



Delivering Better Births

Views on Personalised Care Plans from Buckinghamshire,
Oxfordshire and Berkshire West

June 2019



healthwatch
Bucks

healthwatch
Oxfordshire

healthwatch
Reading

healthwatch
West Berkshire

healthwatch
Wokingham Borough



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Why did we do the project?

The Better Births strategy recommended that women should be offered a personalised care plan. The plan will give women the chance to record more about their choices and what is important to them. It will cover the time while women are pregnant, during the birth of their baby and for a short time after.

The Buckinghamshire, Oxfordshire and Berkshire West Local Maternity System (BOB LMS) asked local Healthwatch to gather views from women across the area about care planning. The local Healthwatch involved were Healthwatch Bucks, Healthwatch Oxfordshire, Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough.

What did we do?

We wanted to hear from women who had been pregnant or had a baby between January 2015 and December 2018. Women who weren't in this group were encouraged to tell us about their experience as well.

We developed an online survey to ask women about:

- their past experiences of making choices about maternity care
- what the personalised care plan should include
- what the personalised care plan should look like.

We developed the questions with input from the Maternity Voices Partnerships (MVPs) and the BOB LMS. The questions and the on-line survey were piloted with two groups of women attending Baby and Toddler groups in Buckinghamshire. The survey ran from 8th November until 10th December 2018. It was promoted on social media by local Healthwatch and Hospital Trusts. Printed versions of the survey were also available.

We also visited ante-natal groups, a health visitor drop-in and some 'stay and play' groups and had one-to-one discussions to hear the views of those who were unlikely to have responded to the survey.

What did we hear?

Who responded to the survey?

We had 1664 responses to the survey - 1658 were entered online and six women completed a paper version. This section groups and explains what people said in response to each question.

Question 1 - Have you been pregnant or had a baby between January 2015 and now?

We had 1637 responses from people who said they had been pregnant or had a baby between January 2015 and December 2018.

For this report we analysed the responses from people who said they lived in the BOB area (even if they gave birth outside the area). We also:

- excluded those (15) who gave only the demographics and didn't answer the remaining questions.
- included 3 responses from males living in the BOB area.
- included 2 people who preferred not to say where they had their baby.

This gave a total of 1400 responses.

Questions 2 to 6 - demographic information

A detailed breakdown of the demographic information is in Appendix 2.

- Age - almost 65% of people responding were in the 26-35 category.
- Ethnicity - 85% responses identified as 'White British' followed by 'Other white background' (about 7%). Asian/Asian British Indian was the largest non-white group (about 1%).
- Top responses for where people gave birth or planned to have their baby were: John Radcliffe (37%), Royal Berkshire (23%), Aylesbury labour ward (12%).

Where there seemed to be a difference between demographic groups we looked to see if this was statistically significant. Further information about how we analysed the results is in Appendix 1.

The number of responses to each question varied. Some people chose not to answer every question. Others did not complete the survey. The total number of data points ('n') for each figure is shown. We used this as the denominator for calculating percentage responses.

Many of the questions gave an option of providing additional comments. We also invited respondents to give further feedback on their experience. We received many hundreds of responses to these questions. We have quoted just some of these comments to help bring to life the various sections of this report.

We also had 27 responses from people who did not fall within the scope of the survey (ie had not been pregnant or had a baby in the relevant time frame). Five commented on their experience. These comments are summarised in Appendix 3.

Question 7 - Did you make choices about your care and the birth of your baby?

Did you make choices about your care and the birth of your baby?	Number	Percentage (%)
Yes	1221	87.2
No	148	10.6
Not sure	31	2.2
TOTAL	1400	100

Table 1 - Did you make choices about your care and the birth of your baby?

The results (Table 1) show that most of those who replied said they had made choices but about 10% said they hadn't.

Question 8 - If you made choices how were they recorded?

If you made choices how were they recorded?	Number	Percentage (%)
Maternity notes / booking notes	531	43.7
My birth plan	386	31.7
Both	192	15.8
Not applicable	107	8.8
TOTAL	1216	100

Table 2 - If you made choices how were they recorded?

Overall analysis

The most common way for people's choices to be recorded was in maternity notes (44%). About a third were recorded in a birth plan and 16% said they were recorded in both the maternity notes and a birth plan (Table 2).

A small number of people indicated that they had made choices in response to this question but they said they hadn't made choices when answering Question 7. A comparison of these results is shown in Appendix 3 (Table 10 and Table 11). It could be that as people progressed through the survey, they realised 'choices' meant the things that they had recorded (or not) in their birth plan and/or maternity notes.

'Other' comments

133 people also give us 'Other' information about how their choices were recorded. The main themes are summarised below.

- The most common response was that the choices were expressed verbally, for example in discussion with a midwife (28).

"Just voiced at time of choice."

- Some said their choices had been recorded by a professional (13).

“Midwife practitioner wrote a letter of support of my choices to consultant.”

- A few (8) said they didn't have a formal plan while others mentioned keeping a personal record (5).
- Others said their choices were discussed with a birthing partner (7).

“My partner knew what I wanted.”

- Others mentioned that they had a birth plan (14) but some said it wasn't followed.
- Some responses indicated that choices weren't recorded (15) or that they weren't sure if they'd been recorded (8).

“I don't remember them being recorded.”

A further 32 other comments were made about this question. The most common themes were:

- a lack of information (8)

“My choices where never discussed with me, I had to make them myself without the discuss with a midwife/ healthcare professional.”

- a medical condition or complications during the pregnancy (6) which they saw as restricting or sometimes removing their ability to make choices.

“Knew from 35 weeks onwards that I was expected to have an induction so this changed my original ideas and a birth plan was never made.”

Experiences of making choices

Question 9 - If you made choices how well were they supported by the midwives and doctors?

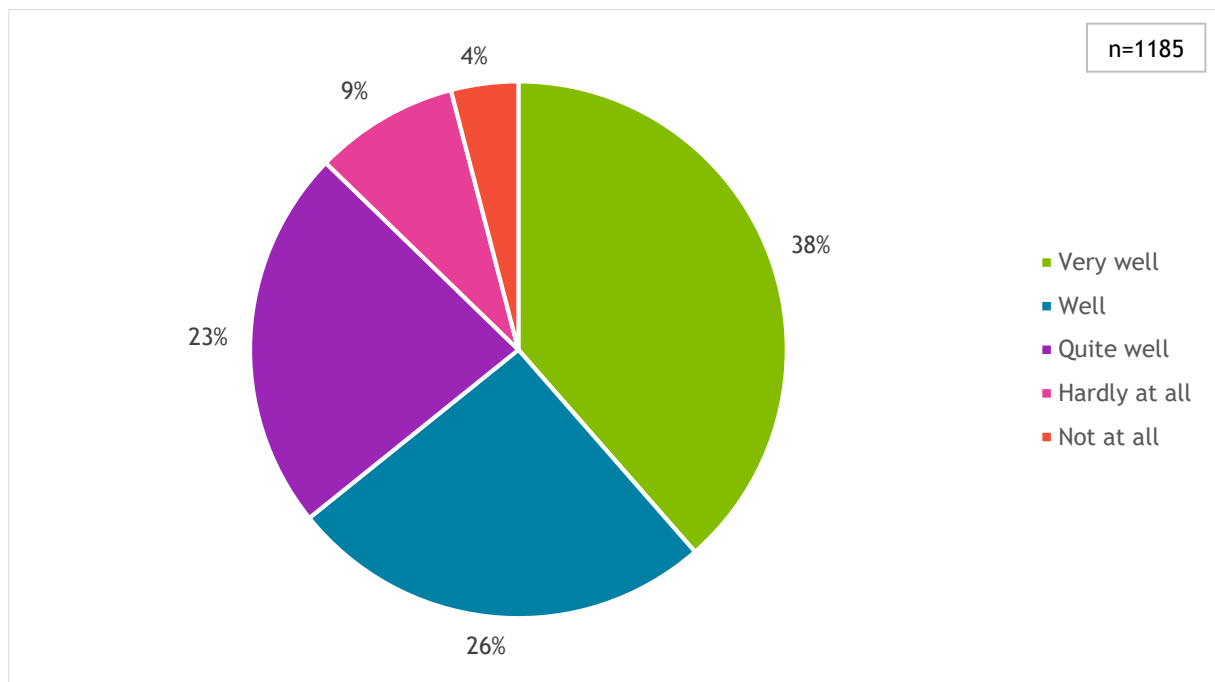


Figure 1 - If you made choices how well were they supported by the midwives and doctors?

Overall analysis

The results (Figure 1) show that of the 1185 people who responded:

- 64% said their choices had been supported “Very well” or “Well” by the midwives and doctors
- About 13% said their choices were “Hardly at all” or “Not at all” supported.

Analysis by ethnicity

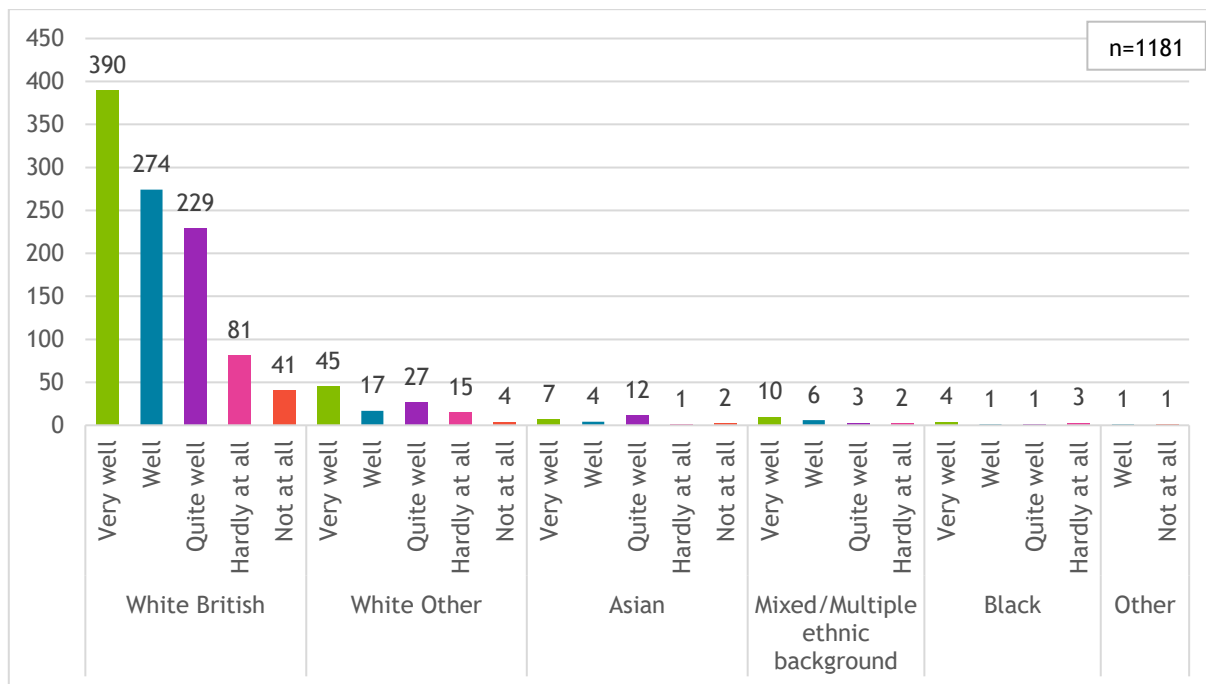


Figure 2 - If you made choices how well were they supported by the midwives and doctors? By ethnicity

Figure 2 shows the results for Question 9 broadly grouped by ethnicity. The number of responses was 1181 because four people who answered “Would prefer not to say” in response to the ethnicity question could not be included.

Looking at the results we saw a variation between those in the “White British” ethnicity group and those under ‘Asian’ and ‘White Other’. There seemed to be fewer “Very Well” and “Well” responses. We investigated this further and found a difference in responses based on ethnicity. This is clearly shown in Figure 3 below.

In this analysis we compared ‘White British’ with all other ethnicity groups. We have referred to the latter as Black, Asian or Minority Ethnic (BAME). This is described further in Appendix 1.

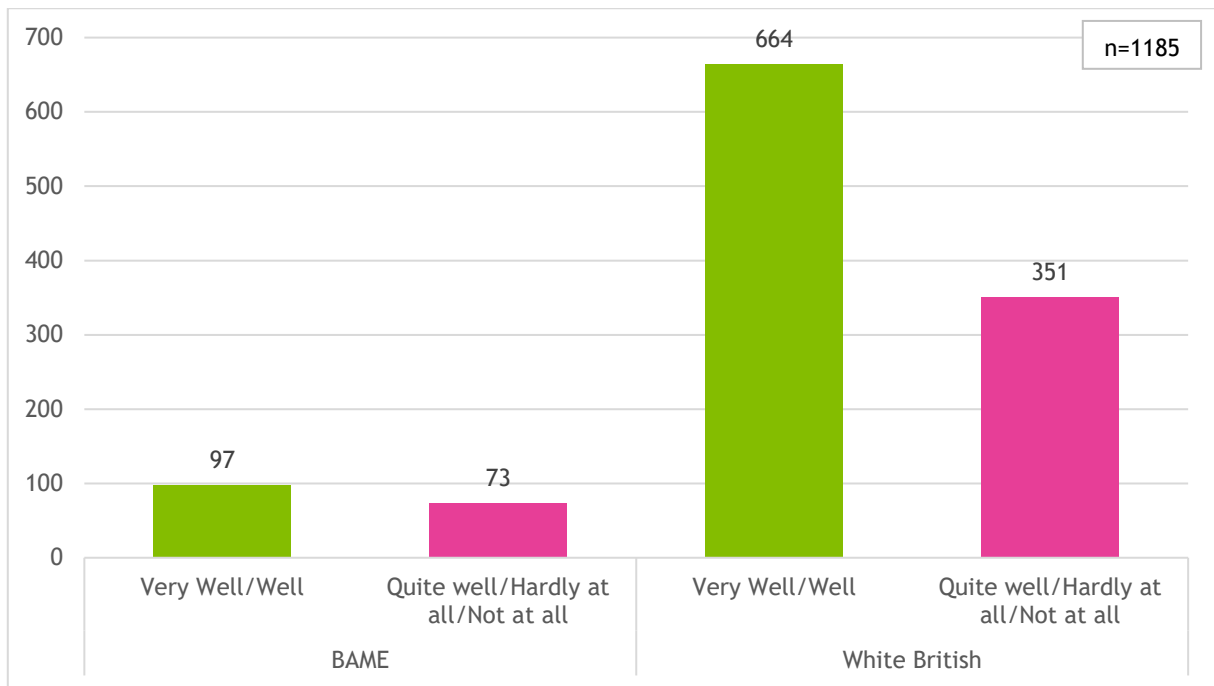


Figure 3 - If you made choices how well were they supported by the midwives and doctors? With additional groupings

This finding suggests that people identifying as White British felt their choices were better supported compared with those people in all the other ethnicity groups (i.e. everyone else). For further details of this analysis see Appendix 3.

Analysis by age

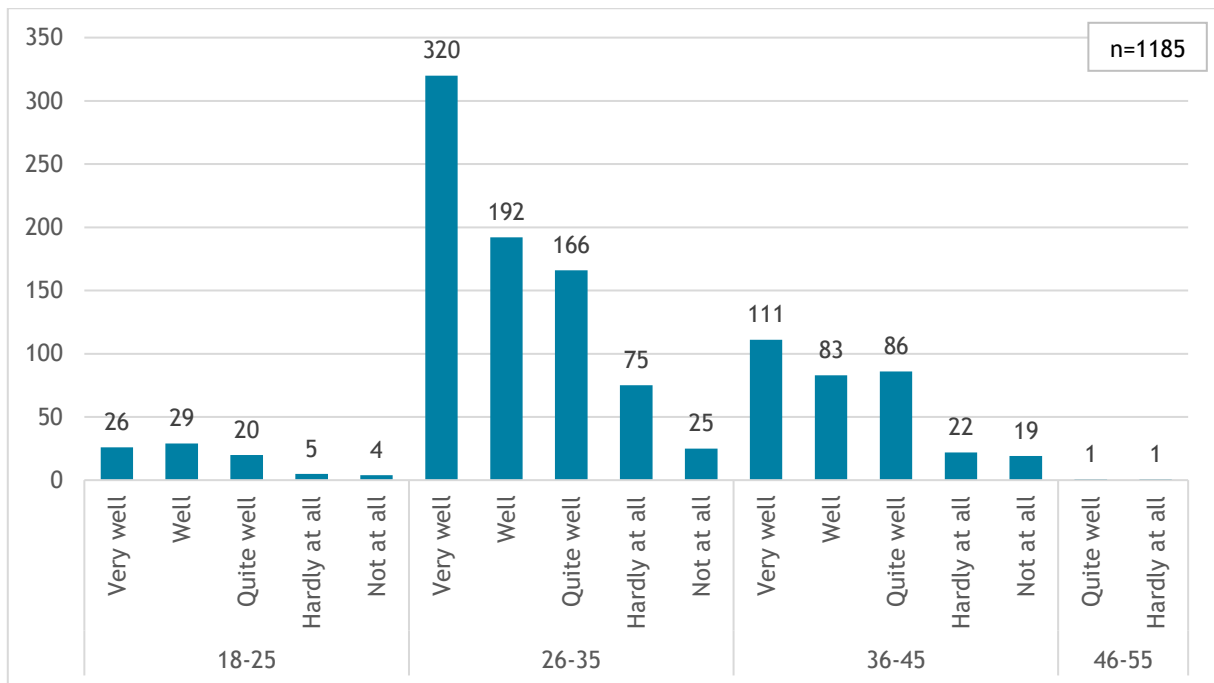


Figure 4 - If you made choices how well were they supported by the midwives and doctors? By age

Figure 4 shows the responses by age group. Looking at the results, we thought there might be a difference between:

- 18-25 group and other groups
- 26-35 group and other groups.

