

# Care during Pregnancy (Antenatal Care)



## Report by:

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# Executive Summary

## What we did

Healthwatch Richmond gathered the views and experiences of local women who had received care during pregnancy (antenatal care). This work corresponded with plans, both local and national, to improve the provision of maternity services. Healthwatch representatives carried out semi-structured, face-to-face discussions with individual women to gather their feedback. Feedback was also collected via an online survey that was mainly promoted through the Healthwatch Richmond website.

The project and the choice of questions used were discussed with local hospitals and partners. The online survey was accessible from 20<sup>th</sup> March 2018 to 23<sup>rd</sup> April 2018. The one-to-one discussions took place between 14<sup>th</sup> March 2018 and 24<sup>th</sup> April 2018.

The report highlights where services are working well and makes recommendations to the commissioners and providers of antenatal care at Kingston Hospital, West Middlesex Hospital and any other local hospitals. It will be shared with commissioners and providers of maternity care services in order to help make improvements.

## Who responded

One hundred and three local women responded either through the online survey or by taking part in one-to-one discussions (47 and 54 respectively) between March and April 2018. Respondents came from across the geographical spread of the borough. For about half of respondents this was their first pregnancy.

The due date of women spanned from August 2015 to May 2018. The majority of women had very recent experience of pregnancy

Due/birth date	% of women surveyed
<6 months from the date of data collection	70.3%
<12 months before the date of data collection	84.2%
<18 months before the date of data collection	95%
>18 months before the date of data collection	5%

## What people told us about care while pregnant

### First contact when pregnant

When they first became pregnant, the majority of women contacted a GP, while a significant number self-referred to hospital. Women generally referred to these experiences positively however responses regarding self-referral were generally more positive than referral to GP.

A small number of women described their GP as not being caring or described problems with referrals being lost between their GP and hospital. In comparison there were no negative comments related from those who self-referred relating to staff attitudes and self-referring removes the possibility of referrals being lost between GP and the hospital.

## Choice and location of birth

The vast majority of respondents were able to choose where to give birth (78%) or gave birth in the setting of their choice (80%).

Of the 22% of women who were not given a choice of provider, around half reported that they had self-referred to hospital suggesting that either this was their preferred choice or they were not aware that they could choose another hospital or didn't feel that they had a real choice.

The most common reason for choosing a hospital was location (56%) followed by 46% of respondents who provided by a narrative response explaining their choice. Respondents cited other reasons around half as frequently with Previous experience (26%), Recommendation (24%), Type of birth experience (22%) and Reputation (22%) all receiving similar numbers of responses. Women could give more than one reason for choosing a hospital and so the totals add up to more than 100%.

West Middlesex University Hospital slightly differed to the norm as fewer women reported choosing it on the basis of its reputation or recommendation compared to other hospitals.

## Antenatal Check ups

There were significant differences in the way that providers were rated by patients in relation to antenatal care.

At West Middlesex Hospital, a significant majority of women reported having a named midwife they could contact (82%). However this did not translate to good experiences of care. Most women (55%) reported they did not feel they had enough contact with their midwife and only 27% rated the hospital as being 'Easy' or 'Very Easy' to contact.

This is a notable contrast to Kingston Hospital where only 50% of respondents said that they had a named midwife but most felt they spent enough time with a midwife (88%) and found it 'Easy' or 'Very Easy' to contact the hospital (75%). Kingston Hospital told us that work is underway to improve the number of women with named midwives.

## Information

The majority of women said that they received the right amount of written (77%) and verbal (80%) information, that this was given at the right time (93%) and was understandable (90%).

The area where most women reported not receiving enough information was in relation to feeding their babies. Of those who did receive information about feeding from Kingston Hospital, 26% reported that they did not receive sufficient information about feeding their baby until during or after the birth of their child. Across the sample a minority talked about unwelcome pressure in relation to breastfeeding.

Whilst some improvements could be made to information provision earlier in pregnancy, ensuring that information is appropriate and consistent, this was not a priority for most women.

## Emotional Wellbeing

Overall, 72% of women were told about emotional changes to expect during pregnancy, with more women reporting this at Kingston Hospital (75%) than at West Middlesex Hospital (62%). Few women had used the emotional wellbeing services however, and the feedback about them was mixed.

## Overall experiences of care

The majority of people rated the overall care that they received as very good (44%) and good (42%). Narrative responses enabled some analysis of care within our main hospitals.

### Kingston Hospital

At Kingston women spoke positively of the administration of their appointments and of the quality of care that they received. *“The booking of appointments is good and I know what is coming up and when seeing the obstetrician”*

The majority of women spoke highly of the staff that cared for them, describing staff as *“lovely midwives”* and praising the *“positive nature of staff”*.

Labour and birth were not within the scope of this review so it is difficult to draw firm conclusions or to make formal recommendations on the basis of this information. Kingston Hospital provided us with assurance over patient experience of labour and birth:

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*“The Trust has assurance from the 2017 Maternity Picker survey that the care provided by the Kingston Maternity Service is rated very positively by women in regards to the care they received during their labour and the birth of the baby [higher than the national average]. This is also reflected in the high levels of satisfaction that women and their families express through the feedback received via the maternity Friends and Family Test surveys.”*

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A small number of people spoke about postnatal care. Most positive comments referenced postnatal stays as an inpatient in a private room or being supported to stay at home.

### West Middlesex Hospital

Feedback about staff at West Middlesex Hospital was evenly split between positive and negative comments. Around half of all statements provided about staff were strongly negative regarding the way care was given or regarding the attitudes of staff providing care. The Hospital provided us with a thorough action plan for addressing this and told us:

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*“There are really no excuses for rudeness and poor professional interaction. This is not the standard I expect from the team.*

*This survey will be shared with the teams for reflection and learning. Our practice development team will look at sessions for the clinical leads to enable better monitoring of care within their defined areas.*

**West Middlesex Hospital**

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Whilst there were a similar number of, often strongly expressed, positive statements about care we would expect compliments to significantly outweigh concerns. There is therefore a disproportionately negative trend to the feedback which is strongly focussed on the lack of a sufficiently caring approach.

