baby

*“Discussion on healing time and how it would effect you”* PO9 – First baby

*“There was quite a lot. Including restricted growth, breast feeding and depression in pregnancy or after”* – PO2 – Not first baby

*“Risks of waters breaking early, when you are allowed to stay in hospital. What to expect in the first few hours after giving birth and what happens if the baby doesn’t latch”* SO15 – First baby

### Support with breast feeding and tongue tie

*“The pain of breast feeding, tongue tie and local support groups. I used NCT more than NHS as there were more information at their groups”* GU30 – First baby

*“More information on the difficulties with breastfeeding and options to help resolve”* RG27 – First baby



*“Post birth info and breast feeding”* SO19 – First baby

*“To be encouraged to seek breast feeding support at the hospital prior to going home. In particular, checking for tongue tie and pressing for an assessment if suspected”* SO32 – First baby

*“More information about the breastfeeding support available and also how challenging it can be”* GU51 – first baby

*“Breast feeding info and advice before the birth would have been great”* PO6 – Not first baby

*“Not about pregnancy and birth but felt I had no breastfeeding advice”* PO2 – First baby

### **Birth: C-section, induction and V-BAC\***

\*(Vaginal Birth after Caesarean)



*“How my previous birth would affect my care during the labour”* SO40 – Not first baby

*“A balanced and evidenced view of VBAC vs elective c-section”* SO31 – Not first baby

*“Options for pain relief if having a water birth. More information about the plan of induction”* BH24 – Not first baby

*“Better prep for induction (what to take etc and that you'd be on a ward) also if you could have a water birth even with induction”* PO15 – First baby

*“Induction process”* SO15 – Not first baby

*“Wasn't warned my pelvic floor repair would be damaged”* PO12 – Not first baby



### **Access to antenatal classes and information**

*“I was not aware that NHS Antenatal Classes exist or that I was entitled to attend these”* SO31 – First baby

*“NCT course proved very useful in explaining options for the birth, these were not covered at all by the midwives. Midwife appointments only covered generic checks, although these did seem fairly effective”* GU52 – First baby

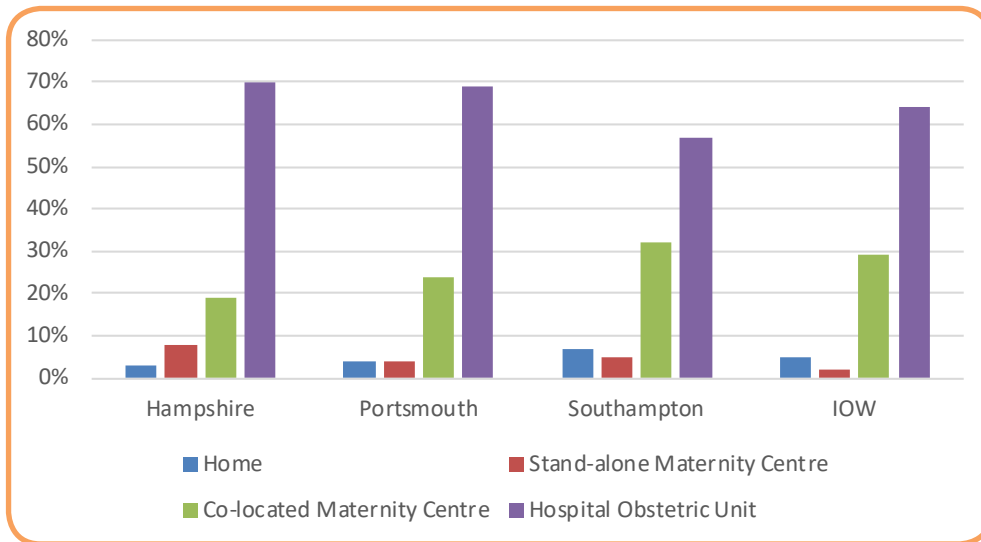
*“I could of paid for classes to attend as most the free ones were fully booked so I just assumed there were none for me to attend therefore I felt quite unprepared for a baby”* SO30 – First baby



*'I was very grateful for their support'*  
**Birth**

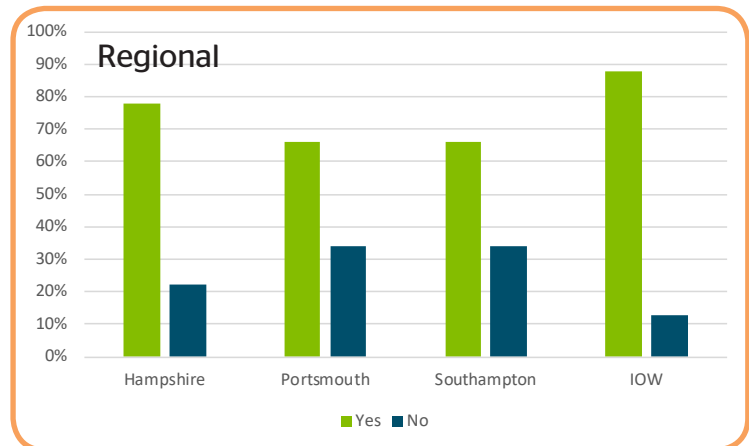
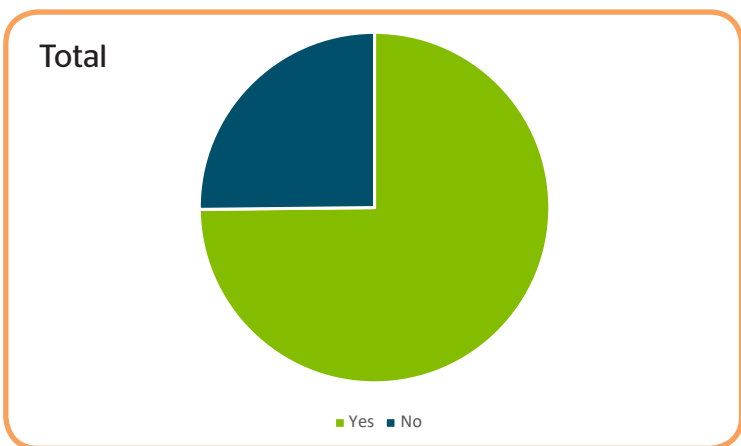
**Where did you give birth?**

1076 responses



**Was this where you planned to give birth?**

1073 responses



Although most respondents reported that they gave birth where they planned to, there will still 25% who didn't. When seen at a sub-regional level it is also apparent that this rate is higher in Southampton and Portsmouth but this is significantly lower on the Isle of Wight. This could be due to higher density of population in the cities putting more pressure on services. The Isle of Wight has fewer options available to women so they are more likely to give birth in the location they planned to.