First, we checked to see if there was a difference in how choices were supported between the 18-25 age group and the other age groups but there was no evidence of this. We then compared the 26-35 group against the other groups and did find a difference. This is shown in Figure 5 below.

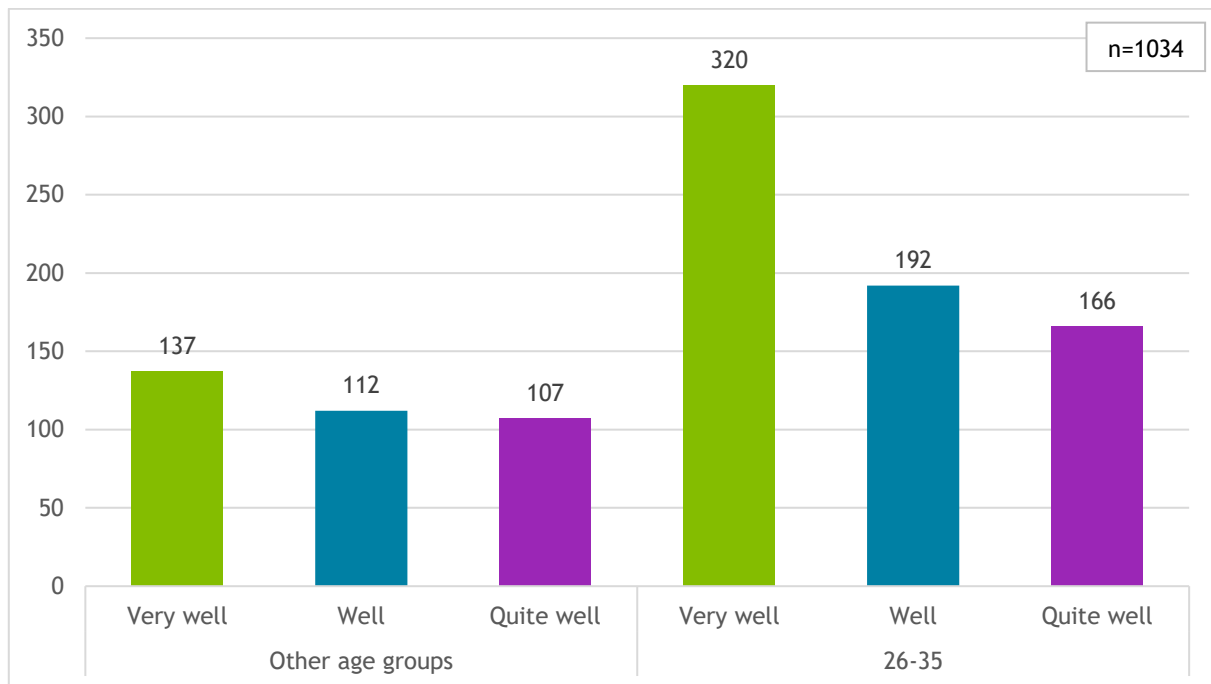


Figure 5 - If you made choices how well were they supported by the midwives and doctors? 26-35 against other age groups for “Very well”, “Well” and “Quite Well” responses

We can see an apparent difference in the proportion of the 26-35 age group responding “Very well”, compared to other groups (Table 15 in Appendix 3).

This finding suggests that the 26-35 group felt better supported than other age groups when we looked at only the “Very Well”, “Well” or “Quite Well” responses. For further details of the analysis of Question 9 see Appendix 3.

Question 10 - If you had a birth plan, did you find it helpful?

If you had a birth plan, did you find it helpful?	Number	Percentage (%)
Yes	452	35.1
No	298	23.2
I didn't have one	420	32.7
Not sure	116	9.0
TOTAL	1286	100

Table 3 - If you had a birth plan, did you find it helpful?

Overall analysis

Overall Table 3 shows that about 35% of those who responded said they had found a birth plan helpful and 23% said their birth plan wasn't helpful. Around a third said they didn't have a birth plan.

If we exclude the “Not sure” responses we can further the analysis by looking at the two elements of this question:

- Did people have a birth plan?
- Was the birth plan helpful?

Use of birth plans

Excluding the “Not sure” responses, 64% (750/1170) of those who responded had a birth plan. We wanted to look at whether this varied by ethnicity or birth location.

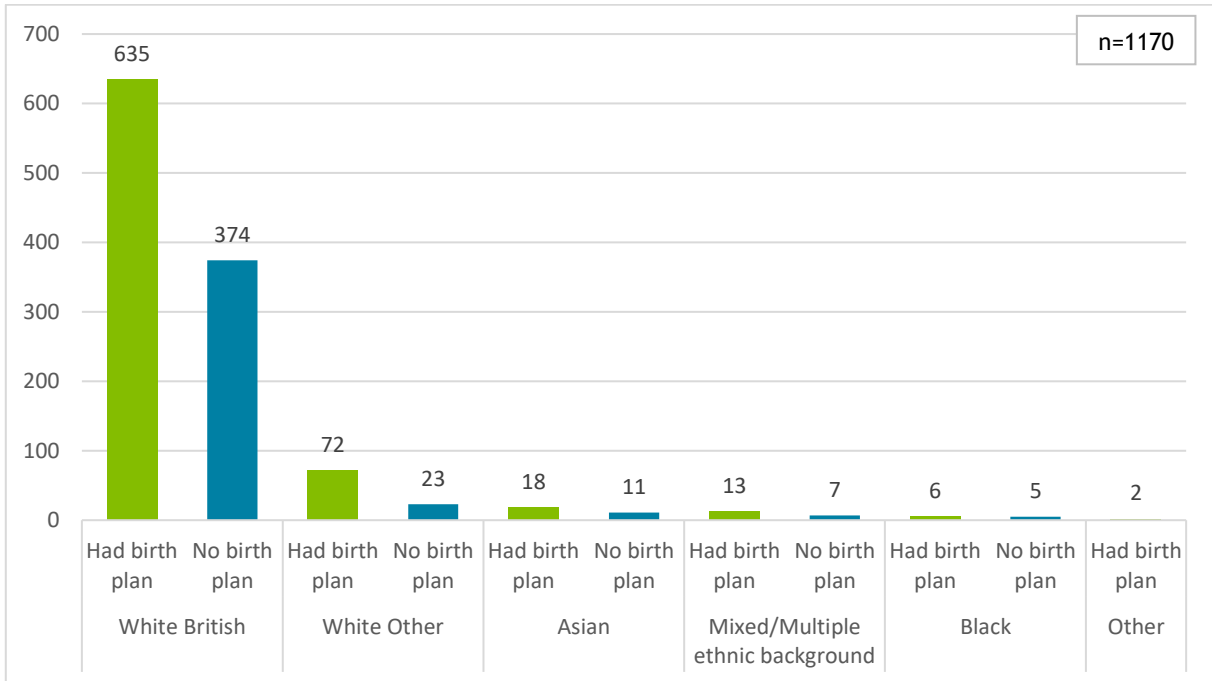


Figure 6 - Did you have a birth plan - by ethnicity

When we looked at this in detail, we did find a difference in response based on ethnicity group. Our results showed that more people from BAME groups had a birth plan than expected.

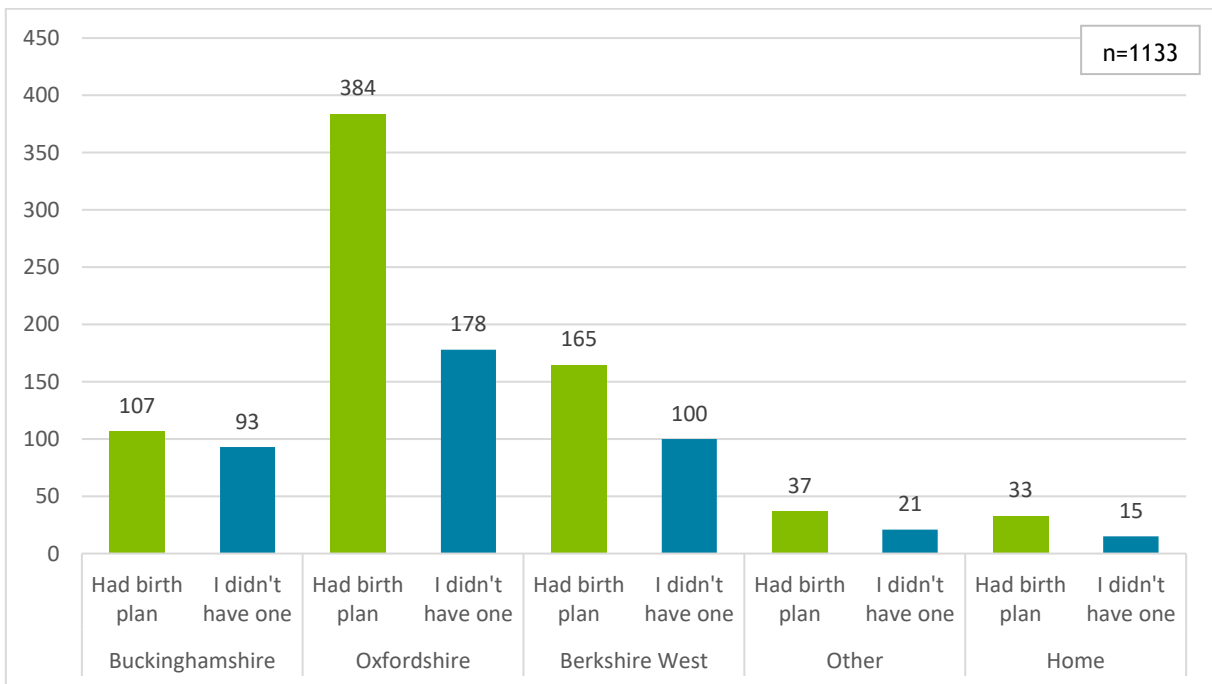


Figure 7 - Did you have a birth plan - by birth location

Figure 7 shows a variation in whether people had a birth plan, based on their birth location.

When we compared Buckinghamshire, Oxfordshire and Berkshire West, we found very strong evidence of this difference. Our results suggest that fewer people in Buckinghamshire had a birth plan than expected compared with other areas. The full results are in Appendix 3.

Helpfulness of birth plans

Again, excluding the “Not sure” responses, we found that 60% (452/750) said the plan was helpful. We then compared the responses based on ethnicity and birth location.

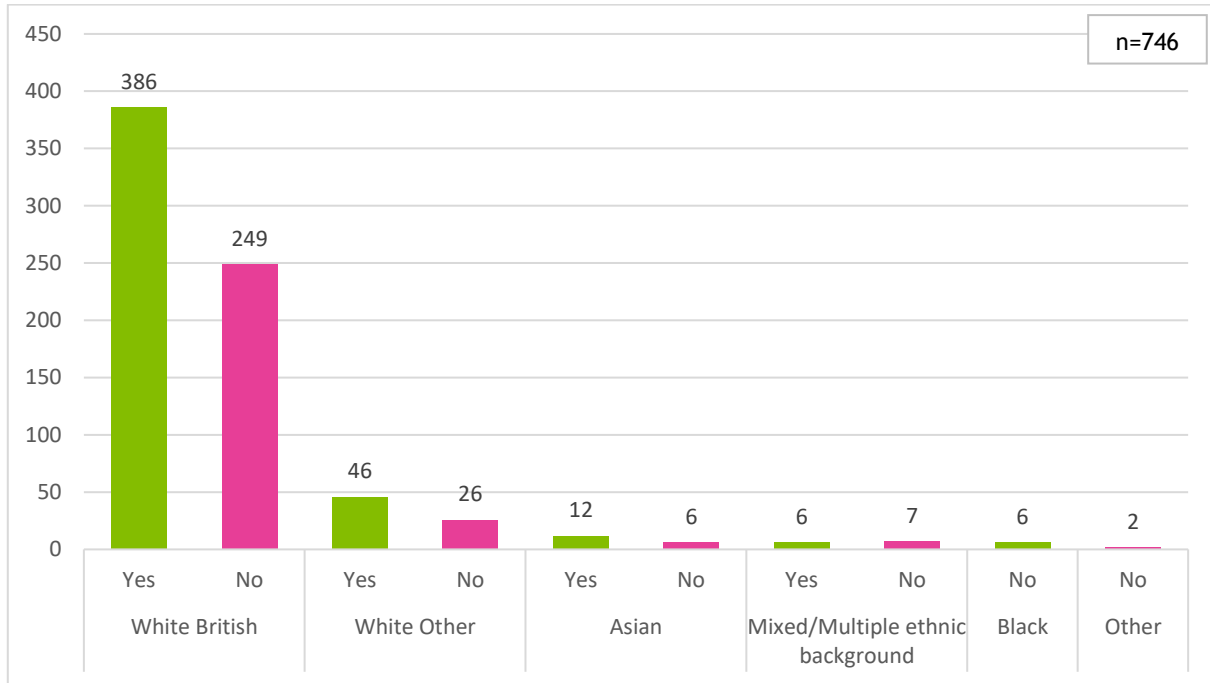


Figure 8 - If you had a birth plan, did you find it helpful? By ethnicity

We didn't find any evidence of difference in response based on ethnicity.

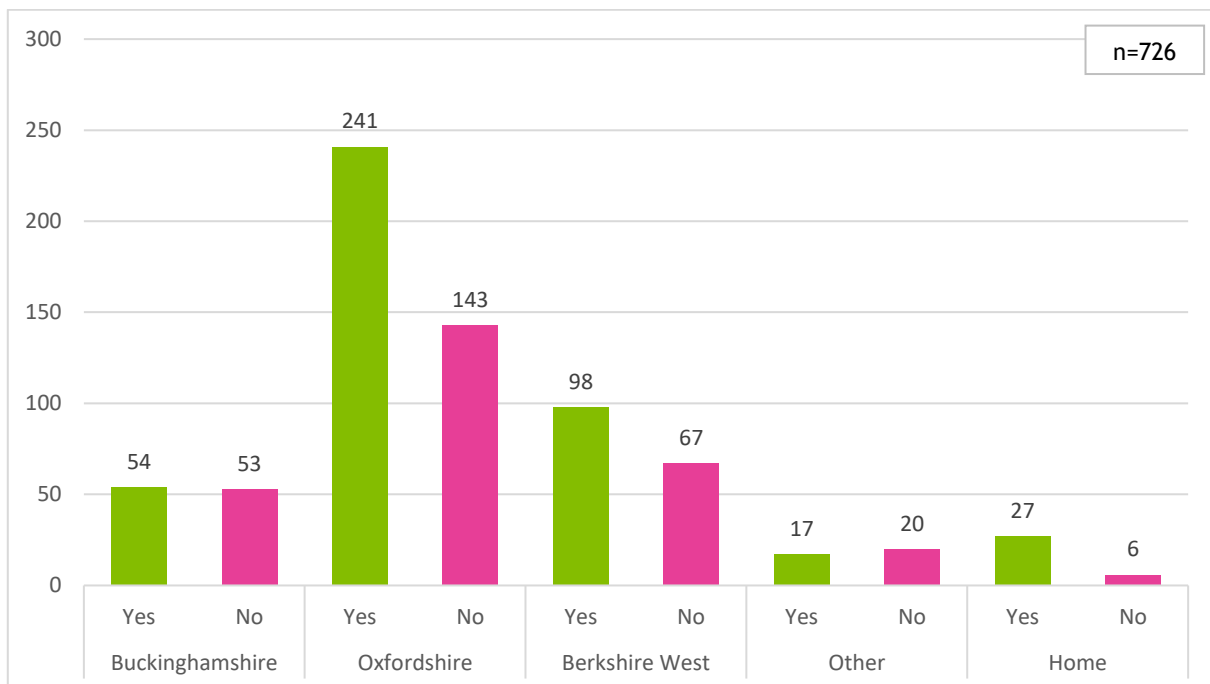


Figure 9 - If you had a birth plan, did you find it helpful? By birth location

Figure 9 shows a variation in whether people found the plan helpful, based on their birth location. When we compared Buckinghamshire, Oxfordshire and Berkshire West, we found strong

evidence of this difference. This suggests that fewer people in Buckinghamshire said they found their birth plan helpful, compared with the other two areas.

Question 11 - If you didn't make any choices, please tell us why

If you didn't make choices, please tell us why	Number
I didn't know I could make choices	27
I didn't have enough information to make informed choices	36
I wasn't given a chance to make choices	100
I was recommended not to make a birth plan	37
I didn't want to make any choices	37
Other	176
Not applicable	3

Table 4 - If you didn't make any choices, please tell us why

Overall analysis

We asked this question to understand more about why people hadn't made choices. People could choose more than one response from six options. This means the total in Table 4 exceeds the 330 people who responded to this question.

The most common reason given was "Other" (see analysis of comments below). This was followed by "I wasn't given a chance to make choices".

We also analysed these results according to how people had answered Question 7 ("If you didn't make any choices, please tell us why"). The results are in Appendix 3.