Several people spoke about other problems, including the administration of patient records, which in some cases still occurred despite repeated requests to resolve the errors. **The Hospital accepted this feedback and provided us with specific actions to address the negative experiences of their patients.**

# Introduction

## Background Information

The national policy context for improving maternity services follows on from the National Guideline - NICE Guidance (Antenatal Care, 2016) and the Maternity Review 2016 (Cumberlege) - and Better Births (2016), which set out the Five Year Forward View for maternity services in England:

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

*And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovative, continuous learning and break down organisational and professional boundaries.”*

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Aligned with the national context there is a South West London Maternity Transformation Programme that covers Richmond and feeds into a London wide plan. Healthwatch Richmond liaised with the South West London Maternity Transformation Programme about this project from an early stage and are keeping them updated on its progress.

Richmond residents have approximately 3,000 births per year, which mainly take place at Kingston (2,000) and West Middlesex hospitals (1,000). Public Health statistics show average or better values for indicators including: a low rate of under 18 conceptions, higher rate of under 18 conceptions leading to abortion, good indicators for breastfeeding initiation and continuation and generally healthy, and a healthy population (low smoking and high activity levels).

Both hospitals worked with Healthwatch Richmond, by providing input into the survey development.

Healthwatch Richmond gathered the views and experiences of women’s care during pregnancy (antenatal care).

The report highlights where services are working well and makes recommendations to commissioners and providers of services about areas for improvement in antenatal care at Kingston Hospital, West Middlesex Hospital and any other local hospitals.

# Methodology

## Data collection

Feedback was collected from women in two main ways:

- One-to-one semi-structured discussions, conducted face-to-face with a Healthwatch representative;
- Online survey, using Google forms promoted via social media.

One-to-one discussions mainly took place at Children Centres with visits from Healthwatch representatives planned to coincide with relevant activities taking place e.g. Antenatal Clinics, Health Visitor Clinics or parent craft classes. The 54 one-to-one-discussions took place between 14<sup>th</sup> March and 24<sup>th</sup> April 2018.

The online survey was accessible from 20<sup>th</sup> March and 23<sup>rd</sup> April 2018 during which time 49 people completed it. They were promoted by local partners alongside a social media and email promotion campaign and paid for social media advertising.

## Who we engaged

We collected data from parents with experience of antenatal care from within the last 2 years. Through outreach and targeted advertising we achieved a spread of views from across the geographical spread of the borough.

We aimed to collect sociodemographic data from our interviews to ensure that that the sample was broadly representative of the population. However, insufficient data was collected to enable any meaningful analysis due to the practicalities in which interviews took place. Whilst it is not possible to determine the demographics of the sample, some respondents have referenced how sociodemographic factors have impacted on their care:

- one woman said that not speaking good English had made it difficult to get the information she needed,
- another spoke about how being 17 years old had been instrumental in determining the care that she had received.

## Analysis and report writing

All responses were anonymised. The data was checked, cleaned and analysed. Quantitative data is summarised in tables and where appropriate analysis is undertaken to identify correlations in relation to providers.

Qualitative data was analysed using the basic principles of thematic analysis and, where appropriate, coded to enable consideration alongside quantitative data. Where it was possible and reasonable to do so, responses to the two methodologies were combined into a single larger sample e.g. where questions and answers are identical.

# Findings

## Characteristics of respondents

Across the two methodologies, 98% of the 103 respondents had experienced antenatal care within the past 2 years. The majority of women had recently given birth or were still pregnant when they gave us feedback and almost all told us about a birth within the past 18 months.

Due/birth date	% of women surveyed
<6 months from the date of data collection	70.3%
<12 months before the date of data collection	84.2%
<18 months before the date of data collection	95%
>18 months before the date of data collection	5%

The due/delivery date of the respondents ranged from August 2015 to May 2018 and across both methodologies there was a fairly even split of respondents who were experiencing their first pregnancy (54%) and those who had experienced previous pregnancies (46%). Whether or not it was a woman's first pregnancy did not seem to make a material impact on people's satisfaction of care across either methodology.

Respondents were distributed throughout the borough across both methodologies and the percentages of respondents are broadly aligned to the relative populations of the locations (based on 2011 census data).

Location	%
Out of Borough	2%
Strawberry Hill	1%
Hampton Wick	2%
East Sheen	3%
St Margaret's & East Twickenham	3%
Teddington	4%
Kew	5%
Mortlake	5%
Barnes	7%
Richmond & Richmond Hill	7%
Ham & Petersham	9%
Whitton & Heathfield	12%
Hampton & Hampton Hill	16%
Twickenham	22%



## Care while pregnant

### First contact when pregnant

Across both methodologies, when they first became pregnant, the majority of respondents (82%) contacted a GP, while a significant number self-referred to hospital (29%). Some women used multiple routes resulting in totals that add up to more than 100%.

Two people (2%) contacted a children's or family centre, two people (2%) had conceived via IVF and were referred via this service into either the Assisted Conception Unit (ACU) at Kingston Hospital or Early Pregnancy Unit at Guy's Hospital. One person (1%) reported being referred to Surbiton Health Centre as she was under 18 at the time.

### Experience with GP

Across both methodologies, GPs were the most common initial contact and were usually referred to positively (68%). Positive relationships with patients, demonstrating caring and supportive behaviours and being informative were cited as important by those who had good experiences with GPs:

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*"I have known my GP for a while and she saw me through a previous miscarriage so it was really good to share the news with her and for us to plan the continuation of my antenatal care."*

*"I was very happy with their support and organisation."*

*"GP was very good at explaining the hospitals which I could choose for my monitoring and pregnancy, and how it would all work."*

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Some respondents described experiences of GP care that had not been especially positive or thorough. However, this did not always result in more negative ratings of experience of referral:

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*"GP was perfunctory. Gave me flu shot. Missed that I would need extra folic acid due to BMI. Hospital were great and assigned me a midwife immediately. There is very little support in the first trimester."*

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People rated their experience of referral negatively:

- when referrals were not made effectively to hospital:

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*"I contacted my GP but my GP failed to refer me to the hospital. I checked with the hospital and then ended up self-referred."*

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- or when the GP was not personal or caring:

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*"The first thing my GP... said when I told him I was pregnant was if this was a wanted pregnancy? I found this very offensive, we had struggled to conceive for years and finally managed to get pregnant on 3<sup>rd</sup> IVF - to imply I might want an abortion was very upsetting."*

*"Experience was 'bare bones'"*

*"She was very anxious and made me aware of how busy she was which upset me"*

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## Experience with self-referral to hospital

Experiences of self-referral to hospital were consistently positive (89%) or neutral (11%). In contrast to those who were referred via GP there were no negative comments or ratings relating to poor personal relationships or incomplete referrals. Those who self-referred spoke almost unanimously about it being a positive experience.