Many women couldn't give birth in their place of choice due to medical complications or emergencies. There were some who felt they hadn't received enough information when last minute changes were made to their plans because of issues they hadn't been made aware of.

*"Was not told until week 38 that I was not able to give birth at NFBC even though all professionals knew this was my intention from week 12"* SO19 - First baby

*"Planned to be at Ashurst but told had to be PAH due to my heart (which I never had the results explained to me) other than I needed a cardiac referral (1 week before my due date but my echo was done 2 months before my due date) Baby was 1 week early, and told at PAH that they weren't worried about my heart, yet I still don't know what the results were!"* SO45 - First baby

*"I wanted a home birth all the way, but changed my mind due to lateness of information"* SO19 - First baby



It is apparent from the narrative responses that there is a significant issue with maternity units being closed. Some of the following examples show how worrying and stressful this can be.

*"I was going to Broadlands in Southampton. I was told to go back home as I wasn't ready. When I needed to go back in a few hours later Southampton had been closed, along with Portsmouth and Winchester. I was sent to Basingstoke and I live in Hedge End. With this being my first baby it was the worst experience and very concerning. There weren't any ambulances available either"* SO30 - First baby

*"I was sent to Bournemouth at first as Princess Anne Hospital was closed and not admitting new patients (it was full) I went to Broadlands later when PAH re opened"* SO15 - First baby

*"Came into labour at 4am called labour line what midwife gave me, told me on the phone the only place open for me was Bournemouth, 45 minutes - 1 hour away, after experiencing a very quick birth previously my son was born very quickly making it very stressful travelling so far when I chose to have my baby at birth centre or Princess Ann"* SO45 - Not first baby

*"I wanted to go to the midwifery run centre but it was closed due to staff shortages so I had to go to the labour ward"* SO15 - First baby

*"I was told the opening hours of blakes maternity in Gosport. I went into labour hours before it closed, so when I phoned maternity bleep and was told I couldn't use it I was very upset, my labours are very short and the drive to Portsmouth was scary as my labour progressed very quickly"* PO12 - Not first baby



Some women's birth plans were changed at the last minute or were no longer available because of staff shortages. This seemed to happen most to those who had chosen a home birth, or midwife led unit as their preferred option for giving birth.

*"We had a home birth arranged, but when I realised I may have been in labour I wasn't experiencing any pain just 'twinges' that were close together. Labour Line told me to wait until they became painful. When they did just a couple of hours later there were no midwives available to come out to me and then the baby was on his way and we only just made it to hospital"* SO23 - Not first baby

*"I requested a home birth. This was known at the very start of my pregnancy, with my midwife being very positive about it happening. I had to see another midwife as mine was away on holiday for one appointment and was very off putting about my home birth saying that for first time mums they recommend going into hospital and I felt I was not supported at all. When I was finally in labour I requested a midwife to come to the house several times but was told that there was no one available and because I hadn't taken paracetamol that I wasn't in established labour ( I was aiming for a natural birth) even though I had been having contractions for 12 hours at this point"* PO16 - First baby

*"Wanted to deliver at home but it took too long for a midwife to be made available"* PO13 - Not first baby

*"Not enough staff to open stand alone maternity centre in the evening"* PO4 - Not first baby

**Another area of potential concern is the amount of women who stated that they were sent home as they were told they still had a 'long way to go' or were not in established labour, to give birth at home either with friends/family or a paramedic in attendance.**

*"I went to hospital with contractions but was sent home due to being told I was not in full labour. I then gave birth at home with a paramedic in attendance"* SO16 - Not first baby

*"I originally went to Andover but wasn't far enough along, so travelled home again. By the time I had to go back into hospital I couldn't cope with the half hour horrible journey back to Andover so chose to go to Basingstoke instead"* RG23 - First baby

*"I got sent home from hospital twice and the second time my baby arrived within 2 and a half hours of me being sent home"* SO21 - Not first baby

*"I was sent home from labour ward and told I was definitely not in labour and baby would definitely not be born for several days. Baby was born within two hours of being home, paramedics were there for the last five minutes of labour"* SO51 - Not first baby

*"I had checks and was meant to be in hospital but got sent home because I was only 2cms then it all happened so quick, I gave birth on the kitchen floor and my husband delivered my son then was rushed to hospital because I lost a lot of blood"* RG22 - Not first baby

*"I went to the hospital when my contractions were 6 minutes apart. They said I could. I was in a couple of hours and the contractions were close. They said as my waters had broken so they couldn't examine me and they didn't think I'd have the baby for 24 hours. My contractions were 4 minutes apart at this point. I went home they said to sleep so I lay in bed dealing with the contractions as I thought it was going to be a long time and then I just felt the head coming and he came very quickly from that point, I'd had no painkillers, and had requested to stay in multiple times."* PO3 - First baby

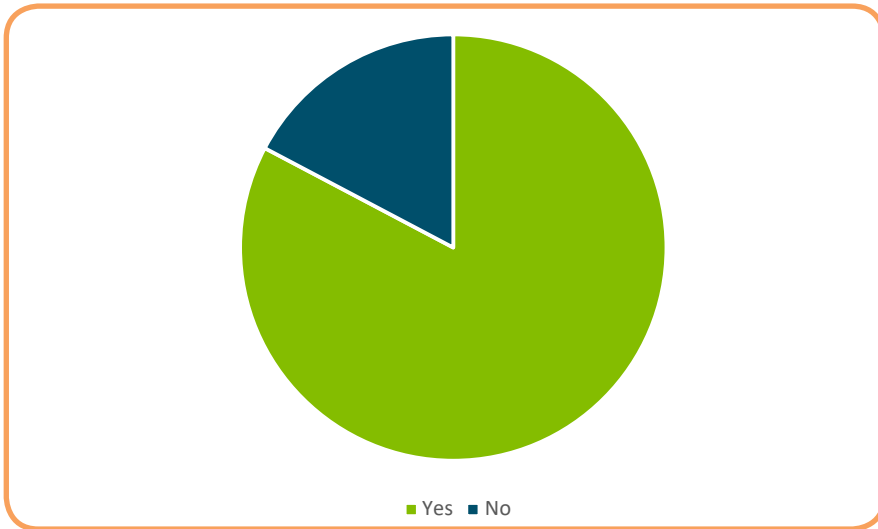


**During the birth of your baby, did you feel that your midwives/doctors were aware of your wishes and tried to support you to fulfil your wishes?**

1071 responses

The majority of women who responded to the question stated that they felt their wishes were known and supported by health professionals during birth. This was particularly true of those who gave birth early or had other complications.