Analysis by ethnicity

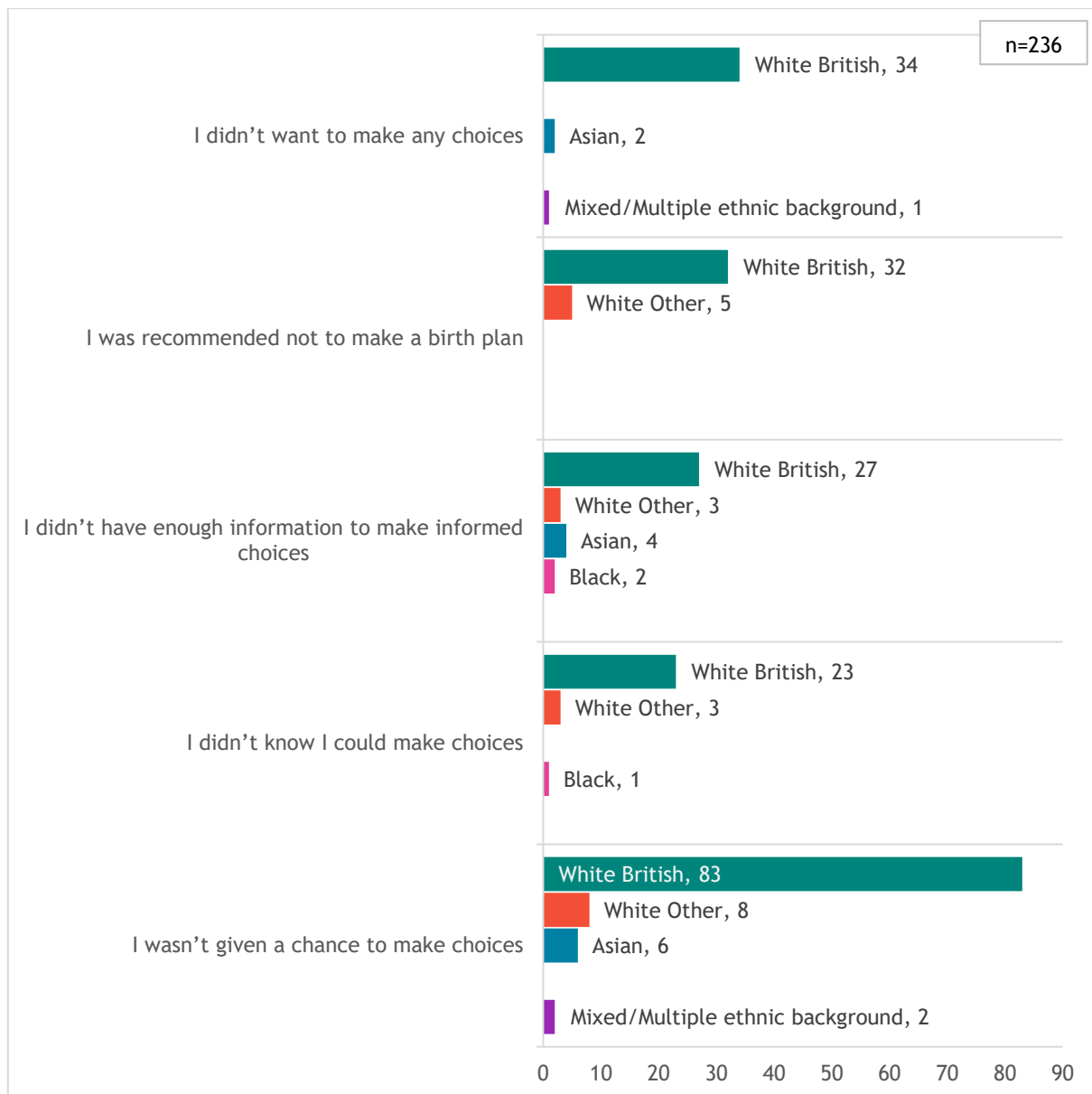


Figure 10 - If you didn't make any choices, please tell us why. By ethnicity

We looked at the results of this question by ethnicity. These are shown in Appendix 3 (Table 24). The results suggested that the responses to this question varied by ethnicity (White British vs all other ethnicity groups), particularly the “I didn't have enough information...” and “I wasn't given a chance...” responses. On closer investigation no significant difference was found. The low response rates from BAME people to this question made it hard to draw any firm conclusions.

'Other' comments

We also analysed the 'Other' reasons for not making choices. A summary is below:

- 37 said they chose not to make a birth plan. The reasons offered included:
 - they wanted to be guided by the professionals
 - they wanted to 'go with the flow'
 - didn't want to be disappointed when the birth didn't go to plan.
- A further 5 mentioned they made choices but didn't have a formal plan

- 21 said they hadn't made choices because of a pre-existing medical condition or due to complications during their pregnancy

“What I perceive as the “main choices” (pain relief and place of birth) were predetermined due to an underlying medical condition therefore I didn't feel I needed a written birth plan.”

Other reasons given were:

- a planned caesarean section (11) - some mentioned having twins or a multiple birth

“There were some things I could not make choices about, like where I have my appointments. I also felt like I have had to fight to be given all the information available and fight for choices to be offered to me - the words the consultant used were very prescriptive and dismissive, e.g. she said, “Twins? Previous c-section with your last pregnancy? Oh you'll have a c-section this time then” like I had no say in the matter.”

- an early birth (10) - some said their baby was premature, others that their baby had arrived before they made a birth plan
- a lack of information (6)

“Nobody helped or discussed my options.”

- Others felt that their choices had been ignored (9). For example, some said their request for a caesarean section was refused

“First baby 2016 felt as though no choices offered, induced, emergency c-section. Second baby 2018 really informed myself, refused induction and expressed my desire to stay midwife led. Had great waterbirth [vaginal birth after caesarean] in birth centre.”

- A few (3) said they were advised not to make a plan

“My friend encouraged me to write a birth plan but when I got to hospital the midwife said there was no point as practitioners didn't read them much.”

- A number of people said they had made choices (23); had been able to make limited choices (16) or some choices (12) and a further 15 offered feedback or comments on their experience

“I wasn't offered to have a birth plan but I was explained all the choices I could have.”

Question 12 - Is there something else the NHS could have done to improve your care and support before, during and after the birth?

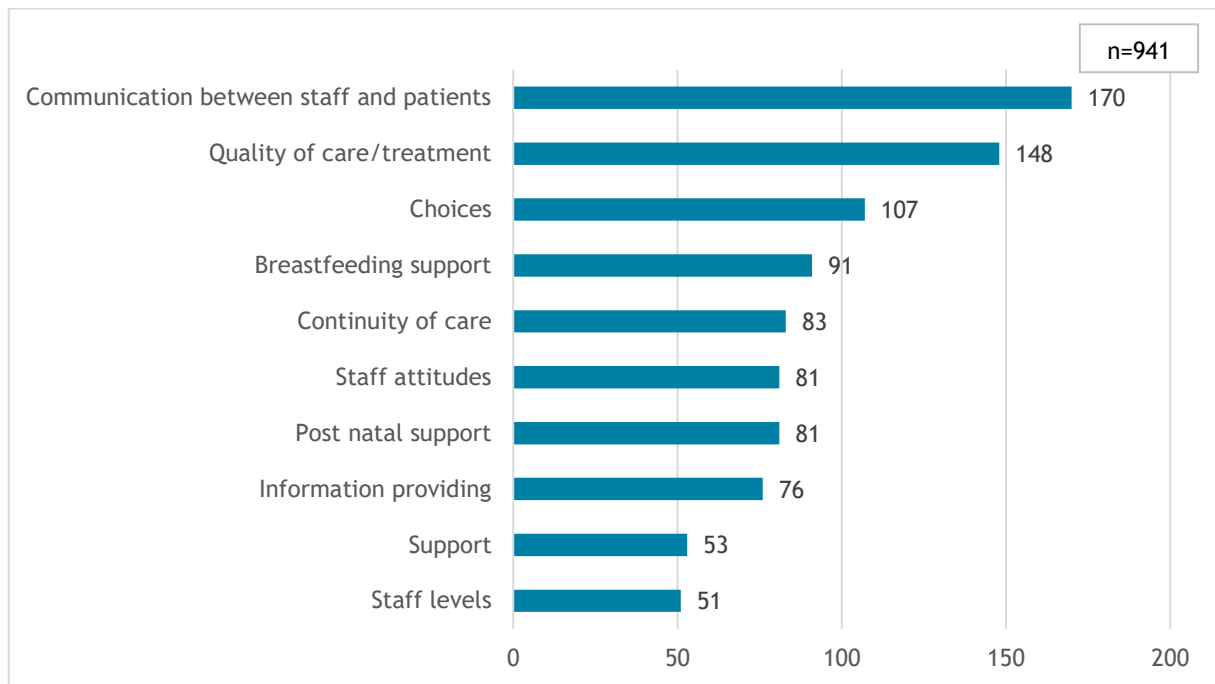


Figure 11 - Is there something else the NHS could have done to improve your care and support?

Figure 11 summarises the top 10 themes identified from the feedback. The full set of results are shown in Appendix 3 (Table 25 and Table 26).

The range of issues we've included in each theme with some example quotes are explained below. Some contributions covered more than one theme so the number of results overall (1433) was greater than the 825 people who responded. The wording of this question meant that many comments reflected a negative experience but there was also a range of positive feedback.

We have shared all the individual comments with the relevant NHS maternity services and local Healthwatch, so the feedback can be used to improve services in the area.

Communication between staff and patients

The communications theme includes issues such as:

- the need for midwives and consultants to listen to women

“Asked to see my birth plan when I went into labour (I forgot about it).
Listened to me when I said I was further along than they thought.”

- the need for better communication:
 - between professionals
 - between professionals and women (including being aware of previous experiences)
 - between different services/Trusts.

“The main issues I experienced were to do with share care between two hospital sites, this meant that my decisions/care wasn’t carried between those sites well, and this also meant several transfers between two sites as the clinical process of decision making differed between sites due to staff structure.”

Quality of care/treatment

This theme includes comments on a wide range of issues related to the care and treatment received throughout pregnancy and during birth. We also saw feedback about:

- being left too long before coming into hospital or being send home when in active labour

“I think I was left waiting too long when I first came into hospital and should have been checked sooner. I could have done with more help to manage my pain before it got out of control.”

- the care received on the wards

“My care was fantastic before and during the birth. But inadequate after care, I didn’t feel like I had support because the staff were overworked, understaffed and busy with paperwork.”

- tongue-tie (though we understand this relates to breastfeeding)

Choices

This theme included feedback about the lack of, or limited, choices available for a range of reasons.

“More discussion early on about birth choices to be more informed. More spaces on parent education classes.”

Breastfeeding support

We recorded comments about the need for more breastfeeding support in a separate theme from other post-natal care. This comments included the need for support in hospital straight after the birth as well as at home.

“... More support for breast feeding is absolutely needed. Again, I repeatedly asked different midwives and health visitors for feeding help because I found it extremely painful but none advised me at all! They simply said I should continue because the baby needed milk. I went to a lactation consultant who helped me with the latch and allowed me to continue to feed my baby. Without her I would have given up after 2 weeks because I felt that I could not physically bear the pain of feeding, and was not offered very much support from my midwife or health visitors.”

Continuity of care

Most of the comments in this theme related to seeing the same professionals (particularly midwives). Some mentioned this in the context of either ante-natal or post-natal visits.

“I saw a different midwife at each appointment. I feel it would have been better to have a bit of consistency and be able to build up more of a relationship.”

“Continuity of care postnatally both in hospital and on discharge. Limited breastfeeding support available. ...”

Staff attitudes

Most of the negative comments under this theme were about how health care professionals had spoken to people.

“Sensitivity training for midwives regarding racial stereotyping. This is exhausting normally but especially when pregnant.”

Support

This theme includes suggestions for where additional support was needed as well as comments about wanting to have partners present to provide support.

“Consistent maternity nurses pre birth. More help after birth, especially after having a C section. A lack of nurses and those administering drugs. Shocking when in so much pain. No one to help to change nappy or help handing baby to mother straight after operation.”

“I think it would have been beneficial to have had my husband allowed to stay with me after the c section as the slightest movements hurt and you feel like you are on your own and unable to do anything for yourself.”

Information providing

This theme included comments about the need for more information about various aspects the pregnancy and birth. There were also comments about wanting more antenatal classes.

“I wrote my birth plan myself with little support or encouragement from my midwife. I did a lot of research myself but a template or more detailed discussion with a midwife would be beneficial to explain what options are available. An extended midwife appointment would be helpful to really dedicate some time to these important choices and decisions.”

“More information before my 36 week appointment would have been helpful (especially as I had been asking but kept being told we’ll talk about it at your next appointment) my baby came the afternoon of my 36 week scan. I felt very unprepared and stressed.”

Post-natal support

This theme covered topics such as requests for more post-natal home visits, better support in hospital after the baby's birth as well as the option to discuss what happened afterwards.

“Encouraging me to stay in hospital after giving birth - I left within 5 hours of giving birth, which was completely my choice, but I then really struggled with breastfeeding and meant I had to go to a lot of feeding clinics (as I really wanted to persevere with it). Also the midwives on the day of the birth didn't ever ask about my birth plan - they did ask about everything important in it, but it would have been nice to have been asked to see it/me take them through the key things important to me Care otherwise was amazing prenatally and during labour. I do think postnatal support in the home could be improved, it is really hard getting out of the house to appointments in the very early days when you have no idea what you're doing/are really sore/are really sleep deprived. It would be really beneficial I think.”

Staff levels

Comments under this theme were about the impact on people's care and choices that were linked to staff levels.

“I wanted to give birth in the midwifery led unit but staffing levels were too low to allow this - no one's fault, but still disappointing.”

Other themes

There were a wide range of other comments. They included:

- women wanting to have access to services closer to home
- better mental health support
- for professionals to read birth plans or to have discussions earlier in pregnancy
- consistent advice between professionals

“More consistent advise from doctors/ midwives/ hospital staff. Often was contradictory causing confusion and stress.”

- better pain relief
- more/ longer midwife appointments.

“Midwives to explain options and labour procedure during late pregnancy. Put in another longer appointment (similar to booking in) to discuss.”

Positive feedback was mainly about the ‘Quality of care/treatment’ (77) received from all those involved in delivering maternity services.

“Nothing. Every member of the nhs team that i spoke to were brilliant. Couldn't fault the service/treatment we received.”

“The NHS were exceptional and dealt with my request to have baby out of my catchment. Through additional scans and follow up appointments they were always very attentive.”

We also used the ‘Service delivery, organisation and staffing’ theme to reflect general comments about a positive experience (51).

“The standard of care I received throughout my pregnancy, birth and after birth could not of been any better. I saw the same midwife throughout my pregnancy, she delivered my baby and I then saw her until myself and my baby were discharged. She was a bit [sic] credit to the NHS and maternity services.”

What should the personalised care plan include?

Section 1 - What is important to you

This section of the survey asked for people's views on what the personalise care plan should include.

Question 13 - If you were making a plan, do you think some ideas for what to include would be helpful?

If you were making a plan, do you think some ideas for what to include would be helpful?	Number	Percentage
No	28	2.2
Not sure	52	4.2
Yes	1172	93.6
TOTAL	1252	100

Table 5 - If you were making a plan, do you think some ideas for what to include would be helpful?

The results (Table 5) show that the majority of the people who answered the question said ideas would be helpful.

Question 14 - Please rank the following suggestions from 1 to 4 (where 1 is the best).

We then asked people to rank their preferred way to see these ideas. The options were:

- short list of topics as prompts
- detailed checklist to work through
- during one to one discussions with my midwife
- examples from other women's plans of what could be included.

The top-ranking option was “during one-to-one discussions with my midwife”. Over 40% of the 1074 people who answered this question ranked it as their first choice. In addition, 27% made this their second choice.

A “short list of topics” and “detailed checklist” were the next most popular choices. They ranked very closely, with just over half choosing them as their first or second choice (54% and 53%). A “short list of topics” was slightly more popular.

“Examples from other women” was clearly the most unpopular choice, with nearly 50% ranking it last and only 6% making it their number one option.

The full results for this question are in Appendix 3.

Question 15 - Please tell us if you have other suggestions for how these ideas could be presented.

Some of the 175 people who responded to this question made comments about the content or format of the plan. Others related to how the plan should be implemented and how people should be supported to complete the plan.

In this question, we have considered the responses as alternatives to the four suggestions in Question 14 (set out above). For example, if the response was “app for phone” we have taken this to mean that the ideas should be presented using an app rather than the entire personalised care plan should be provided via an app.

We have summarised these by theme below.

Presentations of ideas in the plan

The most common responses were about other ways to present ideas of what to include in the plan. The most popular by far (24) was some sort of visual presentation. Whether this was visual prompts, a visual approach to the plan itself or decision mapping.

“Could use visual icons to represent common choices. So the team present at your birth will definitely have time to look at these.”

Other suggestions were pro-forma templates (7) and examples (6).

Four people emphasised the importance of flexibility in the final format, stressing that what works well for one person won't work well for all.

“I would offer all 4 so that a person can look at whichever is most appropriate for them.”

Support for completing the plan

The second most common type of response related to ways in which completing the plan could be supported. This usually related to exploring what to include in the plan with peer groups (20) or with professionals (19).

There were many comments that more time with a midwife would have helped better planning.

“I think the best thing is to talk through the plan with the midwife, they should be able to offer plan suggestions based on your particular circumstances or concerns. My consultant midwife did exactly that.”

Supplementary information

Many people suggested how ideas could be presented in supplements to the plan itself.

- Videos, especially online, were the most popular of these (12).
- This was followed by leaflets (9), an app (8) or online (5).

“Videos of women who made plans and how things went well or not and how they found how that was managed.”

Other responses

There were a number of suggestions for additional topic prompts (11), these included:

- worries/fears
- if things don't go to plan
- hypnobirthing
- anxiety management technique suggestions.

There were also a number of comments and concerns about midwife availability. These comments have been shared with the relevant Trusts.

Question 16 - Looking at the ideas suggested from Better Births are there other important topics that are missing? Please tell us...

This section of the survey focused on the "What is important to you" part of the plan suggested in Better Births but many comments fitted better under the third heading "What sort of care and support you want ...". Some of the 208 people who responded to this question made more than one suggestion.

What is important to you

"Having a birth plan is great, but it's also important to prompt people to think about birth choices for alternative types of birth e.g. emergency induction."

A number of comments (30) were about the need to have information on, and think about, alternative choices, if things don't go according to plan.

"What to do and how to handle it when your plan doesn't go to plan."