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*“Easy form, heard back from the hospital relatively quickly.”*

*“...Hospital were great and assigned me a midwife immediately...”*

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Several people reported surprise at being able to self-refer to hospital or having been advised to do so by their GP.

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*“I didn’t know about the self-referral to hospital, always thought you have to talk to GP first before referring.”*

*“The appointment was fine but was told I should have gone direct to hospital, not necessary to go to doctor first.”*

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We asked West Middlesex Hospital and Kingston Hospital providers whether they agreed with the finding that women should be encouraged to self-refer wherever possible.

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*The process of self-referral appears to be an efficient electronic system for both the woman and the maternity administration team resulting in a high percentage of women receiving their first antenatal booking appointment within the recommended time frame.*

*The main drawback would be for women where English is not their first language and there may be communication issues if the woman is asked to self-refer in which case the G.P route would be the best option for the woman. **Kingston Hospital***

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*The Trust agrees that this should enable an easier process for booking, however, women do still like to engage with their own GP for continuity and lifelong support.*

*Earlier access is imperative and we ask GP’s if referring to get to us by around 8 weeks for booking to be completed by 10 weeks and 6 days. For GP referral it is imperative that the information coming to us regarding address and phone number is current.*

*The [self-referral] form is accessible via our website [and] is being redesigned to streamline consistent booking information for all units in the sector and will enable women speedier access to services. **West Middlesex Hospital***

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## First booked appointment

Across both methodologies the first ‘booked appointment’ for most women was with a hospital midwife, with some having their first appointments with a community midwife and a few with a GP. Neither previous experience of pregnancy nor provider had any material impact on first appointments.

Row Labels	Online	Face to face	Sum of #
Community Setting	13	20	33
GP	1	5	6
Hospital Setting	31	25	56
(blank)		3	3
Grand Total			98

The vast majority (92%) had their first booked appointment when they were 12 weeks pregnant or less. The reasons cited by the 8% of women who had their first booked appointments at 13 weeks or more were: delays due to finding out about their pregnancy, delays with GP referral or problems with the administration around appointments.

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*“West Mid continually messed up the admin regarding my address, despite several phone calls and notification in person.”*

*“It was more than 13 weeks because my GP did not refer me on time and I was not aware till 12 weeks.”*

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# Choice of location of birth and type of care

## Midwife-led vs Consultant-led units

It is difficult to draw firm conclusions about why women chose midwife-led (26 women: 14 Kingston, 12 West Mid) or consultant-led care (22 women: 8 Kingston 14 West Mid). Whilst a large number of respondents referred to factors that differentiated between hospitals (e.g. location), they did not often provide explanations as to why one type of service was chosen over the other.

Where responses from women did differentiate between service type, midwife-led care included some people with specific plans for their delivery, such as a water or home birth. Those who opted for consultant-led care were more likely to cite existing medical needs.

## Choice of location of birth

78% of respondents were given a choice of which hospital's services to use for their antenatal care, while 22% were not given a choice. Of those who reported not being given a choice:

- Twelve had self-referred to hospital. It is unclear why these individuals did not feel that they had a choice; it is possible that they were unaware of how to self-refer to another hospital.
- Three did not have a choice of provider due to medical reasons.

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*"I did not choose. As a woman over 40 with an IVF pregnancy I was automatically put onto the doctor led delivery and care".*

*"Due to first pregnancy complications required to have in hospital."*

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- Two would have liked a choice but were not given this.

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*"It was not discussed, I would have liked to talk to midwife about choices, told to bring it up at next appointment, but when I tried to was told that they don't do that."*

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- Two were not given a choice but would have chosen their provider.

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*"Was told - but had heard good things so was pleased to be going there".*