*"I gave birth at 36 weeks. The midwife who delivered my baby was fantastic at reassuring me everything was going to be OK. The care and compassion I received from the midwife following the birth, through my theatre experience and after care was second to none and made my unexpected early birth a much better one"* PO33- Not first baby



*"I required an emergency c-section and although not planned I felt very informed through the whole experience and where possible able to make decisions. Again I cannot praise the hospital staff at PAH highly enough"* SO53- First baby

*"I wanted a water birth and near the end of labour I started asking about more pain relief options, they were explained to me but the student midwife (fantastic midwife) kept me going in the water pool by praising and helping me through contractions so I ended up getting the birth, I wanted I'm very grateful for their support"* SO22 - Not first baby

A significant minority of 17% felt that professionals were unaware of their wishes. Common sentiments were that their notes weren't looked at and that the birth plans were 'pointless' as midwives and doctors didn't appear to read them or make themselves aware of what was in the birth plan/notes. Women stated that they felt they had to unnecessarily keep explaining what their wishes were, whilst in labour, when they had hoped notes/birth plan would have prevented this.

*"Did not want cannula (in notes) kept having to explain this to a range of health professionals whilst in labour! Wanted to use the pool, though discussed with Labour Line prior to coming in the pool was not run so could not use it. All in notes and had to be re-explained whilst having severe contractions, which was not easy. Has an uncomplicated birth with no PPH in the end due to stronger injection given post birth"* SO19 - Not first baby

*"Birth plans are pointless, no one ever looks at them. However, in my case my birth plan went totally out the window but the midwives did listen to what I wanted at each stage"* SO30 - Not first baby

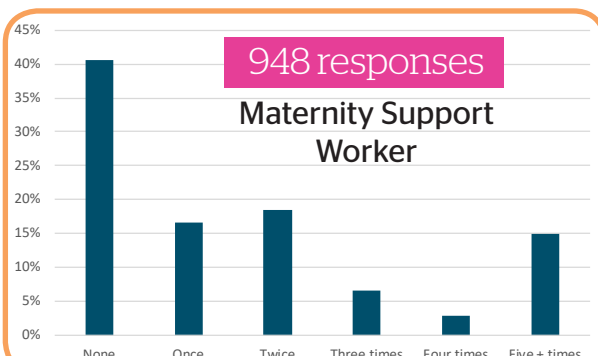
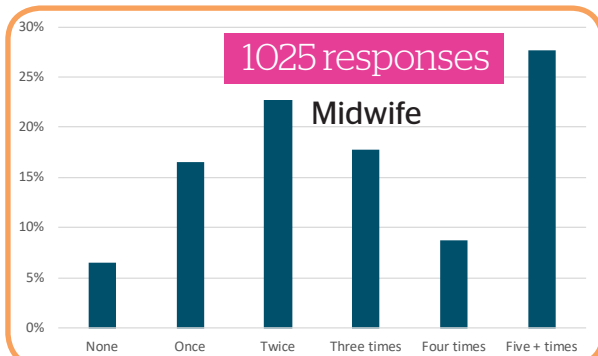
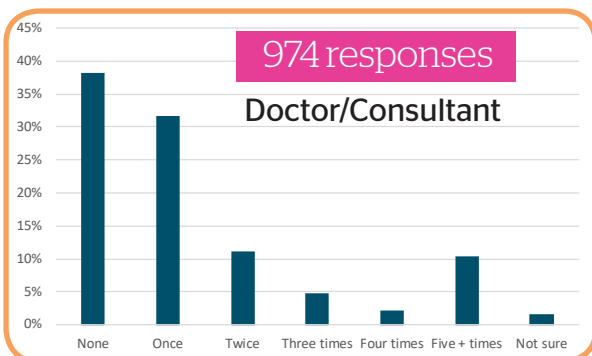
*"Wishes were not even discussed felt like was on a factory line and not listened to at all throughout the birth until the last minute when consultant came round and was concerned I was still in the same place she saw me her shift before. Only then was something done, over 30+ hours later"* SO32 - First baby



## 'I was left to get on with it' Postnatal care

The survey sought to understand the experiences of women in the first 10 days after birth. This is a critical time for new parents, particularly first time parents, who will be getting used to having a new baby in the home.

### In the first 10 days after birth how many times did you see a...



NICE guidelines state that women and their babies should have an individualised postnatal care plan that is reviewed and documented at each postnatal contact. Women should be advised, within 24 hours of the birth, of the symptoms and signs of conditions that may threaten their lives and require them to access emergency treatment. Women or main carers of babies should also be advised, within 24 hours of the birth, of the symptoms and signs of potentially life-threatening conditions in the baby that require emergency treatment.

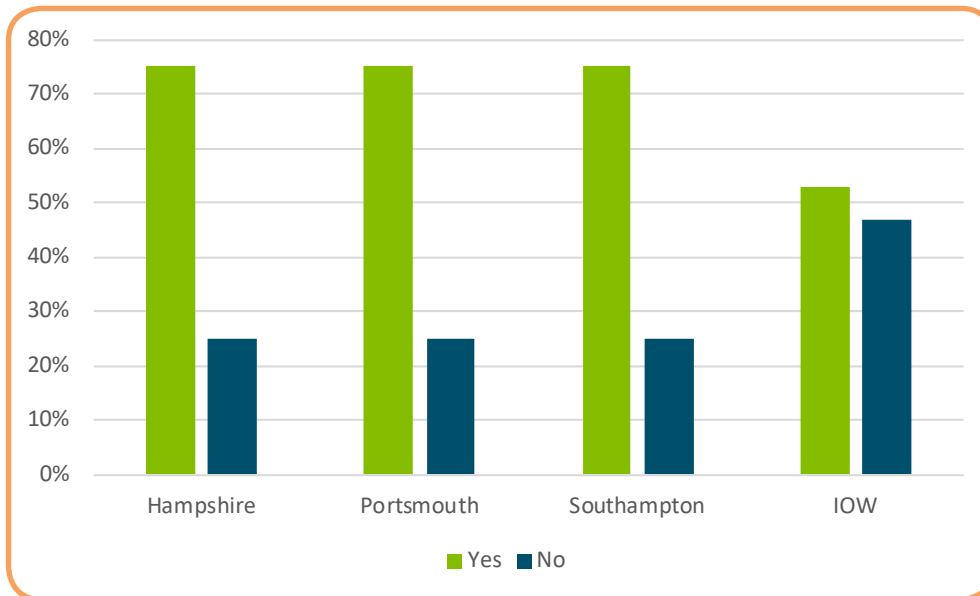
Women can come in to contact with a range of professionals within the first 10 days after birth. This is likely to include a doctor who will discharge from hospital, midwives who will come to the home to check on progress, maternity support workers who are often based in the community and health visitors who take over from midwives between day 10-14 after birth.