Another theme mentioned by 18 people was for the plan to include how the woman is feeling and identifying fears/worries and information about past experiences.

"Any medical conditions that may have an impact on the woman's mental health / feeling about pregnancy and birth."

Communication was also a theme mentioned by some (11). Some talked about the need to manage a woman's expectations and others mentioned finding out how they would like to be communicated with.

"How you liked to be talked to - e.g. I want the numbers, I want the VEs, I want to know how this is going vs I want to be in the moment, I don't want to be discussing clinical details, I want reassurance. In my birth I found it so hard to talk and express myself. I really wanted it to be dark and quiet - it felt like my whole body was so over busy everything was too much. I couldn't seem to explain myself. I really struggled to get my point across (note, I speak English as a first language... I didn't expect to find this so difficult)."

A few comments also mentioned wanting information about a woman's rights or about the need to acknowledge them (4).

“Something around birth rights and empowering women. Questions that women can ask health professionals to check what they are being told/requested to do is actually accurate.”

What sort of care and support you want while you’re pregnant, during the birth of your baby and for the first six weeks after your baby is born

The most common theme was about wanting information about birth choices (35). In addition, some mentioned more specific issues such as:

- pain relief options (8)
- the birth / labour (11)
- information about what to expect, care and choices immediately after birth (10)
- partner involvement /other support (9).

“My after care was more important to me than labour. Little to no space or thought is given to this in the maternity notes folder. But it is a time when women are vulnerable and so much can go wrong.”

Comment from Question 32

Post-natal care or support was also mentioned by 30 people. This included where to get support as well as information about care for both the woman and the baby. Others specifically mentioned:

- breastfeeding information and support (17)
- A further 12 mentioned ‘feeding’ more generally including information about bottle feeding.
- Mental health support was also identified (12).

“Post natal depression check should be done away from the home and family.”

Comment from Question 32

Other issues mentioned included practical planning for the birth (3) and continuity of care (3).

“Logistics of getting to the place you intend to give birth and ensuring your birth partner arrives in time and childcare for older children is in place.”

There were a further 15 general comments or feedback based on experience.

Section 2 -Your health needs

Question 17 - If you were making a plan, do you think it would be helpful to have some ideas for what to include?

If you were making a plan, do you think it would be helpful to have some ideas for what to include?	Number	Percentage %
No	24	2.1
Not sure	28	2.5
Yes	1069	95.4
TOTAL	1121	100

Table 6 - If you were making a plan, do you think it would be helpful to have some ideas for what to include?

The responses to this question (Table 6) are similar to those for Question 13. The majority of the people who answered the question thought it would be helpful to have some ideas of what to include.

Question 18 - Do you think the plan should include a list of tests and screening for you and your baby that could be offered to you?

Do you think the plan should include a list of tests and screening for you and your baby that could be offered to you?	Number	Percentage %
No	30	2.7
Not sure	53	4.7
Yes	1035	92.6
TOTAL	1118	100

Table 7 - Do you think the plan should include a list of tests and screening for you and your baby that could be offered to you?

Most people said that the plan should include a list of tests and screening for them and their baby (Table 7).

Question 19 - Who should fill in the test results?

The results shown below are for the 1022 people who answered “Yes” to Question 18 (“Do you think the plan should include a list of tests and screening...”). The format of this question allowed people to choose more than one response from a list provided. For this reason the analysis is best split into two parts based on whether or not they chose “Me” as one of those responses. Those that answered ONLY 'Other' are excluded.

Me - those who did want to fill in the results themselves

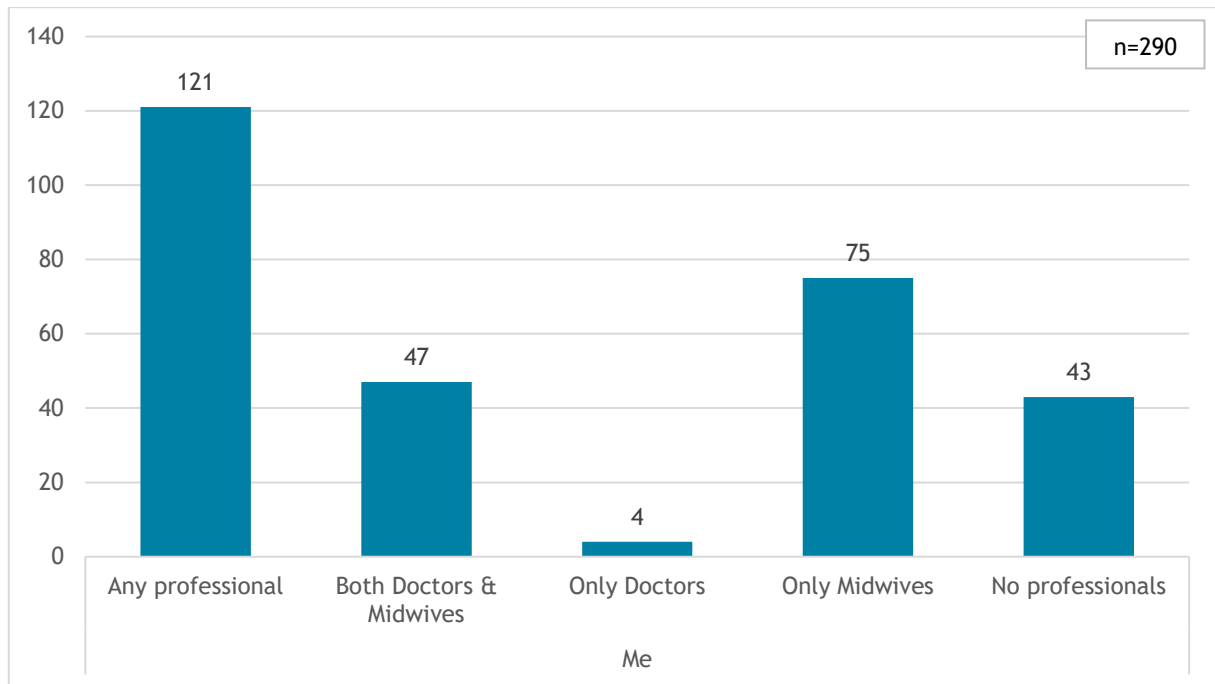


Figure 12 - Who should fill in the test results? Me and others

These results are for the 290 people that said they wanted to fill in the results themselves in addition to other choices.

- About 45% (121) would also be happy for any medical professional to fill in the test results.
- Only about 15% (43) didn't want any professionals to be involved.

Not me -those who didn't want to fill in the results themselves

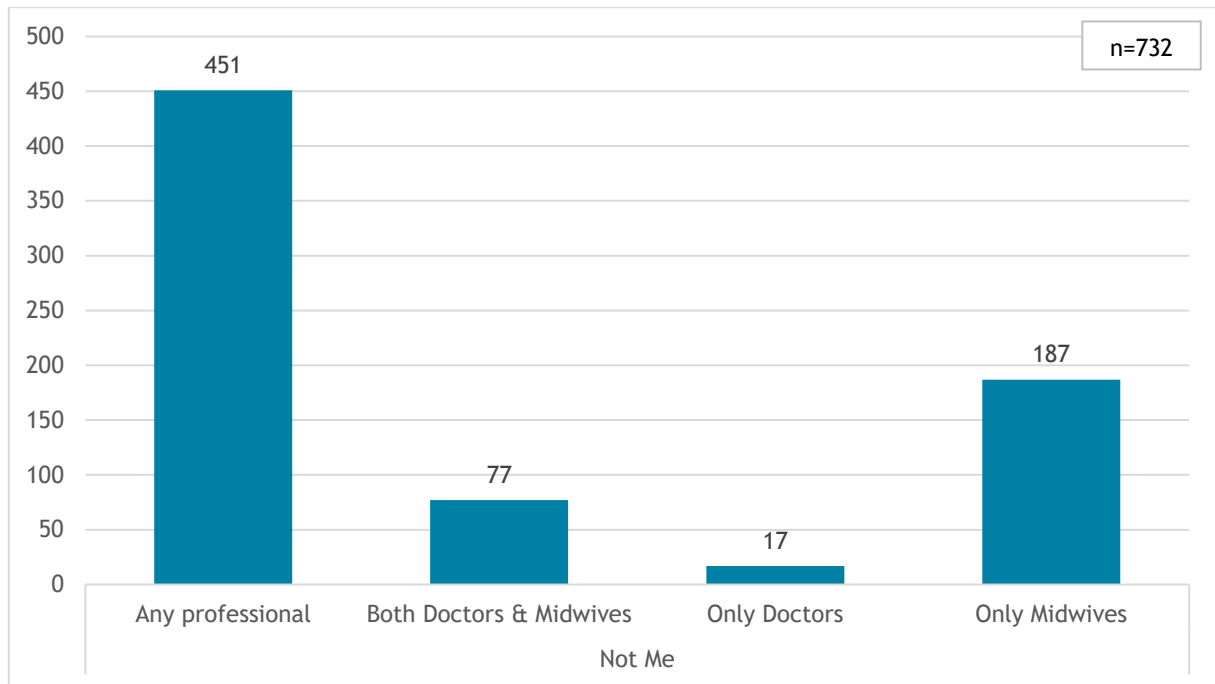


Figure 13 - Who should fill in the test results? Not me and others

These results are for 732 people who said they didn't want to complete the results themselves.

- 62% said that any professional could fill in the results.
- 26% (187) wanted just the midwife to do it.

Overall analysis

The results show that the vast majority of people would prefer some professional to fill in the test results with a small proportion (4% - 43/1022) of the total wanting to do it only themselves.

'Other' responses

Most of the 20 'Other' responses confirmed that a member of staff should fill in the results (11) or that it should be done jointly (3) or by a partner (3). The most common theme that emerged from all the comments was that the results should be properly explained.

"Midwife but explaining results and implications to the parents".

Section 3 - What sort of care and support you want while you're pregnant, during the birth of your baby and for the first six weeks after your baby is born

Question 20 - If you were making a plan, do you think it would be helpful to have some ideas for what to include?

If you were making a plan, do you think it would be helpful to have some ideas for what to include (like those above)?	Number	Percentage %
No	17	1.5
Not sure	17	1.5
Yes	1072	96.9
TOTAL	1106	100

Table 8 - If you were making a plan, do you think it would be helpful to have some ideas for what to include?

The results of this question are similar to those for Questions 13 and 17. Most of the people who answered the question thought it would be helpful to have some areas of what to include.

Question 21- Looking at the ideas suggested from Better Births, are there other important topics that are missing? Please tell us

This section of the survey focused on what sort of care and support women wanted. The comments made by 194 people are summarised below by theme. Many comments echoed the those made under Question 16.

The most common themes were:

- Post-natal care and support (37). This covered a range of issues including where to go for more support (for example after the first six weeks).

“I heartily agree with all the topics Better Birth raises and would have loved more support during the first six weeks. I also wish the midwives/health visitors saw you more often in those first six weeks. I had a lot of questions that I was too exhausted to ask over the phone and a health professional visiting me more frequently would have been able to answer those questions and reassure doubts I had. I also think the visits should continue for 8 weeks.”

- Breastfeeding support (35) and feeding advice (2)

“Lots of breastfeeding support which is easily assessable once you get home.”

- Information about birth choices (12)
- Mental health support (7)

“A genuine consideration of mental health concerns, particularly after birth. At the moment midwives/health visitors ask standard questions in an embarrassed manner which encourages mums to say they’re fine when they’re not.”

- Information on pain relief options (6)
- What happens when things don’t go to plan (6)
- Space to record fears and concerns /previous experiences (7)
- Communications - providing information so women know what choices are available (3)
- Continuity of care (3)
- Information about maternity services and roles and responsibilities of staff (4).

Your health

There were a few suggestions for topics that related to this section. They included:

- Space for appointments and scans (2)
- Information about Group B strep and how to get screening (2)
- A record of disability needs (1)
- More information about caesarean sections (2).

Others gave general feedback or comments based on their experiences (17) and 19 offered suggestions for how the service could be improved.

What should the personalised care plan look like?

The final part of the survey asked people how they would like the personalise care plan to look.

Question 22 - What format would you like the personalised care plan to be in?

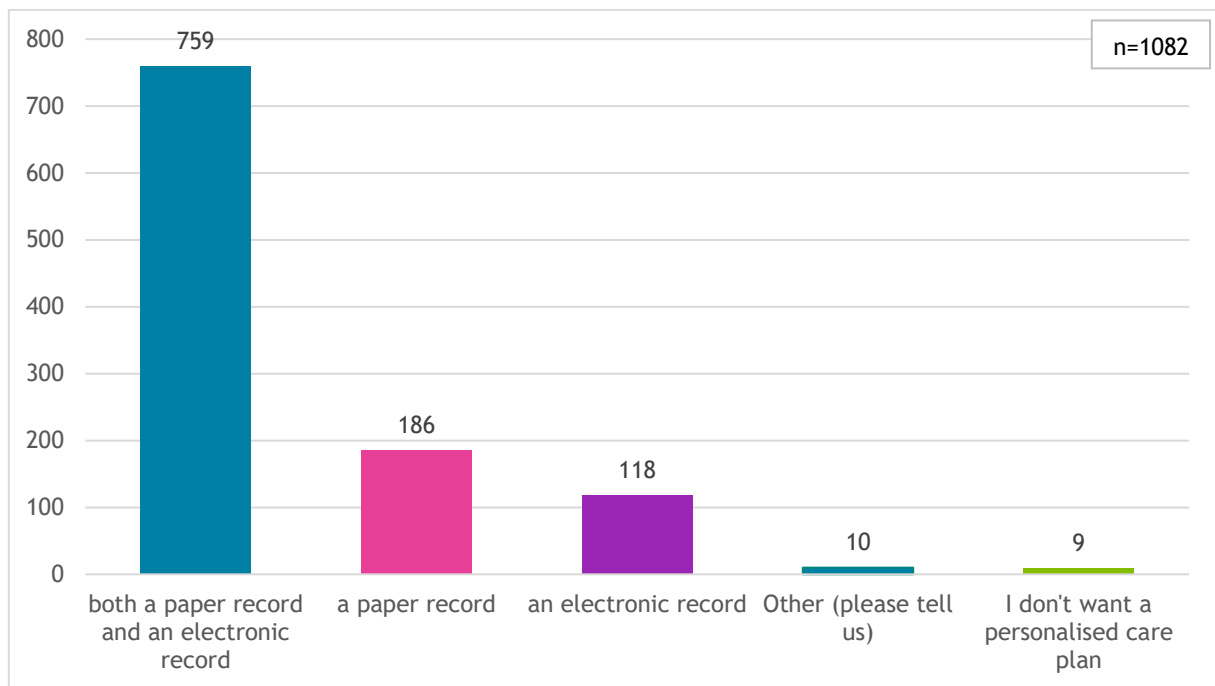


Figure 14 - What format would you like the personalised care plan to be in?

Overall analysis

Figure 14 shows that 70% (759) of those who answered the question said they'd prefer both a paper and electronic record.

Combining this with those who said they'd prefer a paper-record (17%) gives a total of 87% who wanted a paper-based plan of some kind. About 11% (118) wanted just an electronic record (and no paper record).

Analysis by age

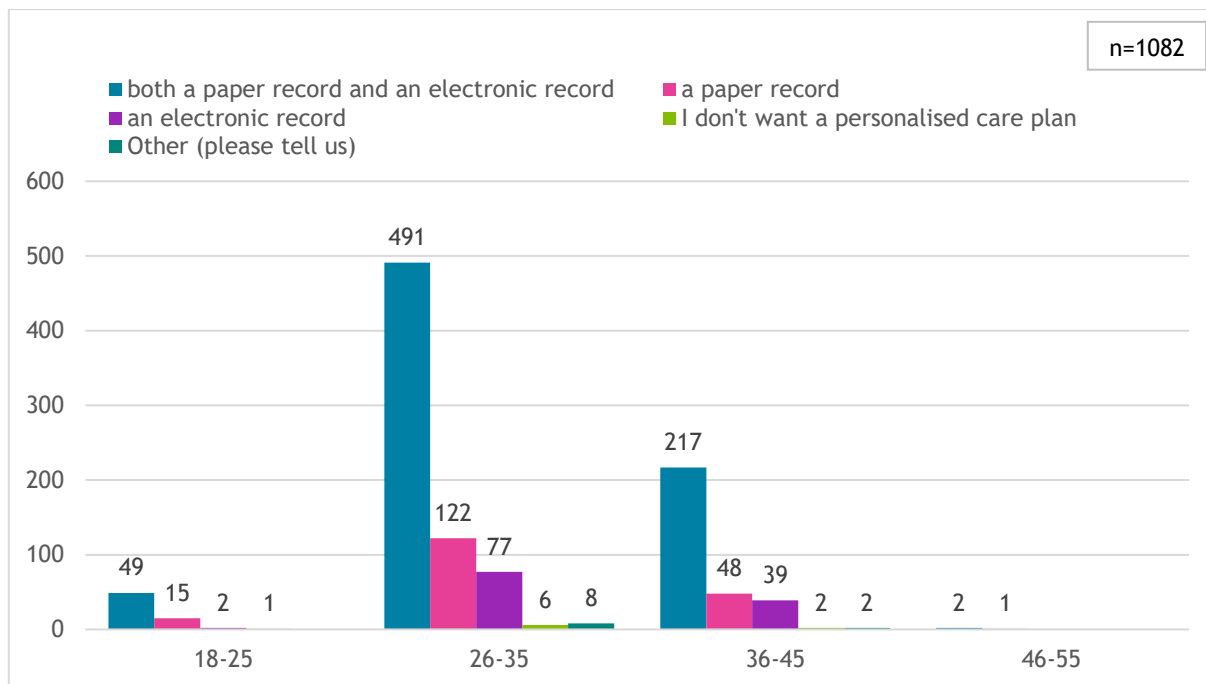


Figure 15 - What format would you like the personalised care plan to be in? By age group

Figure 15 shows the preferred format by age. There was some suggestion that the 18-25 group would prefer a paper record (Figure 31 in Appendix 3). But when we looked there was no significant evidence of any variation in preference based on age. This may be due to the comparatively small number in the younger age group who completed the survey.