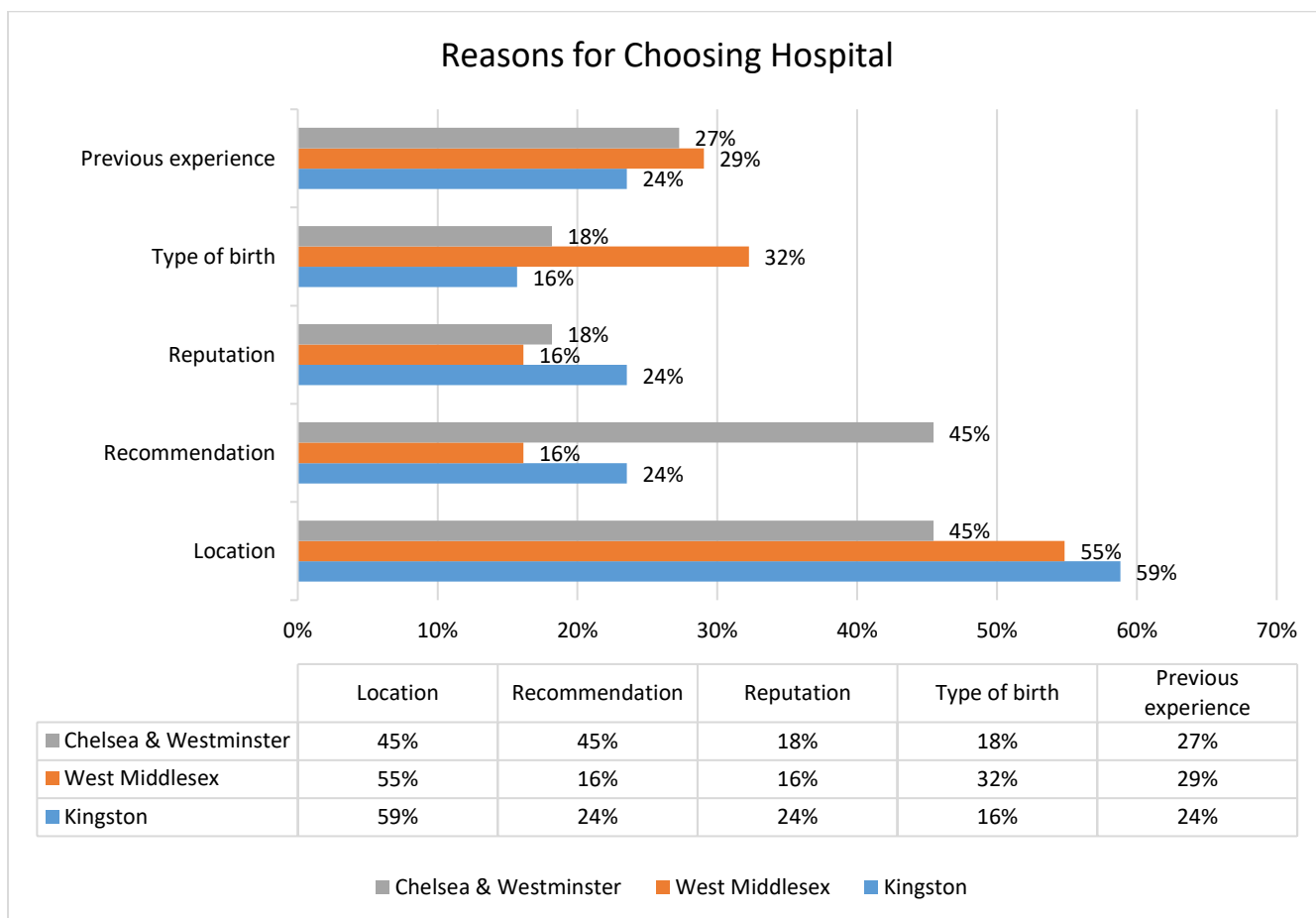
- 
- One said she was not given a choice because she was under 18. Our interviewer recorded *'[She] feels she was pushed to have baby at Kingston, but didn't mind as it was local.'*

Most women (80%) had their baby in their place of choice. Of the 10% who did not have their baby in their desired place, this was due to risk of complications or early delivery. Some women had not yet delivered their baby at the time of answering the survey.

Where did you choose to have your baby?	% of respondents
Kingston Hospital	50.0%
West Middlesex University Hospital	30.4%
Chelsea and Westminster	13.7%
Out of area hospital	5.9%

## Reasons for choosing care

The most common reason for choosing a hospital was location (56%) followed by ‘Previous experience’ (26%), ‘Recommendation’ (24%), ‘Type of birth’ e.g. home birth (22%), and ‘Reputation’ (22%) all receiving similar numbers of responses. Women could give more than one reason for choosing a hospital and so the totals add up to more than 100%.



Significant numbers of women (46%) also provided narrative responses to about their reasons for choosing their care. There were sufficient numbers of responses to enable analysis of themes for Kingston and West Middlesex Hospitals.

## Kingston

Twenty one people (41%) gave narrative views explaining their reasons for choosing Kingston Hospital. Eight people cited good previous experiences of care as their reason for choosing Kingston:

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*“Happy with previous experience, amazing/fantastic. Level of care outstanding, generally care very, very good. Monitored in Day Assessment Unit”*

*“This was my third home birth, the previous two were fantastic experiences and I wanted a repeat”*

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Seven people cited location:

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*“At the time lived in Surbiton”*

*“As we were moving house, opted for a hospital near to our new home”*

*“Easy for me to get to by public transport. Also I had always had positive experiences when I had visited in the past.”*

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Seven people chose the hospital because of its reputation:

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*“Because it is local and had heard that it had an excellent maternity ward”*

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## West Middlesex

Slightly lower levels of women chose to attend West Middlesex as a result of its reputation or recommendation compared to other hospitals in our survey. More women chose West Middlesex due to the type of birth offered and their previous experience of the hospital.

Twelve respondents (39%) provided narrative responses which substantiate these quantitative results:

Five people cited previous experience as their reason for choosing the Hospital:

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*“They have given me an excellent care during my first delivery.”*

*“Excellent care at West Middlesex after a miscarriage.”*

*“Great care when giving birth in 2015.”*

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Five people identified a medical need for choosing a consultant-led team at the Hospital:

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*“My previous condition with pre-eclampsia meant I had to give birth in hospital.”*

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Two people cited flexibility around midwife-led care:

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*“I wanted a home birth. I changed my hospital from Kingston to West Mid so I could have an independent midwife and home birth.”*

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## Antenatal Check-ups

Questions differed slightly in relation to the online and face to face surveys making direct comparison in some areas difficult. Around two thirds of respondents to the online survey reported that had a named midwife or midwifery team they could contact (68%), a third said that they did not have a named midwifery contact (32%). Respondents to the face to face survey were not asked this question but were asked more generally about the quality of support that they received from their midwifery care team.