Overall, the survey results reflect the most likely interactions with health professionals. There are however some women who are obviously needing to see doctors, midwives and maternity support workers much more frequently, possibly because they have more complex needs.



## In the first 10 days after birth do you feel there was enough support for you and your baby?

1032 responses



As the above graph shows, the majority of respondents (75%) from Hampshire, Portsmouth and Southampton felt that they did receive enough support in the first 10 days after their baby was born. This wasn't the same for the Isle of Wight, which was a fairly equal split of 53% saying yes and 47% saying no. The survey received a lower response rate from women on the Isle of Wight so this sample size is smaller. It does however indicate that women feel less supported after birth.

*"The midwives were brilliant as well as extra support breast feeding, I couldn't have been better supported. As a result I'm still breastfeeding 7 months later"* SO19 - First baby

*"Baby delivered at 36+6 due to reduced movements and poor readings. Daughter was critically ill and in NICU (intensive care) for 27 days, during that time the support to us all as a family from consultants, doctors, neonatal nurses and midwives was incredible and will be forever grateful. They took great care of us and enabled us to stay in hospital to be near our poorly child. The hospital midwife was also very good"* SO14 - Not first baby

*"I thought all the midwives and health visitors were very helpful and friendly and went out of their way to help me"* SO30- First baby

For those who didn't feel they received enough support in the first 10 days after birth a few common themes arose from reading through the 318 narrative responses. These included women who felt they didn't have enough visits or they had to ring in to arrange visits from midwives or maternity support workers after discharge from hospital, and mothers not being examined or checked in the first 10 days.

*"They came round but did seem like other midwives didn't want to check me over. My midwife did, I had to text her to say no one had checked me over so she came round as soon as she could"* SO19 - Not first baby



*“I had my baby on 22nd December, came home on 23rd and didn't see any healthcare professionals until 28th. I then didn't see another until 2nd Jan. I thought I would have been seen more frequent”*  
SO18 - Not first baby

*“Had 2nd degree tear, nobody was sent out to visit me or baby, had to ring hospital to remind them”*  
GU32 - First baby

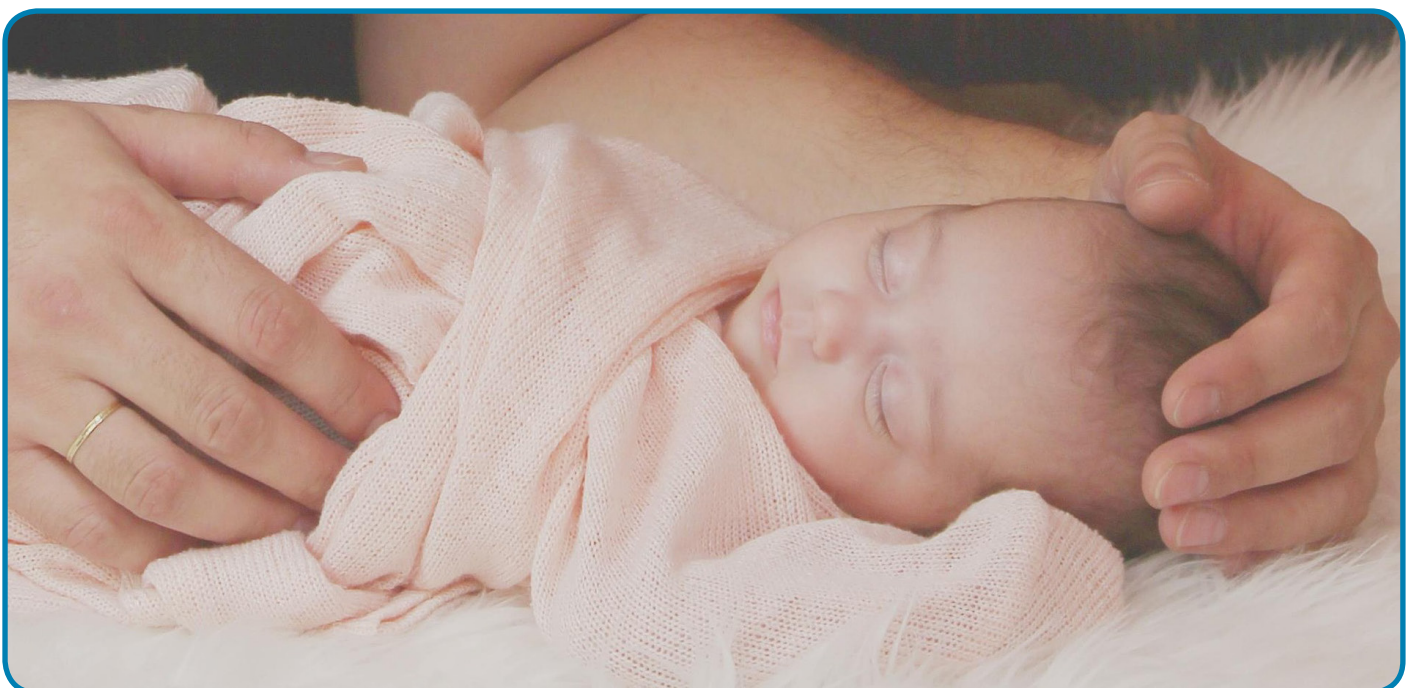
*“Following a quick discharge from hospital at my request (4 hours) we were not followed up at home until I queried why no contact had been made. We were then able to make an appointment on day 6 but this required us to attend the RSH where we were seen by a maternity support worker who weighed the baby and carried out the heel prick test but at no point was I examined as the mother”* SO16 - Not first baby

**Other respondents commented that they felt unsupported while in hospital, with breastfeeding or after care more generally.**

*“I spent 2 days in hospital on a shared ward after a very traumatic birth and very little sleep. I asked to go home because it was so awful on the ward and ridiculously hot in the day. Baby was struggling to feed so I said I was happy to give formula just so I could go home. I would of preferred to breastfeed but was given very little support. The day after I got home I mentioned to the midwife that I was in a lot of pain so she checked my stitches. I had an infection so had to go back to hospital to be checked by a doctor and get antibiotics. The only other time I saw a midwife was 2 days later for the baby's heel prick test, I asked for stitches to be checked again. Other than that I was left as a first time mum to get on with it”*  
PO31 - first baby

*“Not enough post natal information given about bleeding, lochia, clots etc resulting in terrible anxiety after passing multiple large clots with poor reassurance from midwives, and later I went on to pass some retained placenta membrane. This still leaves me anxious months on from my delivery”* RG21 - Not first baby

*“No help was given. I had a baby that was mucousy and gagging, I'd had a c-section and was in agony with gallstones and nobody assisted”* SO14 - First baby



*“Respected but not well supported”*  
**Breastfeeding support**

NICE guidelines recommend that all maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. If providers implement a locally developed programme, this should be evidence-based, structured, and undergo external evaluation. The structured programme should be delivered and coordinated across all providers, including hospital, primary, community and children’s centre settings. Breastfeeding outcomes should be monitored across all services.