'Other' comments

A summary of the 16 'Other' comments is below.

- 5 people said they wanted both an electronic and paper format
- 4 mentioned they wanted paper or electronic format
- One said that an app would be easiest but otherwise electronic and another suggested a separate book (easy to carry round / dedicated to birth plan)
- Other comments included:
 - access to a paper copy was important (in addition to an electronic version) (3). One mentioned this in relation to those without electronic access.
 - The format should be whatever is easiest for all parties (2) or midwives (1).

Question 23 and Question 24 - Where should the paper record be kept?

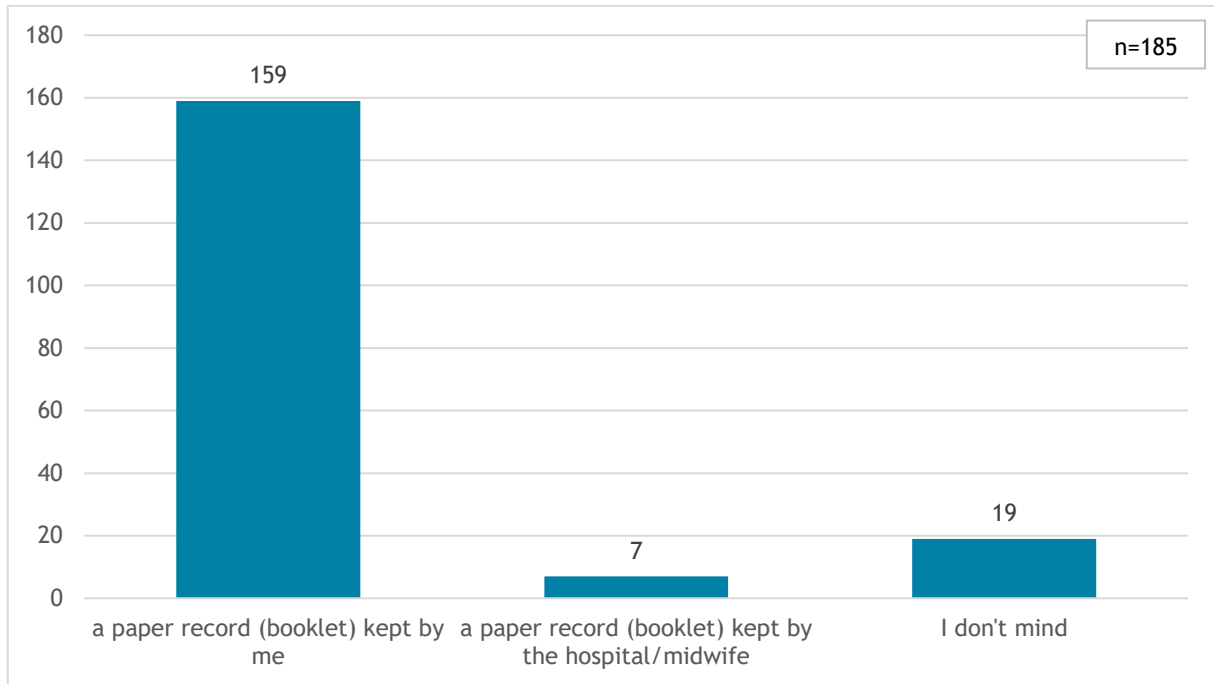


Figure 16 -Where should the paper record be kept? Those who wanted just a paper record

Figure 16 gives the results for people who wanted just a paper record.

- The majority (159) said they wanted to keep it.
- 4% said the record should be kept by the hospital or midwife.
- 10% didn't mind.

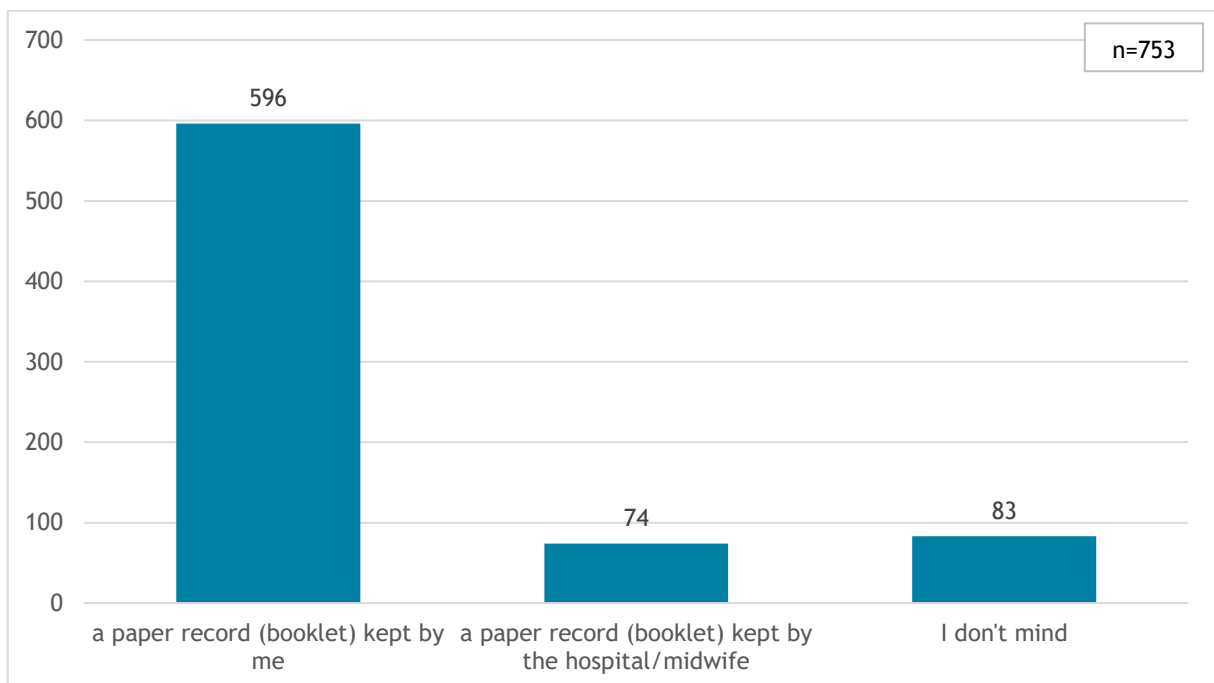


Figure 17 -Where should the paper record be kept? Those who said they wanted both a paper and electronic record

Figure 17 shows the response for those who said they'd like both a paper record and an electronic record.

- 79% (596) said they wanted to keep it.
- 10% said the record should be kept by the hospital or midwife.
- 11% said they didn't mind.

Overall analysis

There is a clear preference for the individual to keep the paper record.

Looking at the results more closely, we found a difference in responses between those who said they wanted both a paper and those who wanted an electronic version. Those who preferred a paper version, appeared more in favour of keeping it themselves. Further analysis is shown in Appendix 3.

Question 25 - How would you like to fill in the personalised care plan?

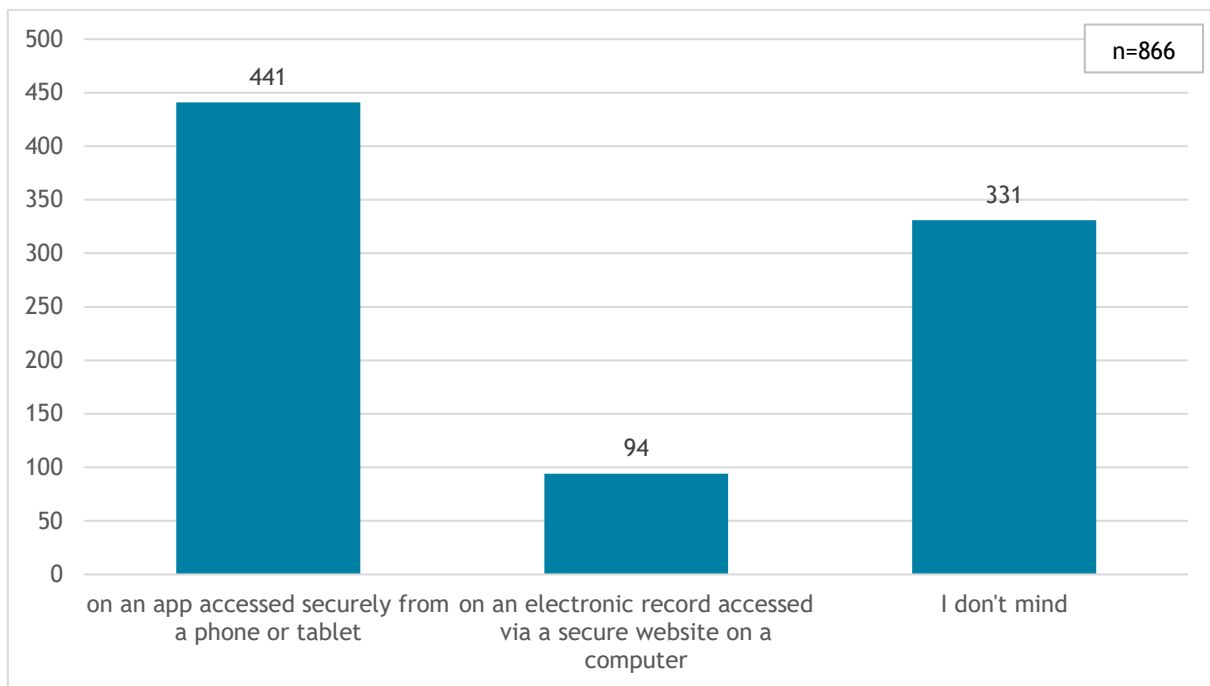


Figure 18 - How would you like to fill in the personalised care plan?

We asked everyone who wanted an electronic record how they would like to fill it in. Figure 18 combines the views of people who said they wanted either 'an electronic record' or 'both a paper record and an electronic record' in Question 22.

- 51% (441) said they would prefer an app to fill in the care plan.
- About 38% said they didn't mind how they filled in the plan.
- About 11% preferred a web-based service.

Overall analysis

An app seems to be the clear preference. However when the 38% who said "I don't mind" are also considered (ie those would be just as happy with web-based service or an app) the overall case for an app is not as strong.

Question 26 - How would you like to view the personalised care plan?

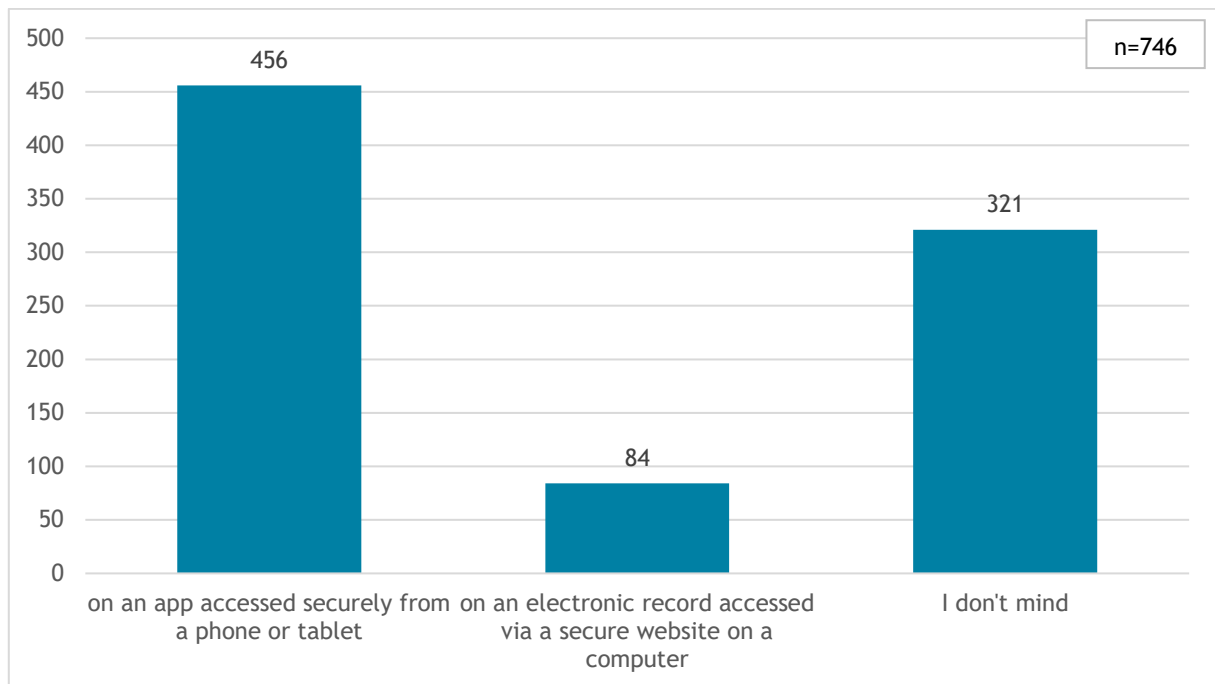


Figure 19 - How would you like to view the personalised care plan?

Figure 19 combines the views of people who said they wanted either ‘an electronic record’ or ‘both a paper record and an electronic record’ in Question 22:

- 53% (379) said they would prefer an app to view the plan
- 37% said they did not mind how they viewed the plan
- 10% preferred a web-based service.

Overall analysis

Comparing these results with Question 25, there was almost no difference between how people wanted to fill in and view the plan. Again, the preference for an app is not necessarily as strong as it first appears.

Question 27 - Would you like to be able to print off a copy?

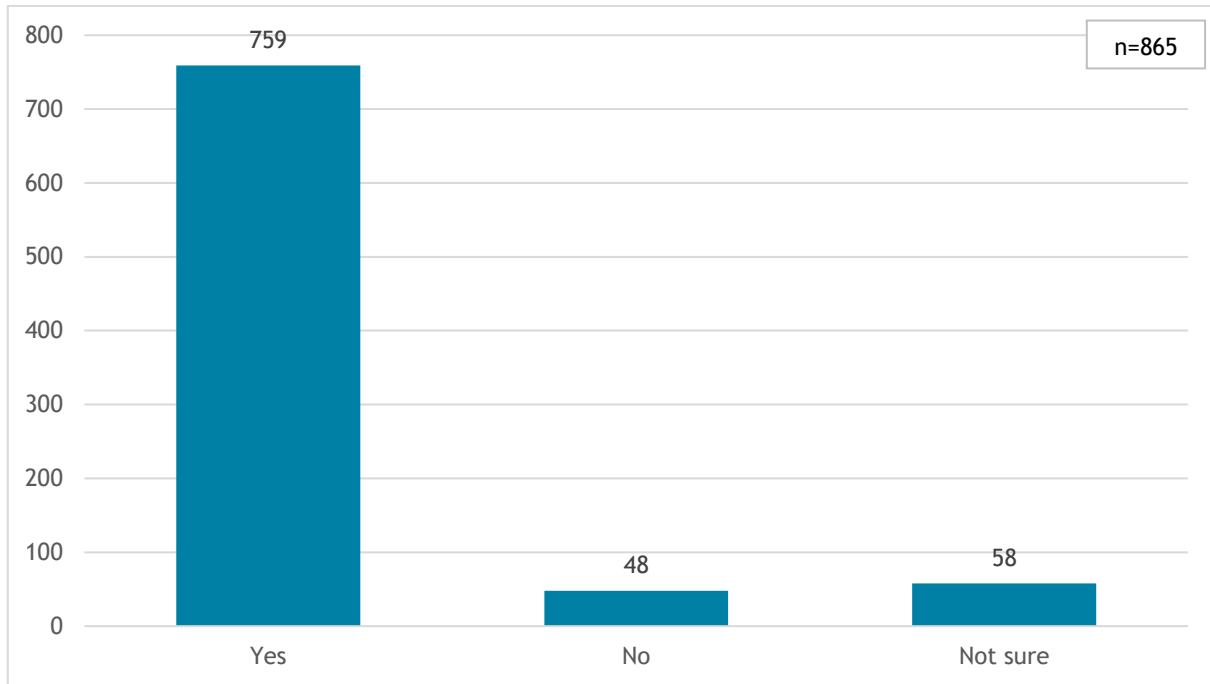


Figure 20 - Would you like to be able to print off a copy?

Most (759) of those who wanted an electronic record (or both paper and electronic) said they would like to be able to print off a copy.

Those who wanted just an electronic record were less interested in printing a copy than those who said they would like both. However, this was a very small number of respondents (18 of the 1082 that answered Question 22). This comparison can be seen in Figure 33 in Appendix 3

Question 28 - Would you like to be able to see who has looked at your personalised care plan?