### Kingston Hospital:

- Overall, 50% of respondents did not have a named midwifery team, with similar responses across midwife and consultant led services (vs 32% in our wider sample)

We asked Kingston Hospital to explain what they are doing to improve the numbers of women who have a named midwife:

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*“Quality improvement work streams have been in progress since April 2017 to improve continuity of midwifery carer in both the antenatal and postnatal period. This facilitates the woman knowing her named midwife and the other members of the midwifery team within the community area that she lives.” Kingston Hospital*

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- Most people however felt that they had enough time with midwives (88%).
- Most respondents (75%) said that they found it ‘Easy’ or ‘Very Easy’ to contact the Hospital and only 12.5% said that it was ‘Difficult’.
- Where people had contacted their midwifery team, most said that the team were very good:

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*“My midwife was amazing! Very helpful and understanding of my previous experience. I felt I could always talk to her.”*

*“They cared very closely. I asked for specialist advice on labour as my first labour had been very difficult and was given one hour discussion.”*

*“Very good. Responsive, professional and confident.”*

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- There were mixed reports regarding the continuity of care (e.g. whether or not you see the same midwife)
  - Most people did not regularly see the same midwife but didn’t express any negative sentiment as a result of this:

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*“Fine. Wanted to book in advance. Saw different midwife each time but not a problem.”*

*“Alternate GP and then midwife. Different GP each time and different midwife each time. It was good.”*

*“Same GP different midwives. Changed half way through to go to Tangle Park CC. Felt ok even if different midwives. They had looked at the notes before the appointment.”*

*“No consistency in the people I saw, it was a different team every time*

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*“The lack of consistency in the consultant care. Complained verbally about one consultant, which was acted on and didn't see them again.”*

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- Only four people expressed a negative sentiment as a result:
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*“I felt a bit annoyed because visits were short and felt rushed and always a different midwife.”*

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- Five people said they consistently saw the same midwife:
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*“Saw the same Midwife for all but 1 appointment. Midwife was very down to earth and relaxed. Put mind at ease. Felt like a friend.”*

*“Really well. Would have had same midwife all through - but at first she was ill, then away but was back before baby was born.”*

*“Always had the same midwife”*

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## West Middlesex Hospital:

- 82% of respondents had named midwives. More respondents from the midwife-led than the consultant-led service reported having named midwives.
  - More respondents rated contacting the Hospital as ‘Difficult’ or ‘Very Difficult’ (32%) than the number who said that it was ‘Easy’ or ‘Very Easy’ (27%).
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*“Never answered when I called”*

*“Was not offered direct telephone numbers.”*

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- Most people using West Middlesex Hospital said that they did not have enough contact with their midwife (55%). The reasons for this were cited in their comments:
    - Insufficient continuity of care:
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*“I didn't know any of them and didn't feel I could call.”*

*“I met a different midwife each appointment. I never met the same one twice.”*

*“There was no consistency... In hindsight I feel my pregnancy would have been much easier and happier if I had had more help in dealing with the sickness but I had a new person each time I met.”*

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- Insufficient time in appointments:
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*“Short time in and out”*

*“Some appointments were rushed and I was left feeling underwhelmed rather than happy, excited and relieved.”*

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Respondents who gave comments about the treatment that they received from midwives gave mixed feedback:

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*“Mixed. One was great and another reasonably unhelpful.”*

*“Ok. Generally nice but always a little dismissive.”*

*“Very positive once I spoke to the midwife.”*

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We asked West Middlesex Hospital to identify why patients disproportionately provide negative feedback on this (only 27% rated this positively) and what they would do to improve this.

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*“For the past 6 months there have been IT issues with the introduction of the Cerner system, which may have had an impact on response times. Answering the phone in a timely fashion is an on-going issue and has been raised with the Admin and Clerical Division.*

*The introduction of the automated answering system has been problematic and ensuring adequate staffing in the admin team has been problematic.*

*The survey will be reviewed by the Admin and Clerical Division and plans made to improve service delivery” West Middlesex Hospital*

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Other hospitals did not receive sufficient numbers of responses to allow for further analysis.

## Number of midwives

Respondents saw a range of between 1-20 midwives during their pregnancy. Whilst the overall range was wide, 73% saw 2-5 midwives during their pregnancy. These figures were consistent across providers.

The face-to-face surveys corroborate these figures and provide some additional insight. Several women described seeing a different midwife each check/visit, whilst a few described consistently seeing the same midwife except on isolated occasions.

## Involvement in choices and decision-making

Responses to the face-to-face surveys show that most women felt satisfied with the level of involvement they had in making choices during their pregnancy and when giving birth (70%). Figures from the online survey largely tally with this and also allowed us to identify levels of involvement in several individual areas:

	Yes I felt involved	I felt neither involved or not involved	I did not feel involved
<b>Where to have antenatal classes</b>	39%	46%	13%
<b>Where to have screening checks</b>	51%	33%	15%
<b>Birth plan</b>	78%	19%	10%
<b>Where to give birth</b>	78%	15%	6%
<b>Type of birth</b>	63%	30%	6%

Several women cited unexpected complications that required more medically supervised births as the reason why they less involved in choices around their birth.

# Information

## Written Information

The majority of women responding to both online and face-to-face surveys felt that they had the right amount of information (77%). 13% felt that there was too much and some of these commented that they had not read all of the information, while 10% felt that there was not enough information.

When asked about improvements, some women commented on the content and type of information, including more specific or patient-centred content (e.g. caesarian sections or twin pregnancies). Information on topics such as mental health, bottlefeeding, and website links were also asked for:

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*“Too generic. Given leaflets on caring for tears during labour even though I was having a c section...”*

*“I had twins, so some leaflets written especially for twin pregnancies would be useful.”*

*“Information on maternal mental health. Given breastfeeding info but not the equivalent info on bottle-feeding - I wanted to breastfeed but mothers should still be given this!”*

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Other suggested improvements were about presentation and format; e.g. more visual format and less text, having everything in a folder. Electronic formats, the use of plain English, easier reading and avoiding abbreviations were also suggested.

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*“A more visual and creative program of information for the stages of pregnancy and contact numbers... Signs and symptoms etc.”*

*“Less of it. I wanted to be able to carry the red book with me at all times (in case of an accident etc.) so health professionals would know my pregnancy info but it was too big to carry in my bag. I think the book should just have records relevant to your pregnancy, all of the info should be in a separate book for you to read at home.”*

*“I was lucky in that my midwife explained all the Latin terms. These could easily be updated to plain English.”*

*“Would have liked more, especially as it was three years since my last pregnancy.”*

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## Verbal Information

Most people felt that the verbal information they received was about the right amount (80%), given at the right time (93%) and was 'Easy' (69%) or 'Mostly Easy' (21%) to understand.