It goes on to say that all people involved in delivering breastfeeding support should receive the appropriate training and undergo assessment of competencies for their role. This includes employed staff and volunteer workers in all sectors, for example, hospitals, community settings, Children’s Centres and peer supporter services.



Most women felt that they had enough support from professionals with feeding their baby. However even some of those who had a positive experience stated they were getting information and support from other sources like the NCT. Some respondents also felt there was more information on breastfeeding than bottle feeding.

*“I was personally happy with the support I had as this was my second baby but there is a total lack of breastfeeding support in Eastleigh. There used to be three clinics a week run by trained breastfeeding support workers, now the only possible support is from health visitors who are not as well trained and are already totally stretched in their responsibilities”*  
 SO50 - Not first baby

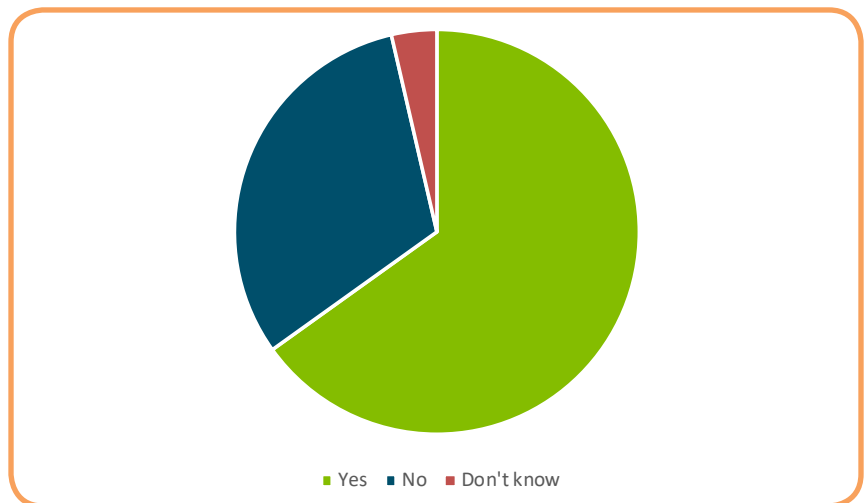
*“There’s not a lot of information for bottle feeding mums but loads for breastfeeding”* SO40- First baby

*“I was given so much help as my baby was difficult to feed and I can’t fault them”* PO33 - Not first baby

**Do you feel you were given enough information and support with feeding**

**your baby?**

1034 responses





Tongue-tie (ankyloglossia) is where the strip of skin connecting the baby’s tongue to the floor of their mouth is shorter than usual. Some babies who have tongue-tie don’t seem to be bothered by it. In others, it can restrict the tongue’s movement, making it harder to breastfeed. Tongue-tie is sometimes diagnosed during a baby’s routine newborn check, but it’s not always easy to spot. It may not become apparent until a baby has problems feeding.

Tongue-tie affects around 4-11% of newborn babies. It’s more common in boys than girls, and sometimes runs in families. (NHS Choices, 2017)

Mis-diagnosed tongue-ties featured frequently in narrative responses with over 60 individual comments stating this as an issue. Many of whom had babies that went several weeks without being diagnosed or treated for tongue tie. In some cases several professionals checked the babies for tongue tie and did not diagnose it, only when this was pursued by the parents was the baby diagnosed and treated.

*“I asked both a paediatrician and a midwife to check my son for tongue-tie and they both said it looked fine. Only when I returned home and had been failing to breast feed for several days did my midwife visit and immediately diagnose a tongue tie”* SO16 – First baby

*“Tried to breast feed and concerns of tongue tie effecting this were not listened to and nothing done. Tongue tie was separated at 5 weeks during surgery and made a huge difference to feeding but by this time we changed to formula due to baby’s weight loss”* SO31 – First baby

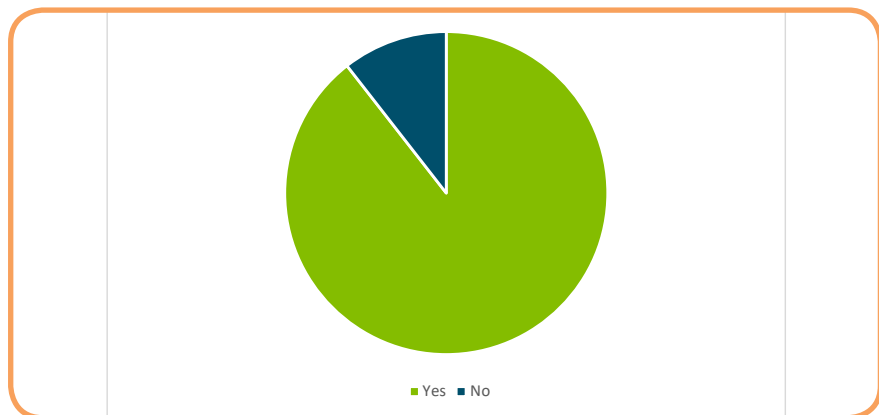
*“I struggled for weeks with breastfeeding. I was told there was no tongue tie. However after 8 weeks of no weight gain I went private and surprise, surprise my son had a posterior tongue tie. With support of my mum she showed me how to use nipple shields from day 4 and due to the tongue tie that is how my son learned to feed. I was crying with my midwife on one occasion and no help or support given”* SO31 – First baby

*“My baby had 100% tongue tie which made breast feeding agony. I had my baby on the Saturday and had to wait until Thursday for it to be clipped. At the appointment the midwife was very negative and kept saying it probably wouldn’t help and would probably reattach. She also said it would really hurt our baby. This appointment really upset me, and I’m a laid back second time mum. After speaking to another midwife she said the negative affects of snipping a tongue tie was very rare.”* SO40 – Not first baby



**Were your decisions about how you wanted to feed respected by your midwives?**

1029 responses



1029 people responded to this question and 89% felt their decisions about how they fed their baby were respected. There were women who stated they received great support with their decision making and appreciated the advice given about what was best for their baby.