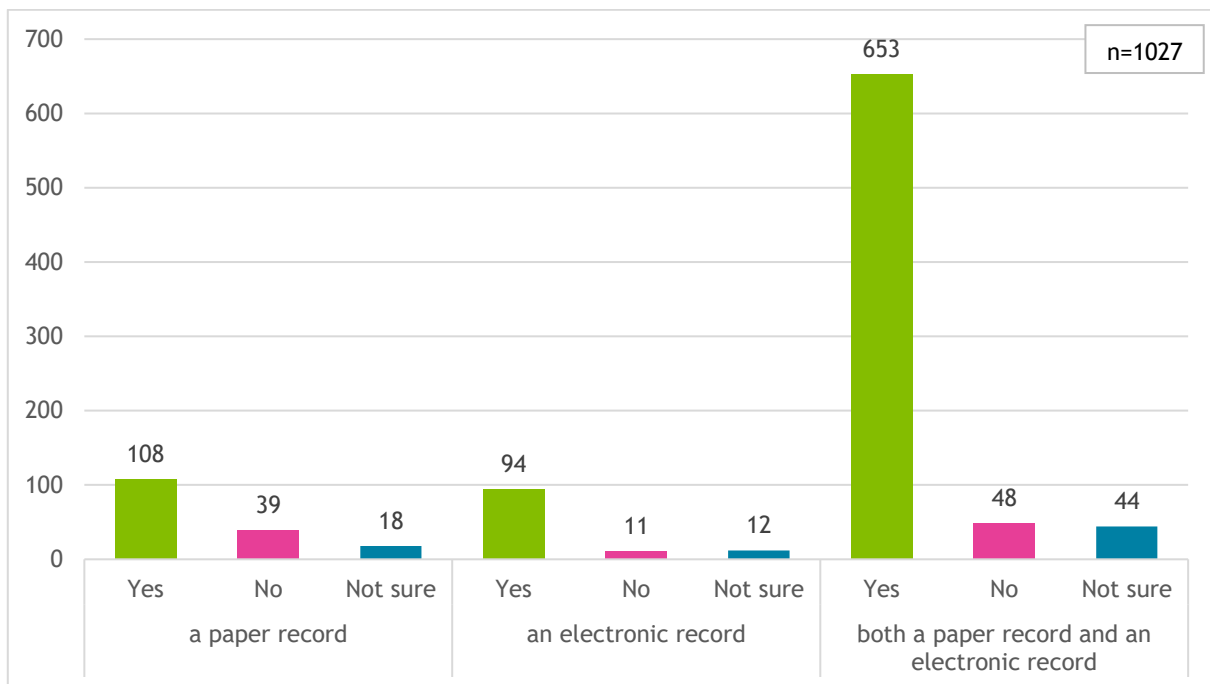


Figure 21 - Would you like to be able to see who has looked at your personalised care plan?

Figure 21 shows that:

- most (88% - 653) of those who wanted both a paper and electronic record said that they wanted to know. This was slightly lower (80% - 94), for those who wanted just an electronic record
- those who wanted a paper record appeared less concerned about this; 65% (1085) said they'd want to know and 24% said they didn't.

Question 29 - Would you like to be able to give other people access to your personalised care plan (e.g. a partner)?

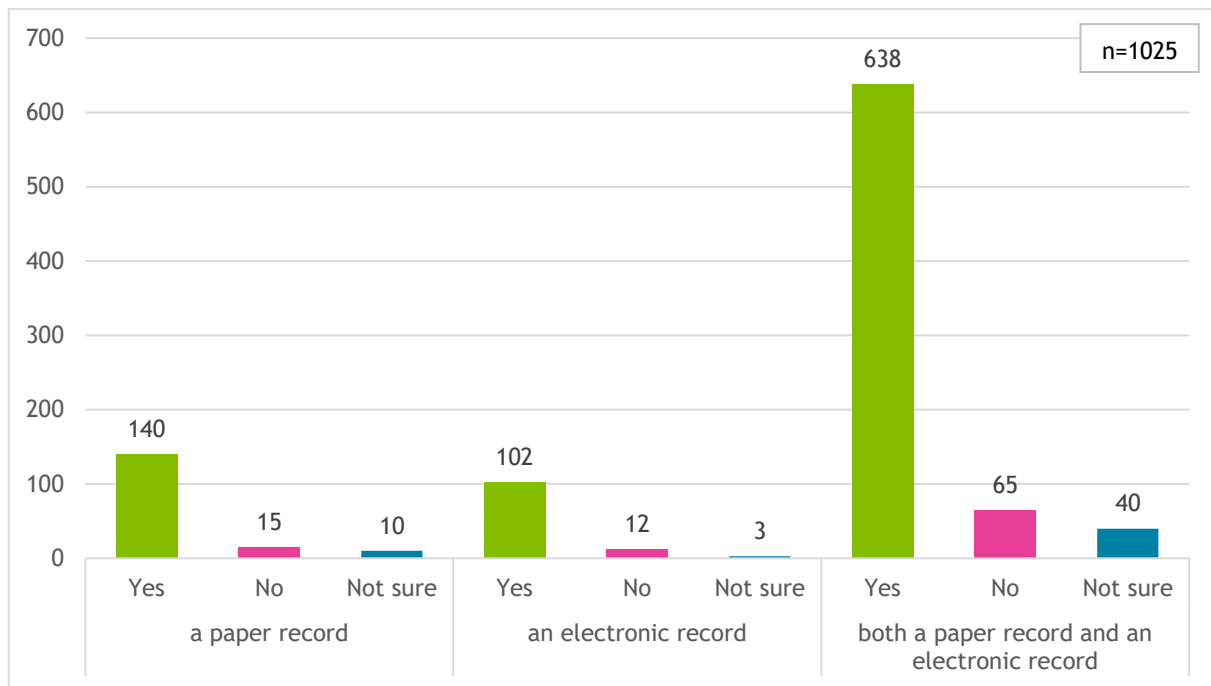


Figure 22 - Would you like to be able to give other people access to your personalised care plan (e.g. a partner)?

Figure 22 shows that the majority of people would like to be able to give others access to their plan. This was a regardless of their preferred format.

Analysis by ethnicity

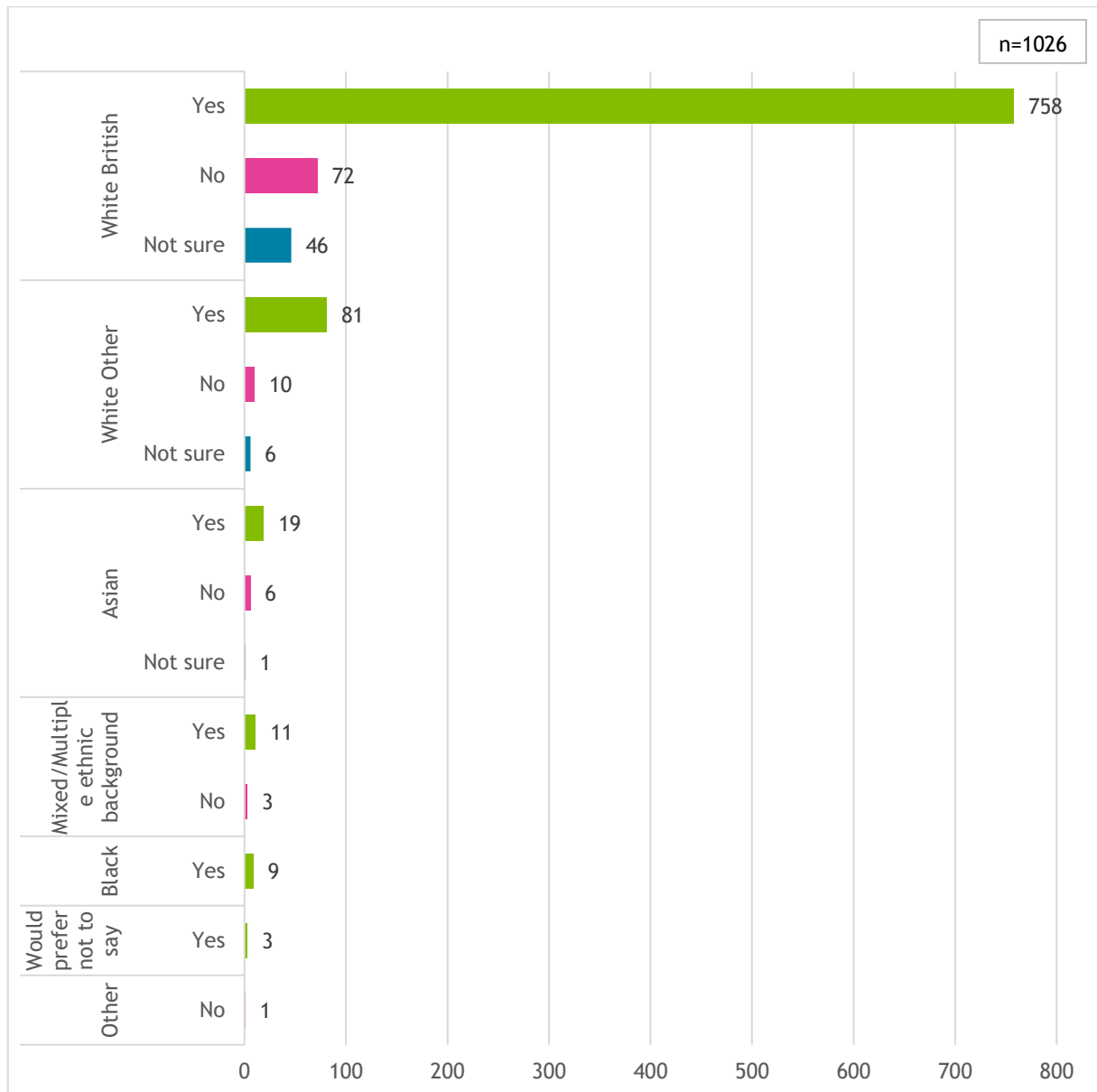


Figure 23- Would you like to be able to give other people access to your personalised care plan (e.g. a partner)? By ethnicity

Figure 23 shows the results of Question 29 by ethnicity group. There appeared to be a slightly higher number of “No” responses from BAME ethnicity groups, so we looked at this more closely. The difference is most noticeable when we look at percentages.

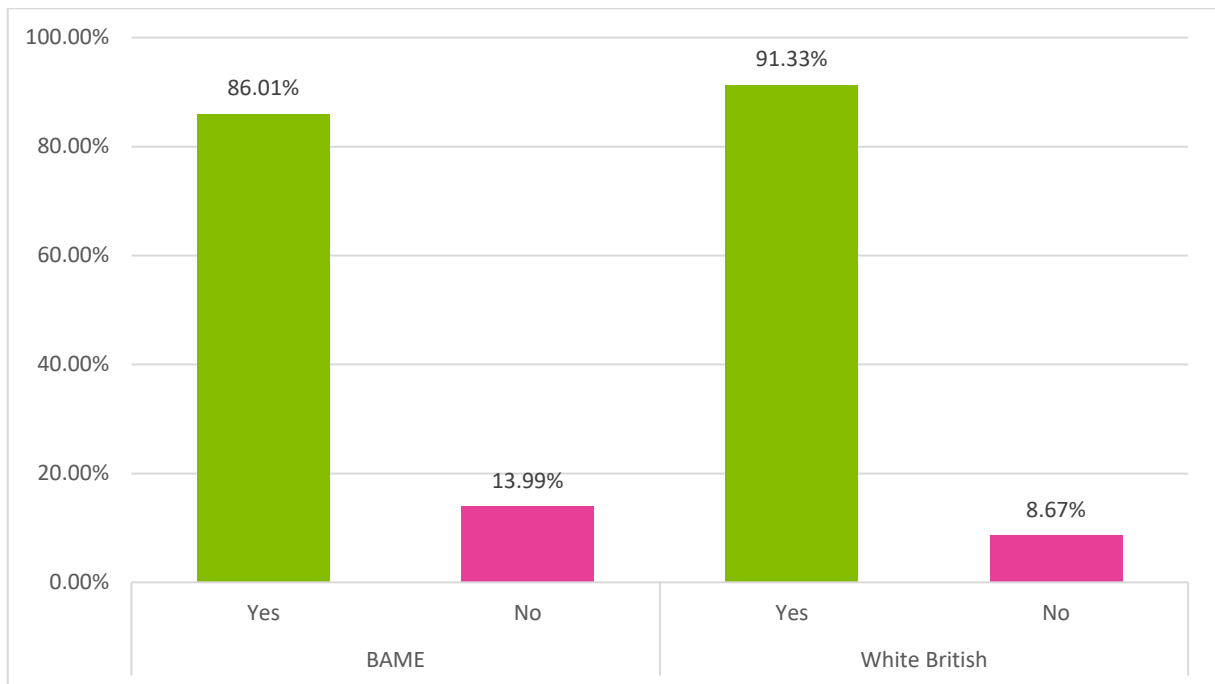


Figure 24 - Allow others to view the plan? By ethnicity group

Figure 24 does show some variation, so we tested the results and found strong evidence of a difference. This suggests people in the BAME ethnicity groups are less in favour of allowing others to view their plan. See Appendix 3 for further analysis.

Question 30 - Would you want to be able to give someone else (e.g. a partner) permission to make notes in your personalised care plan?

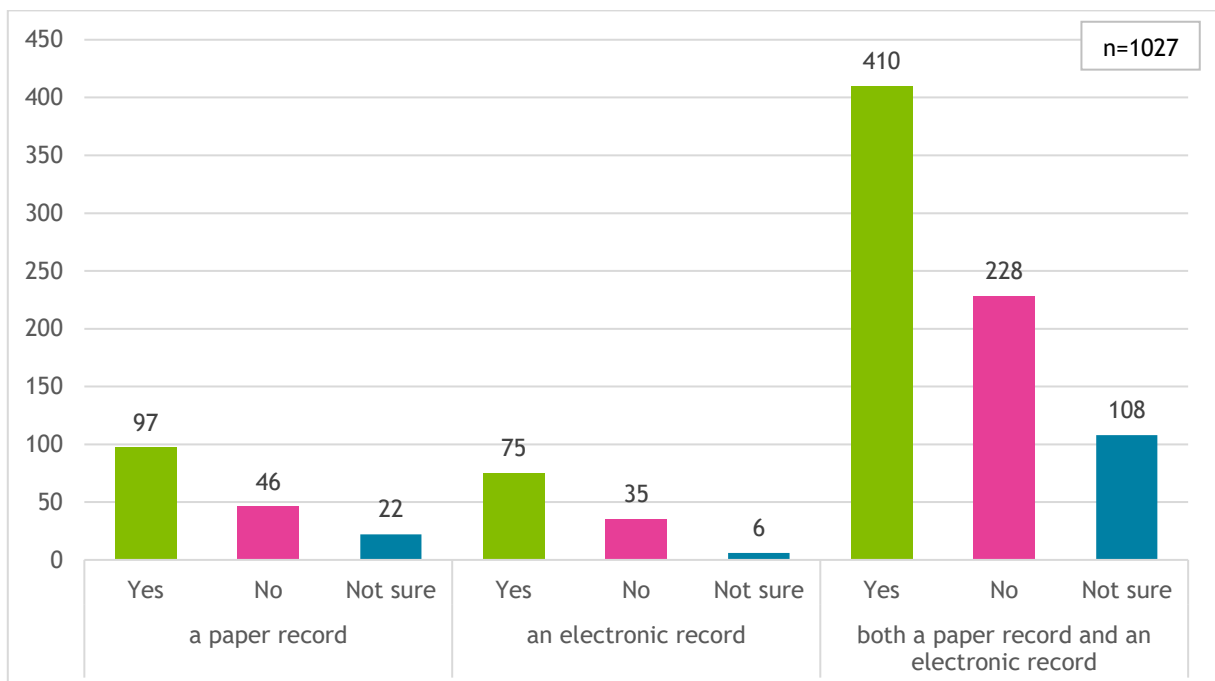


Figure 25 - Would you like to be able to give someone else (e.g. a partner) permission to make notes in your personalised care plan?

Overall analysis

Figure 25 shows that fewer people wanted to give others permission to make notes in their plan than wanted to give them access. About a third of people did not want to be able to give someone else this permission.

Analysis by ethnicity

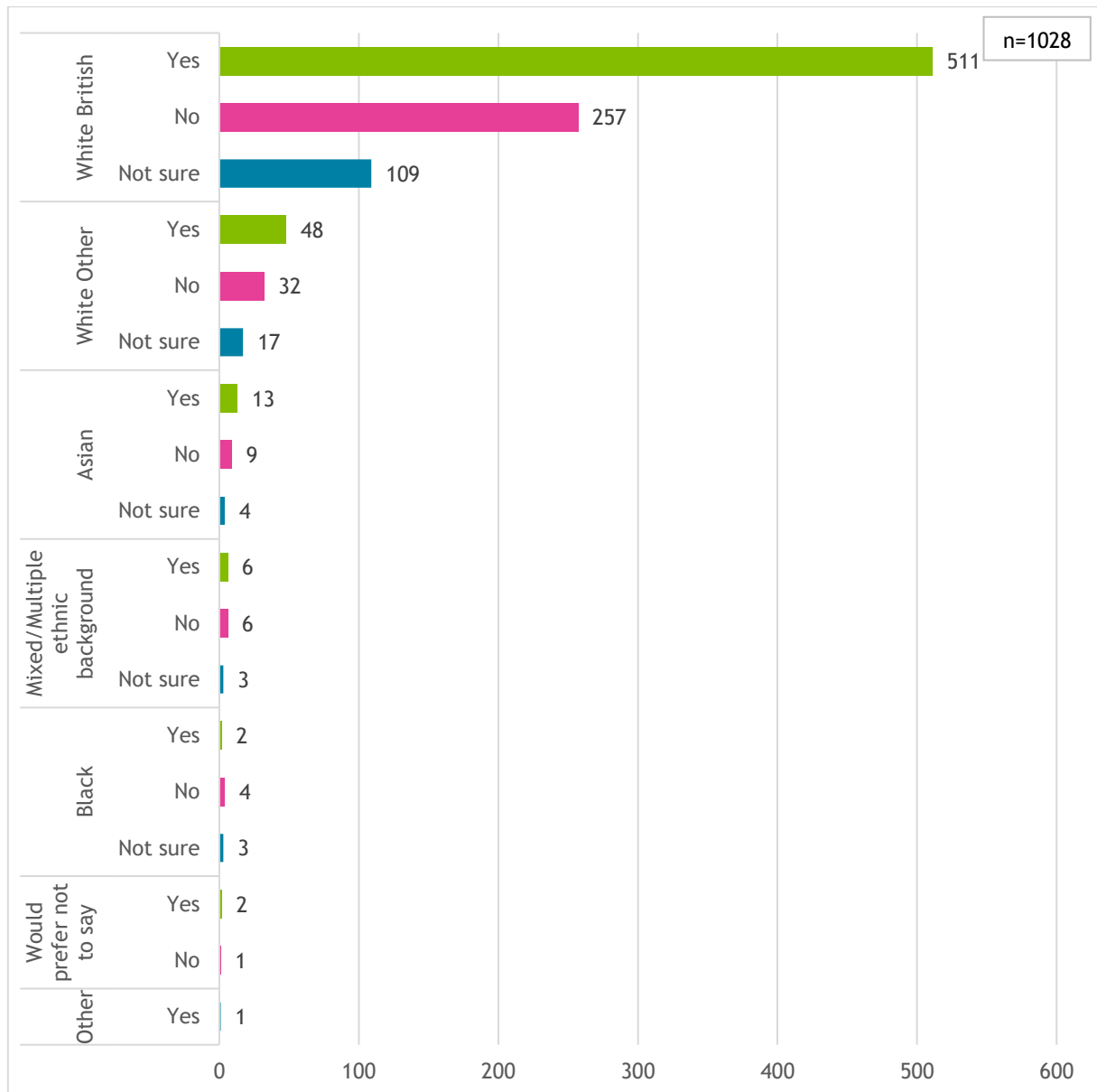


Figure 26 - Would you like to be able to give someone else (e.g. a partner) permission to make notes in your personalised care plan? By ethnicity

We found a significant difference in responses between people identifying as ‘White British’ and people in the BAME groups. We found people in the other ethnicity groups appeared less in favour of allowing others to make notes in their plan.