They spoke positively about the content and quality of information provided, the manner in which staff communicated and the time they put aside to ensure that information was clearly explained.

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*“Also fantastic. Took the time to explain and I didn't feel rushed.”*

*“Midwife prepared to spend lots of time.”*

*“Verbal information fine, understood it, felt could ask questions. They were very supportive and understood concerns relating to first pregnancy.”*

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The small number of people who reported that information was not given at the right time or was not easy to understand referred specifically to the first 12 weeks. For one person in particular, it had felt “lonely” prior to the initial 12 week appointment. Additionally, while the initial appointment contained lots of information, this was not always to the level of detail that the patient wanted. Another person would have benefited from “more information around screening and the interpretation of results”.

When asked about improvements in verbal information, some respondents suggested improving the consistency of information as well as consistency of staff.

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*“Consistent answers across the board.”*

*“It would have been helpful to have same midwife all the way through.”*

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As with written information, people wanted to receive verbal information that was tailored to their personal needs:

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*“I think it should be considered that if someone has been through this experience before and reassures you that they know, that they then should not have to listen again and again to information that they have demonstrated they know.”*

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Some people said that the time constraints of appointments restricted the quality of information provided verbally. Attitudes and communication with staff could also be better.

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*“Some staff lacked understanding and respecting informed decisions.”*

*“The super quick midwife appointments were over so fast that I often left thinking ‘and now what?’ I wasn't ever really given any verbal information that I can remember and I found most information out by seeking answers myself and from friends' experiences.”*

*“If I asked, questions were answered well, but often rushed.”*

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One woman said that her English was not strong and that she found it difficult to get the information that she needed.

## Information about feeding their baby

Whilst the majority of women had received information about feeding their babies, a significant number reported that they had not.

Hospital	Given information	No information
Kingston	68%	32%
West Middlesex	70%	30%
Out of area	92%	8%

Of those who did receive information about feeding from Kingston Hospital, 26% reported not receiving enough information about feeding their baby until after or during the birth of their child:

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*“Needed more tips & info on feeding, ended up Googling it.”*

*“Transitional care about feeding do not work well.”*

*“Would have liked Breastfeeding info earlier.”*

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Kingston Hospital told us that they are working to get more and better information about feeding to women at an earlier stage:

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*“Kingston Maternity service has been implementing the recommendations from UNICEF Baby Friendly Initiative (BFI) and is being assessed for Unicef Stage 2 BFI standards on 22nd and 23rd August 2018. One of the main areas of focus has been the information given to women in their pregnancy and following the birth in regards to feeding the baby which aims to sensitively support women in their feeding choices.*

*All infant feeding literature and resources for women to ensure clear messages are being given is reviewed by maternity service users through the Maternity Voices Partnership group.*

*All maternity and neonatal staff receive infant feeding training.”*

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Women from West Middlesex Hospital also reported this but reactions to receiving information so close to the birth were mixed rather than negative.

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*“Received information at the last minute - during labour when I was being induced and was not feeling well.”*

*“No. Not until the twins were born which was just about right, it would have been too early to take in before the birth.”*

*“Not much, would have liked more prior to the birth.”*

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Some people mentioned other sources of information about feeding, such as antenatal and feeding classes or education from private or independent providers.

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*“After the birth but there was a leaflet. Only on the day I gave birth, but I knew because I attended NCT classes”*

*“Through the independent midwife, not from the NHS.”*

*“Went to a feeding course at hospital and Health Visitors after birth were very helpful.”*

*“Yes at antenatal classes at the hospital, there was a breast feeding class. Late pregnancy. No information from consultants on breast feeding.”*

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A few people mentioned that significant emphasis was given to breastfeeding. Several recognised the pressure put on women to breastfeed and described the impact that this had on them:

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*“Very pro breastfeeding. Would have been very stressful and would have felt very guilty if difficult to breastfeed.”*

*“Some busy body on the ward handing out medicines telling me my baby was “a breast feeding baby” was too much pressure from someone who should not have been involved.”*

*“There was a big push for me to breastfeed which is understandable. However, with twins and premature birth, I found that I was constantly hounded by midwives to try to breastfeed or express breast milk. This wasn’t good for my mental health, after having my twins early and having them in neonatal... At times I was made to feel terrible because I did not want to breastfeed or was having trouble expressing after a difficult birth, and that was unacceptable.”*

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## Smoking cessation

Smoking prevalence is low and 98% of women reported that they did not smoke. Two women reported that they had not been offered support to quit smoking however it was not clear whether or not they required support. One woman reported that she was offered support to quit smoking.

## Birthing antenatal and parent support classes

The majority of women attended an antenatal or parent support group (60%). These groups were run by either the National Childbirth Trust (NCT) or by the hospital. The majority of women who attended these classes rated the classes as ‘Good’ or ‘Very good’ (90%). Where women rated the classes as ‘Neither Good nor poor’, ‘Poor’ or ‘Very poor’, they referred to content not being relevant to their needs.

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*“Classes were excellent but poorly advertised. I almost missed them and only discovered them by chance. It is a great shame that many women probably miss out on this high quality support due to poor promotion.” West Middlesex Hospital Patient*

*“Why were there no antenatal classes? Told there was no call for them and people locally went privately.” Kingston Hospital Patient*

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Kingston Hospital told us that they do provide NHS antenatal classes which are available to all women. Both hospitals might benefit from better promoting their antenatal classes and support.

## Emotional Wellbeing

Overall, 72% of women were told about emotional changes to expect during pregnancy vs 28% who were not. A higher proportion of women reported that they were not told about these changes at West Middlesex Hospital (38%) than at Kingston Hospital (26%).

There is a similar pattern in relation to being told about how to access support for emotional wellbeing. More women reported not being told how to access support at West Middlesex Hospital (43%) than at Kingston Hospital (25%).