*"I didn't want to breastfeed past first day and they were amazing at supporting me and not making me feel bad for not breastfeeding"* PO14 – Not first baby

*"Respected but not particularly well supported"* SO51 – Not first baby

*"I had initially wanted to give formula. After my baby went to NICU I felt pressured by staff to offer him breast milk. At the time I was upset and confused (and extremely self-conscious) but did it because I was told it was best. In hindsight it was the best thing that happened and I'm eternally grateful for the staff for their advice and understanding. They were amazing"* PO7 – First baby

**There were however respondents that, while feeling their decision was respected, reported that they didn't always feel supported enough.**

*"It wasn't that they weren't respected, it was the conflicting advice I was given that then confused and upset me"* SO16 – Not first baby

*"Sort of, they tried to help but being too busy they just accepted that I had to move on with my very underweight baby"* SO19 – First baby

*"Yes and no. It was obvious that if we bottle-fed our baby we would be home a lot quicker but we did not want this"* SO31 – Not first baby

**Some women also stated that it was assumed that they would breast feed their baby and they were made to feel uncomfortable about this decision to bottle feed.**

*"Why be so rude to formula feeding mums? Was asked countless times if I wanted to breastfeed and would give me reasons as to why it's best once I mentioned I was using formula"* PO2 – First baby

*"I was never even asked how I wanted to feed my baby, it was assumed I would breastfeed. When I faced a number of issues regarding my baby I was forced to push through, told to bear with it and that I would get the hang of it eventually. The option of bottle feeding and formula was absolutely frowned upon and I was made to feel guilty when I was unable to breastfeed my son and he had to be topped up with formula"* PO13 – first baby

*"I told staff in theatre I wanted my baby fed in SCBU (Special Care Baby Unit) on formula and assumed this had taken place. Day 3 I was informed she had yet to be fed as they were waiting for me to express. No one had asked me to express"* RG20 – first baby



## *‘...they did their best’* Final reflections

This extensive engagement with women and their birth partners has shown that overall, women have very positive experiences throughout their pregnancy and birth in all areas of Southampton, Hampshire, Isle of Wight and Portsmouth. Despite this, there are a number of clear areas that have been highlighted where women tend to have shared experiences that are more negative. When asked a final question *‘Looking back, is there any information that you now know that would have helped you during your pregnancy, birth and soon after your baby was born that wasn’t given to you at the time?’*, most responses related to communication and getting the right information, primarily relating to aftercare of both mother and baby after the birth. This backs up the findings from the previous questions. There is a feeling that once mums had given birth, support is greatly reduced compared to during pregnancy. Others felt they now knew that they could question decisions and say ‘no’ if they didn’t agree with what was being said.

*“After birth not discussed. There were so many things I didn’t know about”* SO41 – First baby

*“Yes! You can say no. There is too much pressure on breast feeding and talking about birth plans left too late into the pregnancy. Being sent home while in labour only to be rushed straight back in an ambulance – I knew better than to go home but was too scared to say”* GU33 – First baby

*“Not to believe when a midwife (or 5) feels the position of your baby and tells you it’s head down! I would have had a private scan had I known “breech babies are hard to detect” resulting in me having to birth a breech baby in a very traumatic way”* SO45 – First baby

*“That not all babies instinctively know how to breastfeed. That if you lose a lot of blood during delivery it can delay your milk coming in. What types of tear and their severity you could suffer during a natural birth and how that will affect you straight after labour, e.g. surgery, baby being away from you and missing their first feed with you, recovery times etc”* SO18 – First baby

Most women, however, had a very positive experience and were very thankful for the support they had received from all healthcare professionals. Many women recognise the pressures faced by the NHS and the amount of effort that staff go to, to make their experiences as smooth and stress free as possible.

*“I had an amazing midwife who deserves so much credit and recognition for all her hard work from day one!!”*

*“I have had 4 babies just about to have number 5 I have had 3 home births and 1 in hospital I love being at home and the staff have always been amazing! I think you get all the information you need and they couldn’t help anymore than what they do”*

*“I think generally everyone involved in my care did great but staff were over worked and understaffed, but they did their best. Equipment kept breaking! There were not enough rooms for people to get the care they needed. But I can not fault any of the help I received”*



# Recommendations

Healthwatch Hampshire, on behalf of Wessex Voices spent 4 months promoting surveys for new mothers and birthing partners through social media, and partner agencies, attended nine child health development clinics across Hampshire and the Isle of Wight in order to get face to face engagement with parents. This resulted in feedback from over 1250 parents of babies under 1 year old. Indepth investigation of the results, comparing narrative feedback and statistical results, have identified key areas within the maternity services across Hampshire and the Isle of Wight that gave us common themes and areas that need improvements or changes to practice.

As a result of this work Wessex Voices are asking commissioners and providers of maternity services to consider the following recommendations. This report will be sent to relevant professionals for a direct response. All responses and feedback will be published alongside this report on our website: [www.healthwatchhampshire.co.uk/maternity](http://www.healthwatchhampshire.co.uk/maternity)

## Make time

Provide clear and easy access to information and support at all times

Women often felt that staff were so busy that they were unable to ask the questions they wanted to or get the support they needed. This theme was common throughout the whole pregnancy process from midwife appointments to birth experiences to postnatal care.

We recommend that there is clear and easy access to information for patients so that they do not feel that they cannot ask questions due to time constraints and staff shortages. Medical staff need to ensure that women are made to feel that they are receiving the best care possible.

## Consistency of midwives

Ensure that women have access to a consistent service at times that suit them

Many women stated that although they appreciated having opinions from different sources (especially if they had not been able to form a good relationship with their assigned midwife), they felt seeing more than three midwives didn't work well. Expectant mothers felt that seeing lots of different midwives became confusing with differing advice. They also had to keep telling the same story to different people, which can be distressing for those who have a complicated medical or social history. The results from both surveys show that many people would find having midwife appointments outside of office hours beneficial to women and their birth partners to fit in with work commitments.

We recommend that women are assigned one midwife where possible and if that suits the woman but certainly no more than three midwives if this is all the service can accomodate. We also recommend that appointment times are more flexible and could run from 8am to 7pm so that patients and partners can attend without impacting on their work schedule.





## Clear communication at referral

Particularly for referrals related to raised BMI

We recommend that communication and language around extra appointments needed, for women with a raised BMI and the implication on pregnancy and birth, are discussed in a clear and open manner before the referral is made. Currently the survey shows that where mothers are referred for extra appointments with consultants and dietitians, they only know about this when they receive an appointment letter. In some cases women have attended appointments and are told by the medical professionals that there is no reason for them to be there, which is frustrating for both parties.