This suggests there is some sensitivity about this issue in black and minority ethnicity groups.

Further analysis can be found in Appendix 3.

Question 31 - Would you be happy for your midwife, doctor or other medical professional to make notes in your personalised care plan?

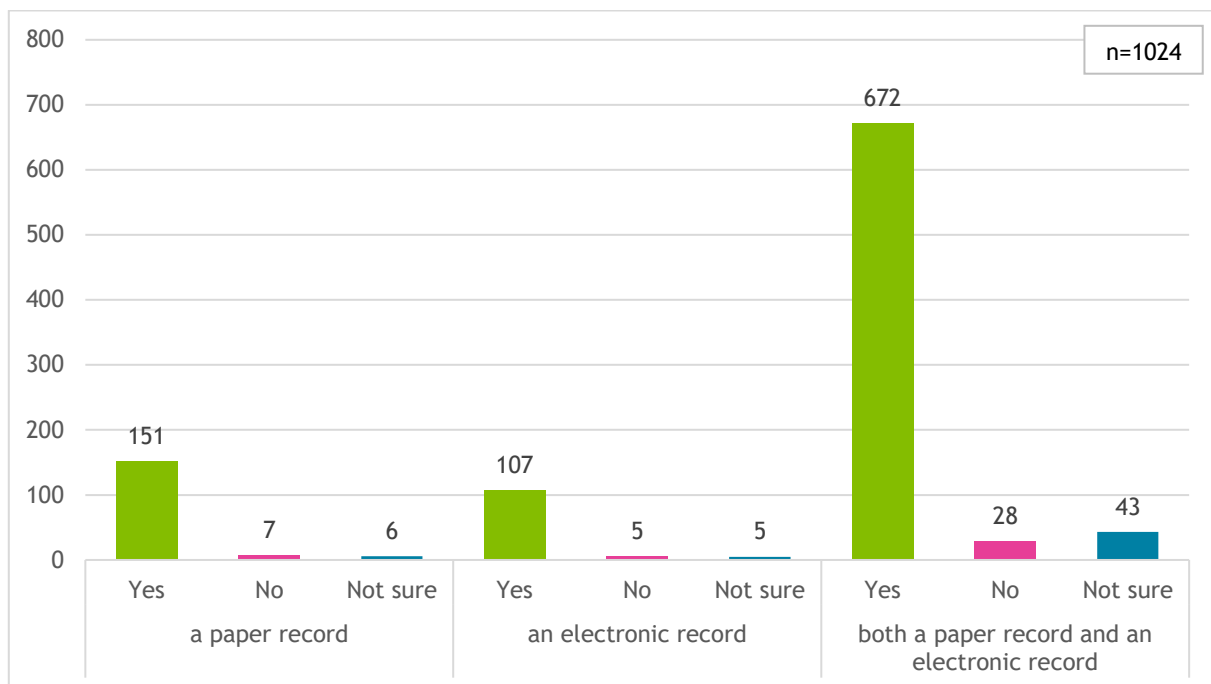


Figure 27 - Would you be happy for your midwife, doctor or other medical professional to make notes in your personalised care plan?

Figure 27 shows that most (90-92%) of the 1024 who responded to the question were happy for their midwife, doctor or other medical professional to make notes in the plan. Only around 8-10% didn't want a professional to make notes or weren't sure.

Analysis by Age

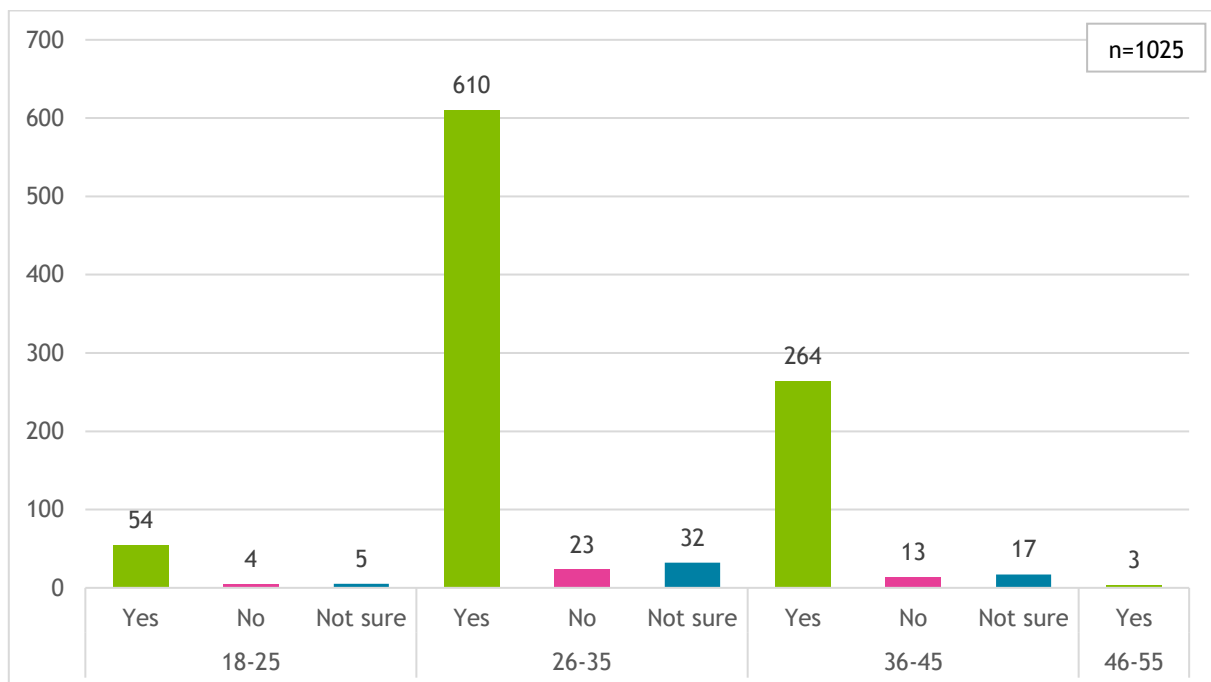


Figure 28 - Would you be happy for your midwife, doctor or other medical professional to make notes in your personalised care plan? By age group

Looking at the results we thought there may be some variation based on age. But we did not find any. See Appendix 3 for analysis.

'Other' comments

There wasn't an 'Other' section for this question but a few people commented on this issue under Question 32. Their comments were:

- others can make notes or add comments but not change what women had written (2)

"If medical etc professionals are making notes in my care plan I would like the chance to comment/respond if necessary."

Comment from Question 32.

- any changes should be checked/approved by the woman or she should be given the opportunity to comment
- comments by professionals should be distinguished from the woman's comments
- the need to consider women being controlled by a partner was also raised.

"Please consider women who are being controlled by their partner when thinking about access to the plan and being able to change the plan".

Comment from Question 32

Question 32 - Is there anything else that was important to you about your care and choices?

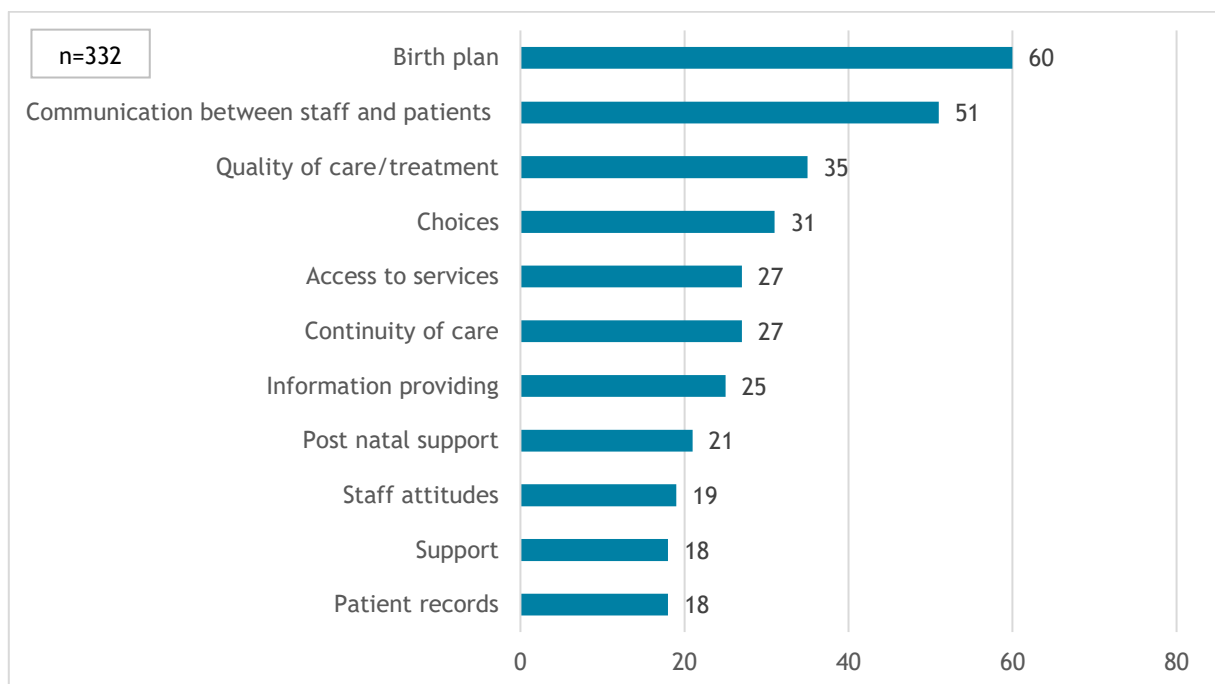


Figure 29 - Is there anything else that was important to you about your care and choices? Top ten

We summarised the 303 responses to this question using the same themes as for Question 12. Some contributions covered more than one theme so the number of results overall was greater than the number of people who responded. The top 10 themes are shown in Figure 29. The full set of results are shown in Appendix 3 (Table 34). Although the focus of this question was different but the top themes were broadly the same as those in Question 12. The themes also reflect the issues that people said were important in answer to other questions.

The 'Patient records' theme featured in this top 10 because people offered comments in response to the earlier questions in the survey about access to the new plan.

Where comments related to other questions we also include some of these (as quotes) in the relevant sections of this report. We have shared the responses with the relevant Trusts and local Healthwatch.

Some examples of the comments we saw are below.

Birth plan

"A discussion about the fact that things may not go according to the plan that you have made. I have known so many new mums who have felt failures because their plan could not be stuck to."

"My delivery went to the plan I talked about but was always worried about needing another section. The midwife assured me that I will be talked through everything if it was needed which put my mind at ease. I was very happy with my plan and it going smoothly as it could."

Quality of care/treatment

"The kindness of the midwife who admitted me when I was crying and in pain and of course the one that was there with me in that emotional moment when I made my daughter into this world with my only strength but she was there and directed me and that made the difference thank you."

Continuity of care

"Seeing the same midwife throughout pregnancy was very important to me as we got to know each other and built a relationship, she knew me and all about me. I really appreciated that."

Choices

"We need a voice. Our bodies, our babies. Please give us choices."

"It is a good idea to have a personalised care plan but the most important is that the plan and choices are supported and achieved."

Communication between staff and patients

"I would like the opportunity to discuss the birth and everything surrounding it much earlier in my pregnancy."

Post-natal support

"Support after birth I struggled and couldn't find any relevant help."

Staff attitudes

“I definitely experienced racial bias during my pregnancy from my local midwife. The most worrying belief she held was the idea that black women experience less pain and are built for childbirth. This bias puts black women at risk when giving birth. ...”

Summary of focus group discussions and insight discussions

We visited groups across the area to talk women whose views may not have been represented in the online survey. As well as four group discussions we also had one to one conversations with women at two sessions and further ‘insight’ discussions with three other women.

We focused our conversations on three following key questions from the online survey (as well as listening to their experiences).

- Would you like the plan to be a paper booklet or something electronic (eg an app for a phone or tablet)?
- Would some ideas of things (choices) to think about - when you make the plan - be helpful?
- What would you like to see on the list? What things (choices) are important to you?

A summary of where we went, who we spoke to and what we heard is in Appendix 4.

Summary of findings

The main findings from the survey and discussions are summarised below.

Experiences of making choices

The majority of people who answered the survey said they had made choices about their care and the birth of their baby.

Other findings were:

- the most common way for people's choices to be recorded was in maternity notes
- about two thirds of those who responded said the choices had been supported 'Very well' or 'Well' by the midwives and doctors
- about 13% said their choices were 'Hardly at all' or 'Not at all' supported
- those identifying as 'White British' felt their choices were better supported compared with those people in all the other ethnicity groups
- the 26-35 group felt better supported than other age groups for the "Very Well", "Well" or "Quite Well" responses
- the most common reason given for not making choices was "I wasn't given a chance to make choices".

Birth plan

Overall about a third of people who responded said they had found a birth plan helpful. About the same proportion said that they didn't have a birth plan. Nearly a quarter (23%) said their birth plan wasn't helpful.

The results also suggested that there were differences in how well plans were supported and used depending on the birth location.

What should the personalised care plan include?

Presentation of choices

The majority of people wanted ideas for the sort of things to consider for all three sections suggested in Better Births.

The top preference for seeing these ideas was "during one to one discussions with my midwife". A "short list of topics" and "detailed checklist" were next and were ranked very closely.

When we asked for other ideas for how the results could be presented the most common suggestion was some form of visual presentation.

The second most common theme was ideas for ways women could be supported to complete their plan. Suggestions focused on exploring what to include in their plan with peer groups or professionals.

There were a range of ideas for what the plan could include. A summary of these drawn from the responses to a number of questions is given below.

Section 1 - What is important to you

From what we heard the plan should include:

- the full range of birth options. This should include information and discussions about:

- alternative choices for a 'plan B' and thinking about what might happen if things don't go according to 'plan A'
 - birth choices (eg pain relief options, the birth / labour)
 - what to expect, care and choices immediately after birth.
- a section about how the woman is feeling, her fears/worries and information about past experiences (so they don't have to be repeated)
 - the cultural customs and religious rituals that a woman wants to observe
 - how women would like to be communicated with
 - partner involvement / other support
 - information about a woman's rights or about the need to acknowledge them.

Section 2 -Your health needs

The majority of people would prefer professionals to fill in the test results with a small proportion wanting to do it only themselves.

We also saw a few suggestions for topics that this section of the plan could cover. These included:

- space for appointments and scans
- information about Group B strep and how to get screening
- a record of disability needs.

Section 3 - What sort of care and support you want while you're pregnant, during the birth of your baby and for the first six weeks after your baby is born

The main themes identified were:

- post-natal care or support. This included where to get support as well as information about care for both the woman and the baby
- breastfeeding information and support. Others mentioned feeding advice more generally
- mental health support.

What should the personalised care plan look like?

The survey identified a range of issues to consider when the new personalised care plan is being developed. These are set out below.

Format

The results give a clear steer on the plan's format.

- People wanted the choice of both a paper and an electronic format.
- A high proportion wanted a paper-based plan of some kind. There was little support for an electronic only option.
- Most people wanted to keep a paper version themselves.

Electronic plan preferences

- There was a mix of views about how people would like to fill in and view an electronic version. Once the results overall were analysed the support for an app is not as strong as it first appears.

- The majority wanted to be able to print off a copy. Some noted that a paper copy was important for those without electronic access or if the electronic one couldn't be accessed.
- Our discussions also highlighted the need to make sure plans are fully accessible.

Access to plan

The findings showed that:

- most of those who wanted both a paper and electronic record said that they wanted to know who had looked at their plan. This was supported by views expressed during our discussions
- a similarly high proportion wanted to be able to give other people access to the plan (regardless of the preferred format)
- a lower proportion wanted to be able to give someone else permission to make notes in their plan. About a third did not want to be able to give someone else this permission
- people in the BAME ethnicity group were less likely to want others to make notes in their plan, suggesting there is some sensitivity about this issue in minority groups
- most were happy for their midwife, doctor or other medical professional to make notes in the plan.

These results supported by comments and discussions suggest that it is important to ensure that a woman's choice about who can access the plan is recorded and respected.

Other feedback

We received a huge response to the two questions (12 and 32) that asked:

- Is there something else the NHS could have done to improve care and support before, during and after the birth?
- Is there was anything else that was important to you about your care and choices?