Insufficient women had used emotional wellbeing services to enable meaningful analysis beyond reporting the narrative responses:

### Kingston Hospital

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*“Health visitor monitored me often as I had been on antidepressants before the pregnancy”  
“With a history of depression I thought I would get more support after birth”.*

*“Initially struggled after the birth and did make an enquiry about where to get help, but it was too late when it came.”*

*“When I had a couple of panic attacks around 6 months I phoned the midwifery team. They were quick to get me to the GP who got me to self-refer for a CBT course for mums with multiple births. It was a very good course with Richmond Borough.”*

*“Yes sought help, this was given very quickly, phone calls, always checking that everything was okay.”*

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### West Middlesex Hospital

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*“Worried about potential loss of baby due to previous pregnancies. MH Nurse Specialist in perinatal care from West Middlesex Hospital. Very good. Helped to arrange a private room for after the birth.”*

*“Complete lack of mental health care from midwives despite significant history of OCD, depression and anxiety. However, GP good.”*

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## Overall experiences of care

People completing the online survey only were asked to provide ratings of their overall care whilst both surveys asked people to explain what had gone well and what could be improved. This data was sets combined and analysed in relation to the two main providers.

The majority of people rated the overall care that they received as 'Very good' (44%) and 'Good' (42%). Ratings were positive across all providers with West Middlesex Hospital having significantly fewer 'Very good' ratings than other providers.

Hospital	Very Good	Good	Neither Good nor Poor	Poor	Very Poor
Kingston Hospital	50%	40%	10%	0%	0%
West Middlesex University Hospital	28%	50%	16%	6%	0%
Out of Area	56%	31%	6%	6%	0%
Total	44%	42%	11%	3%	0%

### Kingston Hospital

Ninety percent of respondent rated their care at Kingston Hospital as either 'Very good' (50%) or 'Good' (40%).

People spoke positively of the administration of their appointments in terms of the ease of booking appointments.

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*"Ease of making appointments was very good."*

*"The booking of appointments is good and I know what is coming up and when seeing the obstetrician."*

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Most people generally spoke positively about the staff that cared for them, saying that the staff were *"lovely midwives"* and praising the *"positive nature of staff"*. Two people however had felt that they were not listened to or that staff were not sensitive:

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*"Those involved need to listen more to how the mother is feeling"*

*"As a first time mother I was made to feel awkward, when I tried to ask about my birthing plan I felt a nuisance asking what would happen... Nurse was very impatient with me. Doctors were a bit brutal with the internal check-ups, not delicate like the midwives."*

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People also spoke positively of the quality of care that they received, although comments were not effusive:



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*“Did not have any issues”*

*“Everything was quite good”*

*“Everything. I didn’t feel just a number”*

*“Notes read, on the ball”*

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Around half of respondents gave feedback about their birth. This was evenly split between positive and negative feedback. Positive comments focussed on the quality of facilities - *“the birth itself - had my own room”* - the staff - *“midwife was lovely, everyone was positive and responsive”* - and the quality of support during the birth - *“the team during my c section was amazing!”*

People giving negative feedback about their birth cited events that could have been avoidable:

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*“Complications which were not explained properly.”*

*“Feel that I should have been given earlier intervention. Left too long in labour (86 hours). A scan during labour would have shown that a C-section was necessary.”*

*“Forgot to give me painkillers afterwards. Waited 5 hours.”*

*“Having an epidural but was not given.”*

*“High dependency Unit - after care needed - more support required but low on staff so attention not received at end of labour became an emergency and needed a C section.”*

*“We were called in too early for induction (by 5 hours)”*

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Labour and birth were not within the scope of this review so it is difficult to draw firm conclusions or to make formal recommendations on the basis of this information. We asked Kingston Hospital for assurance over patient experience of labour and birth. The hospital told us that:

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*“The Trust has assurance from the 2017 Maternity Picker survey that the care provided by the Kingston Maternity Service is rated very positively by women in regards to the care they received during their labour and the birth of the baby [higher than the national average].*

*This is also reflected in the high levels of satisfaction that women and their families express through the feedback received via the maternity Friends and Family Test surveys.”*

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A small number of people spoke about postnatal care. Most positive comments referred to postnatal stays as an inpatient in a private room or being supported to stay at home. One woman suggested *“a camp bed so that my partner could stay with mum and baby”* during their 5 day postnatal stay. Another woman expressed concern regarding the coordination of their postnatal care with their baby’s neonatal care:

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*“Mum needed to be on neonatal ward to look after baby but also needed care following the birth but this was not possible to coordinate.”*

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Two women experienced problems with accessing operations for tongue tie at Kingston. A third child (who was born at Chelsea and Westminster) was referred to Kingston for an operation:

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*“Baby was tongue tied told [and] because of funding cuts would have to wait 4 weeks.”*

*“Baby born with ‘tongue tie’ the midwives were aware of it but not concerned in the hospital. After 2 days at home midwives agreed to visit but there was a 6 week wait for operation and went privately. There is no clinic now at Kingston for tongue tie treatment at all.”*

*“Tongue tie was missed at birth and diagnosed by a private lactation consultant. Operation to resolve was at Kingston.”*

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Finally, 2 women reported problems with the physical environment of the hospital:

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*“Drilling in Hospital [building works]. After my son was born I had to stay in hospital and they were drilling. It sounded like they were drilling in the ward from early in the morning till late at night when patients needed rest. The patient pushed for an early discharge because she and her child couldn’t get rest in the hospital.”*

*“Parking was very difficult, it was hard to find a space and we got stuck in the queues of people trying to get in and out. In the end I went by public transport to appointments as couldn’t rely on getting a space.”*

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## West Middlesex Hospital

78% of respondents rated their overall experience at West Middlesex Hospital as either 'Very good' (28%) or 'Good' (50%). This is less positive than for other hospitals in our study.

Around twenty comments made related to good quality care and to the staff providing care. Several respondents expressed this in strong terms.

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*“At West Mid the consultant and midwife were amazing and enabled me to make informed choices. I was able to have the independent midwife with me at the birth.”*

*“The knowledge and care from the midwives. Being listened too and being given a birth plan to follow.”*

*“The midwives in there were fantastic!! The setting was excellent.”*

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By contrast however, 20 negative statements were made regarding the way care was given and the staff who provided the care. Six people described feeling ignored by staff, four described finding staff unhelpful or of asking staff for assistance and not receiving it, four people described staff as insensitive or similar and used the words “impatient”, “cold” or “horrible” to describe the care that they received.