**We recommend that women are referred only after a conversation with their midwife around medical history, life style and health risks to pregnancy and birth so that patients are part of the decision making process and feel fully informed.**

## More information at discharge

Provide appropriate information after birth

Respondents to the survey did not seem well informed as to what to expect post birth. The responses related to examples including how to care for vaginal stitches and C-sections; and what to expect post birth including bleeding and infections; baby care from cluster feeding, establishing breast feeding; and basic baby care. There was also confusion on how many visits to expect from midwives and support staff once women have been discharged. This results in patients feeling abandoned and alone and not knowing where to go to for support.


**We recommend that on discharge from hospital information is provided on how many visits will take place and who will be seeing you. Further information should also be provided including:**

- Where to go to if further support is needed - feeding, general information and contact numbers for support
- Information on what to expect post birth - This needs to be relevant to the individual and include information on bleeding, stitches (relating to degree of tear or episiotomy) C-section, forceps delivery
- Warning signs to be aware of (infection)
- If baby has an identified condition, information on care is provided before consultant appointment.

## Manage expectations

Ensure all communication is open and transparent, particularly when discussing birth plans and options

It was apparent from the narrative responses to the surveys, that on reflection many respondents felt that birth plans were 'pointless' and notes were not looked at by medical professionals. The fact that 25% of respondents did not get to give birth at their choice of facility or at home due to maternity unit closures and staff shortages made women feel that their expectations were not managed well, and they would have been better informed had this been discussed and what would happen in these circumstances.



There were also concerns around important information and choices being put in notes which were not read by medical staff. This resulted in patients having to rely heavily on birth partners to ensure their wishes and choices were taken into account. Or having to keep repeating concerns or wishes while being in a very vulnerable situation, when they had assumed would be prevented by putting this information in their notes. **We recommend that staff work at managing the expectations of parents around birth plans that are affected by staff shortages or unit closures. In order for expectant parents to be aware of alternatives if their first choice is not available, particularly for those patients who are sent home and end up having to go to another facility later. For those choosing a home birth, they should be made aware that this is only possible if there are midwives available to attend. Processes should be put in place for all medical staff to have easy access and time to read patients notes, which can have specific wishes or concerns highlighted so that they are not missed.**

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### **Improve diagnosis and treatment of tongue-tie**

Provide further training for staff in diagnosis and treatment

The narrative comments from respondents state that there are issues around diagnosing and treating tongue-ties in newborns. Many respondents stated that their baby could not feed properly, sometimes for several weeks as their tongue tie had gone undiagnosed. This also results in mothers giving up on breastfeeding when they wanted to continue but felt their baby was not thriving or feeding sufficiently which causes distress for parents and babies. **We recommend that there is better training for staff in diagnosis and treatment for tongue-tie, in order for newborns to receive treatment as soon as possible, so there is so there is limited impact on feeding. There should also be better provision of treatment so that parents are not forced to 'go private' to get their baby's tongue-tie treated. We also recommend that Health Visitors receive training in diagnosing and treating tongue-ties as they take over care of the mother and baby around 10-14 days which could ensure that tongue-tie that could have been missed, is treated.**

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### **Free antenatal classes for all**

Ensure everyone who would like to access antenatal classes has the opportunity to do so.

There does not appear to be sufficient provision of NHS antenatal classes available. Although expectant parents can, and many do, choose to attend NCT classes, those who cannot afford these are not receiving the same information or support as those who can. Those who cannot afford NCT classes and are unable to get booked onto classes are resorting to getting information from friends, relatives and on-line. This information could be out of date or inappropriate.



We recommend that there is sufficient provision for free antenatal classes for all across Hampshire and the Isle of Wight. This ensures there is a consistent approach and the most relevant and up to date information and guidance is being given.

## Improve breastfeeding support

Provide specialist support at easy to access locations across the region

Respondents stated that they did not feel there was enough support for those who have chosen to breastfeed. Support appears to be patchy across the region, and parents can feel left alone to get on with it. This seems to be impacted by the issue with tongue-tie and the closure of breastfeeding support groups in some areas.

We recommend that, because breast feeding is advised as the best for baby by the NHS, that sufficient specialised support is provided to those who need extra help and guidance with breastfeeding. This should be available at easy to access locations across the region and also offer support to women who have decided to bottle feed but still require extra support.

## Improve communication

Use consistent and easy to understand terminology

The need for clear language was a common theme that ran through responses to both surveys. Having readily available access to information is vital to ensure that expectant and new parents are receiving the best advice and support available. It became apparent from the narrative comments that many respondents didn't understand terminology or language used, or the information they received from medical professionals at appointments.

We recommend that further engagement takes place around what language should be used when communicating with expectant or new parents. This would ensure that the most appropriate and effective language is being used to communicate with patients.





# For consideration...

## Further Engagement

Over 400 people who responded to the surveys provided their contact details and have stated they would like to get involved with further engagement around maternity service provision. We would like to recommend two elements from the survey that would benefit from further engagement work:

### Communication & Language

Many respondents use apps, on-line searches and YouTube for information and advice. This is an uncontrolled source and there should be NHS recommended or supported on-line advice available. This would also mean that expectant or new parents have easy access to reliable information that can sign post to resources or groups.

Many respondents did not understand the terminology used, and work on language would cross the barrier between medical terminology and the understanding of the average person.

Further work to better understand the needs of those who don't have regular access to the internet or prefer to use other sources of information would also be beneficial.

### After care and Information

It became apparent from narrative comments within the survey that many new parents felt abandoned after the birth of their baby. Maternity wards are very busy and hectic and they stated that they were leaving hospital without establishing breast feeding, and not sure what happens next or what to expect next for mums and babies especially around healing and general care.

Wessex Voices recommend that engagement around how best to provide the information needed on discharge from hospital is given to patients. This could take the form of apps or a discharge meeting with medical staff, but we would suggest that medical and ex-patients work to develop the best practice.

## What next?

Over 1200 people shared their experiences, ideas and recommendations about how maternity services could be improved in the future. This feedback, along with this report and our recommendations, has been shared with relevant providers and commissioners. We hope that the findings and recommendations will be recognised and acted upon to improve the experience of people receiving these services.

Wessex Voices will be asking the Local Maternity System to respond to our findings.

All responses and feedback will be published alongside this report on our website.

# Contacts

## Wessex Voices

Sue Newell on 07595 424198 or [sue.newell@helpandcare.org.uk](mailto:sue.newell@helpandcare.org.uk)

If you would like to give feedback about your experiences or get involved in the work of your Local Healthwatch then please contact us:

### Healthwatch Hampshire

01962 440262

[www.healthwatchhampshire.co.uk](http://www.healthwatchhampshire.co.uk)

### Healthwatch Southampton

02380 216 018

[www.healthwatchsouthampton.co.uk](http://www.healthwatchsouthampton.co.uk)

### Healthwatch Portsmouth

02393 977079

[www.healthwatchportsmouth.co.uk](http://www.healthwatchportsmouth.co.uk)

### Healthwatch Isle of Wight

01983 608608

[www.healthwatchisleofwight.co.uk](http://www.healthwatchisleofwight.co.uk)





# Appendices

## Appendix One: Information about Healthwatch & Wessex Voices

Healthwatch was created to gather and represent the views of the public. Healthwatch England works at a national level. Local Healthwatch gives citizens and communities a stronger voice to influence and challenge health and social care services in their area.

### Local Healthwatch also:

- represents the views and experiences of people who use services, carers and the public on the Health and Wellbeing Boards set up by local authorities
- provides information and signposting to people about local health and care services, how to access them and how to find their way around the system
- reports concerns about the quality of health and social care services to Healthwatch England, which can then recommend action to the Care Quality Commission.

Every voice counts when it comes to shaping health and social care today or tomorrow. Everything that local Healthwatch does brings the voice and influence of local people to the development and delivery of local services.

People need to feel that Healthwatch belongs to them, reflects them and their community and acts on their behalf. Healthwatch must feel approachable, practical and dynamic.

Healthwatch is accountable to local people, and its work reflects the evidence they gather from local people. Healthwatch is independent from the NHS and local authorities, their priorities and their messages. We set out our priorities and say what we believe needs to be said.

The five local Healthwatch organisations in Wessex (Dorset, Hampshire, Isle of Wight, Southampton and Portsmouth) came together with NHS England Wessex in 2015 to form “Wessex Voices”, an initiative that aims to make sure local people are involved in designing and commissioning health services.

**Wessex Voices** have produced a number of resources to support patient and public involvement (PPI) in commissioning. Currently they are focusing on supporting people’s engagement in cancer services, public health (screening and immunisations) programmes, primary care commissioning and Sustainability and Transformation Partnerships. They also support Clinical Commissioning Groups based in Wessex, through development opportunities, to take forward PPI in their organisations.

The Local Maternity System for Southampton, Hampshire, Isle of Wight and Portsmouth have been working to improve outcomes for mothers and babies across Hampshire and the Isle of Wight. Wessex Voices and Healthwatch Hampshire were commissioned to carry out engagement work and gather feedback from parents with a baby under one year old, in order to better understand how services can be improved.

# Maternity Services Survey 2017

Southampton, Hampshire, Isle of Wight and Portsmouth

**The Local Maternity System for Southampton, Hampshire, Isle of Wight and Portsmouth is working to improve outcomes for mothers and babies. We want feedback that will help us better understand how services can be improved to ensure women have an informed and empowered choice through their pregnancy and birth.**

**We would like to hear from women and birthing partners who have had a baby in the last 12 months (we are also seeking feedback about the first 10 days after birth). The feedback will be used to inform future decisions about maternity services. To access the survey and find details of where you can speak to us face to face please visit our website.**

**Share your feedback and make a difference:  
[www.healthwatchhampshire.co.uk/maternity](http://www.healthwatchhampshire.co.uk/maternity)**

Wessex Voices

NHS  
England

local healthwatch  
working together



## Appendix Three: NICE Guidelines - Antenatal Care

### List of quality statements

July 2013: Quality statement 7: Risk assessment - pre-eclampsia has been removed and is replaced by quality statement 2: Antenatal assessment of pre-eclampsia risk in hypertension in pregnancy (NICE quality standard 35).

Statement 1. Pregnant women are supported to access antenatal care, ideally by 10 weeks 0 days.

Statement 2. Pregnant women are cared for by a named midwife throughout their pregnancy.

Statement 3. Pregnant women have a complete record of the minimum set of antenatal test results in their hand-held maternity notes.

Statement 4. Pregnant women with a body mass index of 30 kg/m<sup>2</sup> or more at the booking appointment are offered personalised advice from an appropriately trained person on healthy eating and physical activity.

Statement 5. Pregnant women who smoke are referred to an evidence-based stop smoking service at the booking appointment.

Statement 6. Pregnant women are offered testing for gestational diabetes if they are identified as at risk of gestational diabetes at the booking appointment.

Statement 7. Risk assessment - pre-eclampsia.

Statement 8. Pregnant women at intermediate risk of venous thromboembolism at the booking appointment have specialist advice provided about their care.

Statement 9. Pregnant women at high risk of venous thromboembolism at the booking appointment are referred to a specialist service.

Statement 10. Pregnant women are offered fetal anomaly screening in accordance with current UK National Screening Committee programmes.

Statement 11. Pregnant women with an uncomplicated singleton breech presentation at 36 weeks or later (until labour begins) are offered external cephalic version.

Statement 12. Nulliparous pregnant women are offered a vaginal examination for membrane sweeping at their 40- and 41-week antenatal appointments, and parous pregnant women are offered this at their 41-week appointment.

Source: <https://www.nice.org.uk/guidance/qs22/resources/antenatal-care-pdf-2098542418117>





## Appendix Four: NICE Guidelines - Postnatal Care

### List of quality statements

In the statements the term 'women' is used to refer to mothers of babies.

Statement 1. The woman and baby's individualised postnatal care plan is reviewed and documented at each postnatal contact.

Statement 2. Women are advised, within 24 hours of the birth, of the symptoms and signs of conditions that may threaten their lives and require them to access emergency treatment.

Statement 3. Women or main carers of babies are advised, within 24 hours of the birth, of the symptoms and signs of potentially life-threatening conditions in the baby that require emergency treatment.

Statement 4. Women, their partner or the main carer are given information on the association between co-sleeping and sudden infant death syndrome (SIDS) at each postnatal contact.

Statement 5. Women receive breastfeeding support from a service that uses an evaluated, structured programme.

Statement 6. Information about bottle feeding is discussed with women or main carers of formula-fed babies.

Statement 7. Babies have a complete 6-8 week physical examination.

Statement 8. Women with a body mass index (BMI) of 30 kg/m<sup>2</sup> or more at the 6-8 week postnatal check are offered a referral for advice on healthy eating and physical activity.

Statement 9. Women have their emotional wellbeing, including their emotional attachment to their baby, assessed at each postnatal contact.

Statement 10. Women who have transient psychological symptoms ('baby blues') that have not resolved at 10-14 days after the birth should be assessed for mental health problems.

Statement 11. Parents or main carers who have infant attachment problems receive services designed to improve their relationship with their baby.

Source: <https://www.nice.org.uk/guidance/qs37/resources/postnatal-care-pdf-2098611282373>

# Acknowledgements

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