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*“My morning sickness was severe throughout and despite me saying this at each appointment with a new midwife each time, I was made to feel it was normal until I was admitted to hospital and was told there was plenty of help I could have had...I have suffered needlessly for months.”*

*“Attended maternity triage 2 weeks before the due date on advice of GP. They didn't investigate fully and said “that's pregnancy for you.”*

*“Listening to the mother. My baby was delivered at 32 weeks. If I hadn't really made a point at the day assessment unit, [they] would have not known my waters had broken and my baby could have been born v prematurely at home. Serious risk to life.”*

*“No one answered the bell in the maternity ward even though I had had an epidural and couldn't move.”*

*“The night time staff were horrible and told me I made my baby sick. It was then confirmed by a paediatric doctor that the nurse had read my sons jaundice results wrong!”*

*“Consultant did not listen although 3 times I asked about having a C-section.”*

*“Nurse very unhelpful when I asked for help, not empathetic.”*

*“Some professional manners were missing and cold towards me when pregnant emotional and sensitive.”*

*“I had a few great midwives before and after but they were overshadowed by the poor ones.”*

*“There were two midwives, one at the Children's and Family Centre and one at the hospital where the experience from both was poor as they were cold and unhelpful.”*

*“Nurse very unhelpful when I asked for help, not empathetic.”*

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*“One professional didn’t listen to information/explanations given.””*

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We asked West Middlesex Hospital to respond to the patient feedback regarding staff care, and set out actions to improve patient care. They accepted that improvements are needed and provided detailed actions for addressing the problems identified by this report:

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*“There are really no excuses for rudeness and poor professional interaction. This is not the standard I expect from the team.*

*Comments are more useful where there is a specific name attached so that the relevant member of staff can be spoken with individually. Complaints and feedback are dealt with, with individuals who are required to reflect and respond*

*This survey will be shared with the teams for reflection and learning. Our practice development team will look at sessions for the clinical leads to enable better monitoring of care within their defined areas.*

- 1. We have commissioned training looking at Human factors to enable staff to look at their responses to stressful situations.*
- 2. We are undertaking “task and finish” focus groups with staff to see how we can improve working environment and be more effective with our communication.*
- 3. There is a robust recruitment drive to ensure adequate staffing numbers are in place.*
- 4. The service is acknowledging staff and nominating them for PROUD awards monthly.*
- 5. We try and celebrate success with the service as a whole to raise moral and value staff members.”*

**West Middlesex Hospital**

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Several people however spoke about problems with their records not being updated despite making repeated requests:

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*“West Mid continually messed up the admin regarding my address. Despite several phone calls and notification in person. “.”*

*“Admin was bad the whole way through. They even had my blood group wrong!!”*

*“Have to rely on self-sharing information.”*

*“There was also a false result from a urine test that identified a dangerous infection and then although it was retested 8+ times and was found to be clear, the notes were never updated... each new midwife greeted me with asking if I had been treated. This continued even on to the labour ward, the sticker on my file not removed and midwives confused.”*

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We asked West Middlesex Hospital to respond to the given concerns about administration, particularly in relation to patient notes and explain how this will be improved:

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*“The Trust is moving towards a paper light then paperless system with all information being stored electronically. New Maternity notes have been introduced with better information regarding who to contact. These are currently being evaluated.*

*The Local Maternity System are introducing antenatal information, both written and in different languages and via App. This will improve the delivery of information in the early stages - directing women to where information is available, prompting discussion with her named midwife.*

*The maternity website is being updated to improve information access.”*

**West Middlesex Hospital**

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## Conclusions

The majority of women were content with their care and are receiving good antenatal care at all local Hospitals (96% rated their care as “Very Good” or “Good”).

Many women highlighted the positive experiences of care that they had experienced in terms of trouble free referral pathways, choice of provider, receiving good care from compassionate staff and getting the right information at the right time.

There were however suggestions for improvements could or in some cases should be made.

There is however need for improvement findings in relation to care at West Middlesex Hospital with both relatively lower ratings of care at the hospital (78% vs average of 96% positive ratings) combined with accounts of staff not being sufficiently caring. **West Middlesex Hospital have acknowledged these findings and have set out a detailed action plan committing them to meaningful improvements to care.**

Administration of patient records at West Middlesex Hospital received criticism from patients. In the case of the individual whose blood group was not correctly recorded on their notes, there is some potential for this to create risk to patients if it continues. **West Middlesex Hospital have told us that they are undertaking work to digitise notes which should improve the accuracy of maternity notes. We remain concerned however that recruitment and staffing problems are a factor that may continue to lead to problems with administration including patient notes.**

West Middlesex have acknowledged the need to make it easier for women to contact their antenatal department. Problems with staffing within the Admin and Clerical department are cited as causes of this. Whilst the cause may have been identified patients need to see improvements and we will follow this up with the Hospital in due course.

Women reported not having enough support and information in relation to feeding their babies across all providers. Whilst this should be addressed it is important that this is done sensitively so that women do not feel stigmatised if they choose not to, or are unable to breastfeed. Work arising from the Local Maternity System may help to address this and we ask the Hospitals to report back to us on progress.

Self-referral to hospital leads to better satisfaction and fewer problems than when women initially refer via their GP. It also reduces the burden on GPs. It is disappointing therefore that relatively few women self-refer and that many women report surprise at being able to do so. **We will ask Richmond CCG to ensure that all GP Practices are able to direct women to self-referral to more than one provider.**

The numbers of women with a named midwife at Kingston Hospital is low and we acknowledge that action is being taken to address this. This action however begun in April 2017 and the number of women with named midwives should now be increasing.

We welcome the responses from the hospitals to this report. Overall Richmond patients report very good antenatal care locally. Where people’s experiences have identified the need for improvements we are very pleased to see that providers have made commitments to meaningful changes to the care people receive locally.

Finally we would like to thank the people that contributed their experiences to this report. By taking time to share their views these people have helped to improve care for families in the future.