The main body of the report summarises the top themes identified for each question with some example quotes.

All the individual responses have been sent to the relevant Trust and local Healthwatch so that the feedback can be used to improve the service in that area.

Recommendations

We recommend that:

- the BOB LMS use the results of this survey to inform the format and content of the personalised care plan for women in the STP area and the way in which personalised care planning is supported.
- the new plan is piloted with a representative group of women across the area. Their feedback can then be used to inform the final version.
- each local maternity service/Hospital Trust reviews the detailed feedback given as part of the survey so that it can be used to improve the service. This information will be provided to each service as well as the relevant local Healthwatch.

Acknowledgements

Healthwatch Bucks, Healthwatch Oxfordshire, Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham Borough would like to thank everyone involved for their help with this survey. This includes:

- Maternity Voices Partnerships in Buckinghamshire, Oxfordshire and Berkshire West
- Thames Valley Strategic Clinical Network and Senate, NHS England
- Buckinghamshire Healthcare NHS Trust
- Royal Berkshire NHS Trust
- Oxford University Hospital Trust
- All the Children's Centre teams, midwives and health visitors across the region who welcomed us into their sessions.

We are also grateful to all those who completed the survey and who talked to us at various sessions.

Disclaimer

Please note this report summaries the responses and views we received. It does not necessarily reflect the experiences of all service users.

Appendix 1 - Methodology information

Demographics

Throughout this analysis we will refer to people that didn't identify as "White British" as coming from a Black, Asian or Minority Ethnic (BAME) group. Please note that this will mean that some groups that identify as 'White' will still be considered BAME (for example, White - Polish/Romanian).

Number of responses

The number of responses to each question varied. Some people chose not to answer every question. Others did not complete the survey.

Percentage results were calculated from the total number of people who answered each question.

Analysis of comments

Many of the questions included 'Other' answers with the option of providing additional information. We also invited further feedback on what the NHS could have done to improve or what was important to people (for example Questions 12, 32 and 33).

We received many hundreds of responses to these questions. To summarise the feedback, we identified the key features of each response and grouped them by theme. We normally use this technique to categorise the feedback we collect from the public as part of our regular Local Healthwatch duties. It is a subjective process. The summaries should be regarded therefore as an indication how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme.

Also, people may have made the similar comment in response to different questions. So the numbers for each theme reported under each question should not be added together.

For the comments offered under questions 12 and 32, we applied the categories used across the Healthwatch network supplemented with some maternity-specific topics.

Statistical analysis

The findings from this survey are based on a **sample** of those who have used maternity services. This means all findings are subject to sampling tolerances.

To get an overall idea of where variations between groups may occur in the results we used pivot tables and charts. For example, we looked to see if there were different responses by demographic group. Where we suspected there may be a statistically significant difference, we applied a chi-squared test based on the following assumptions:

- each observation is independent of all the others (i.e. one observation per subject)
- all expected counts should be 10 or greater.

We tested at the 90%, 95% and 99% confidence levels. Only those at the 95% or above level have been reported as significant. This means the difference is likely to be real rather than be due to chance. Where no real difference is indicated there may still be a variation in the responses being compared but the difference is more likely to be due to chance.

Appendix 2 - Who we heard from

For equality purposes we recorded information about the people who responded to our survey. We have summarised the details of those who talked to us in the focus groups or during one to one insight discussions separately in Appendix 4.

Gender/Location	Buckinghamshire	Oxfordshire	Berkshire West	TOTAL
Female	323	685	388	1396
Male		2	1	3
Prefer to self-describe		1		1
TOTAL	323	688	389	1400

Age				
Under 18			1	1
18-25	17	51	31	99
26-35	198	458	258	914
36-45	106	178	99	383
46-55	2	1		3
TOTAL	323	688	389	1400

Ethnicity				
Any other Asian background	3	3	1	7
Any other Mixed/Multiple ethnic background	2	4	1	7
Any other White background	15	46	32	93
Asian/Asian British - Bangladeshi		1		1
Asian/Asian British - Chinese		4	1	5
Asian/Asian British - Pakistani	6	1	4	11
Asian/Asian British Indian	5	6	7	18
Black/Black British /African	2	2	1	5
Black/Black British/Caribbean	4	2	2	8

Other ethnic group. Please tell us	1	1		2
White - English/Welsh/Scottish/ Northern Irish/British	273	598	317	1188
White - Irish	3	5	7	15
White - Polish/Romanian	3	7	10	20
White and Asian	1	4	1	6
White and Black African	1		1	2
White and Black Caribbean	3	2	3	8
Would prefer not to say	1	2	1	4
TOTAL	323	688	389	1400

District council				
Aylesbury Vale	125			125
Cherwell		138		138
Chiltern	49			49
City of Oxfordshire		89		89
Reading			149	149
South Bucks	52			52
South Oxfordshire		180		180
Vale of White Horse		143		143
West Berkshire			140	140
West Oxfordshire		138		138
Wokingham			100	100
Wycombe	97			97
TOTAL	323	688	389	1400

Where did you have your baby (or where are you planning to give birth)?				
(temporary) Horton Midwifery-led Unit		4		4
At home	11	22	25	58
Aylesbury Birth Centre - Stoke Mandeville Hospital	49	3		52

Aylesbury labour ward - Stoke Mandeville Hospital	166	6		172
Basingstoke and North Hampshire Hospital		1	16	17
Cotswold Birth Centre		14		14
Frimley Park Hospital			4	4
Horton General Hospital Obstetrics Unit		22		22
Milton Keynes Hospital	1		1	2
Other (please tell us where)	14	11	17	42
Oxford Spires Midwifery-led Unit	3	82		85
Royal Berkshire Hospital	3	8	311	322
The John Radcliffe Hospital	24	480	8	512
Wallingford Maternity and Birthing Centre	1	30		31
Wantage Maternity Unit		4		4
Wexham Park Hospital	36		6	42
Would prefer not to say		1	1	2
Wycombe Birth Centre	15			15
TOTAL	323	688	389	1400

Table 9 - Who we heard from

Appendix 3 - Additional results and analysis

Question 1 - Have you been pregnant or had a baby between January 2015 and now?

We had 1637 responses from people who said they had been pregnant or had a baby between January 2015 and December 2018.

We also had 27 responses from people who did not fall into this category. Five commented on their experience. These are summarised below.

- Three reported good experiences - two had their baby at Stoke Mandeville.
- One wanted a full maternity unit at Wycombe.
- One wanted to make sure people's responses were anonymised.

Experience of making choices

Question 8 - If you made choices how were they recorded?

If you made choices how were they recorded?	'Yes' response to Question 7	Percentage %
Maternity notes / booking notes	500	46.4
My birth plan	177	16.4
Both	378	35.1
Not applicable	22	2.0
TOTAL	1077	100

Table 10 - If you made choices how were they recorded? For 'yes' response to Question 7

If you made choices how were they recorded?	'No' response to Question 7	Percentage %	'Not sure' response to Question 7	Percentage %
Maternity notes / booking notes	25	21.6	6	26.1
My birth plan	11	9.5	4	17.4
Both	5	4.3	3	13.0
Not applicable	75	64.7	10	43.5
TOTAL	116	100	23	100

Table 11 - If you made choices how were they recorded? For 'no' response to Question 7

The survey asked where people had recorded their choices. We separated out the results into two groups based on their answer to Question 7. For those who answered 'Yes' to Question 7 (Table 10) 82% said their choices were recorded in maternity notes and about half said they were recorded in a birth plan.

We observed some inconsistent responses to Question 8. There were a small number who answered 'No' or 'Not sure' to Question 7 who indicated in response to this Question 8 that they

HAD made choices. These results are in Table 11. A small percentage of people (about 4% 54/1216) said they hadn't made choices in Question 7 then indicated that they had recorded choices in either their maternity notes or birth plan (or both). It could be that as people progressed through the survey, they realised 'choices' meant the things that they had recorded (or not) in their birth plan and/or maternity notes.

Question 9 - If you made choices how well were they supported by the midwives and doctors?

Analysis by ethnicity

We performed a chi-squared tests to see if there was a difference in responses based on ethnicity grouping.

Observed Frequencies			
	Ethnicities		
Supported	BAME	White British	Total
Very Well/Well	97	664	761
Quite Well/Hardly/Not	73	351	424
Total	170	1015	1185

Expected Frequencies			
	Ethnicities		
Supported	BAME	White British	Total
Very Well/Well	109.1730	651.8270	761
Quite Well/Hardly/Not	60.8270	363.1730	424
Total	170	1015	1185

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1

Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Squared Test Statistic	4.4288	4.4288	4.4288
p-Value	0.0353	0.0353	0.0353
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 12 - Chi-squared test results - responses by ethnicity group

A higher number of people from the 'BAME' ethnicity groups reported that their choices were supported "Quite well", "Hardly" or "Not at all" than expected. And a lower than expected number described their choices as "Very well" or "Well" supported.

Analysis by age

We performed a chi-squared test to see if there was a difference in responses based on age grouping.

Null Hypothesis			
There is no difference in how well choices were support by midwives between 18-25 age group and the other age groups			
Observed Frequencies			
	Age Group		
Choices Supported	18-25	Others	Total
Very Well/Well	55	706	761
Quite Well/Hardly/Not	29	395	424
Total	84	1101	1185

Table 13 - Chi-squared test results - responses by 18-25 group vs others for all responses

The comparison in Table 13 is a compromise. Ideally, we would compare the response of “Hardly at all” “Not at all”, with the other three options. However, this would have created a group with only 9 responses on one side for the 18-25 group. This comparison did not show any statistical difference at all.

Null Hypothesis				
There is no difference in how well choices were support by midwives between 18-25 age group and the other age groups				
Observed Frequencies				
	Choices supported			
Age Group	Very Well	Well	Quite Well	Total
18-25	26	29	20	75
Other	431	275	253	959
Total	457	304	273	1034

Table 14 - Chi-squared test results - responses by 18-25 group vs others for ‘Well’ responses

In Table 14 we looked at the “Very well”, “Well” and “Quite well” responses for the 18-25 group versus others. Again, we didn’t find any significant difference.

Null Hypothesis				
There is no difference in how well choices were supported by midwives between 26-35 age group and the other age groups				
Observed Frequencies				
	Choices supported			
Age Group	Very Well	Well	Quite Well	Total
26-35	320	192	166	678
Other	137	112	107	356
Total	457	304	273	1034

Expected Frequencies				
	Choices supported			
Group	Very Well	Well	Quite Well	Total
26-35	299.6576	199.3346	179.0077	678
Other	157.3424	104.6654	93.9923	356
Total	457	304	273	1034

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	7.5402	7.5402	7.5402
p-Value	0.0230	0.0230	0.0230
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 15 - Chi-squared test results - responses by 26-35 group vs others for 'Well' responses

Table 15 shows the calculations for the result shown in Figure 5 in the main report.

Null Hypothesis			
There is no difference in how well choices were supported by midwives between 26-35 age group and the other age groups			
Observed Frequencies			
	Age Group		
Choices Supported	26-35	Others	Total
Very Well/Well	512	266	778
Quite Well/Hardly/Not	249	158	407
Total	761	424	1185

Table 16 - Chi-squared test results - responses by 26-35 group vs others for all responses

Having found a difference when looking at the 'Well' responses, we then looked at all responses comparing 26-35 and other age groups (Table 16). We did not find any difference.

Question 10 - If you had a birth plan, did you find it helpful?

Use of birth plans

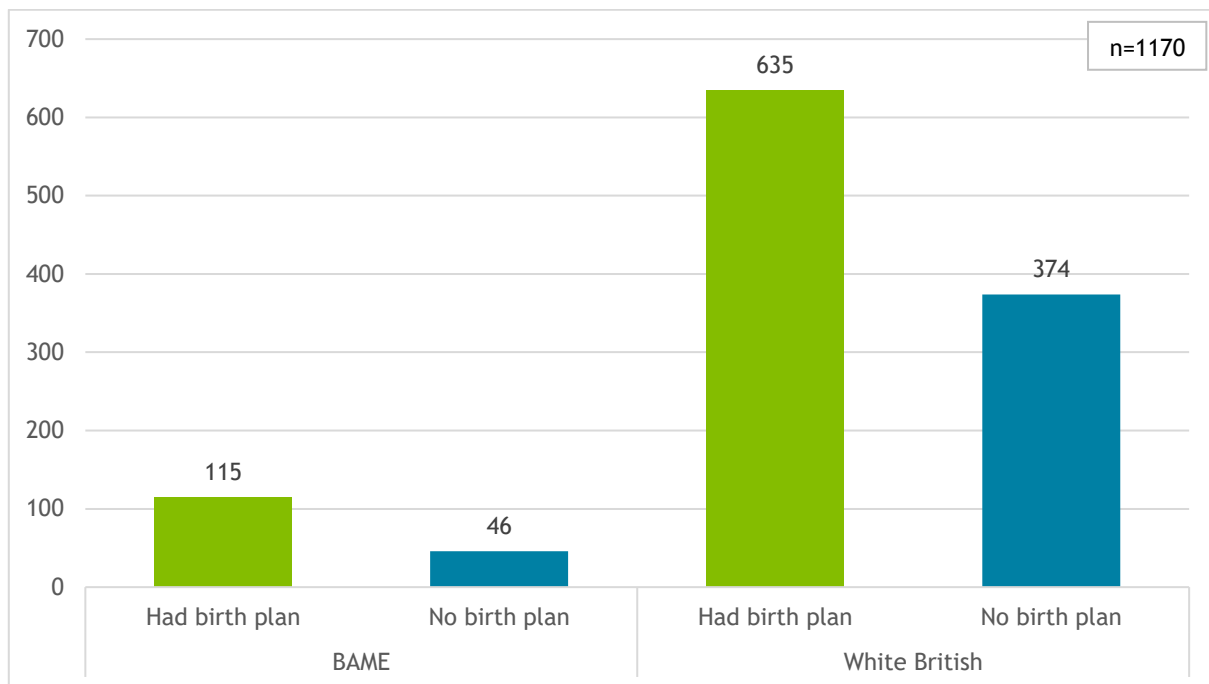


Figure 30 - Did you have a birth plan - by ethnicity

In Figure 30 we compare the White British group with the other ethnicity groups. Table 17 below shows the results of the chi-squared test. This shows a significant difference.

Null Hypothesis			
There is no difference in whether there was a birth plan or not by ethnicity			
Observed Frequencies			
	Have a birth plan?		
Ethnicity	Yes	No	Total
BAME	115	46	161
White British	635	374	1009
Total	750	420	1170

Expected Frequencies			
	Have a birth plan?		
Ethnicity	Yes	No	Total
BAME	103.2051	57.7949	161
White British	646.7949	362.2051	1009
Total	750	420	1170

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Squared Test Statistic	4.3543	4.3543	4.3543
p-Value	0.0369	0.0369	0.0369
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 17 - Chi-squared test results - Did you have birth plan? By ethnicity

Figure 7 above shows appears to show a variation in whether or not there was a birth plan, based on birth location. We checked this with a chi-squared test and found very strong evidence of difference. The results are shown in Table 18 below.

Null Hypothesis				
There is no difference in whether there was a birth plan or not by birth location				
Observed Frequencies				
	Location			
Had birth plan	Bucks	Oxon	Berks West	Total
Yes	153	450	191	794
No	104	178	100	382
Total	257	628	291	1176

Expected Frequencies				
	Location			
Had birth plan	Bucks	Oxon	Berks West	Total
Yes	173.5187	424.0068	196.4745	794
No	83.4813	203.9932	94.5255	382
Total	257	628	291	1176

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	12.8448	12.8448	12.8448
p-Value	0.0016	0.0016	0.0016
	Significant difference at 99% level	Significant difference at 95% level	Significant difference at 90% level

Table 18 - Chi-squared test results - Did you have birth plan? By birth location

Helpfulness of Birth plans

We suspected some variation in whether people found their birth plan helpful based on the ethnicity group. We tested this but found no evidence.

Null Hypothesis			
There is no difference in whether the birth plan was helpful between White British and BAME ethnicities			
Observed Frequencies			
	Birth Plan Helpful		
Ethnicity	Yes	No	Total
BAME	66	49	115
White British	386	249	635
Total	452	298	750

Table 19 - Chi-squared test results - Was the birth plan helpful? By ethnicity

Looking at Figure 9, we again saw a variation in response based on birth location. We tested this and found strong evidence of a difference, as shown in Table 20 below.

Null Hypothesis				
There is no difference in whether the birth plan was helpful between different birth locations				
Observed Frequencies				
	Location			
Helpful birth plan	Bucks	Oxon	Berks West	Total
Yes	64	241	98	403
No	69	143	67	279
Total	133	384	165	682

Expected Frequencies				
	Location			
Helpful birth plan	Bucks	Oxon	Berks West	Total
Yes	78.5909	226.9091	97.5000	403
No	54.4091	157.0909	67.5000	279
Total	133	384	165	682

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	8.7670	8.7670	8.7670
p-Value	0.0125	0.0125	0.0125
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 20 - Chi-squared test results - Was the birth plan helpful? By location

Question 11 - If you didn't make any choices, please tell us why

If you didn't make choices, please tell us why	'Yes' response to Question 7	'No' response to Question 7	'Not sure' response to Question 7
I didn't know I could make choices	9	15	3
I didn't have enough information to make informed choices	14	18	4
I wasn't given a chance to make choices	33	63	4
I was recommended not to make a birth plan	28	7	2
I didn't want to make any choices	30	6	1
Not applicable	2	1	
TOTAL	116	110	14

Table 21 - If you didn't make any choices, please tell us why - by response to Question 7

Table 21 gives the responses according to how someone answered Question 7 (“Did you make choices about your care and the birth of your baby?”).

Whether someone said they had or hadn't made choices in Question 7 the most common answer was still “I wasn't given a chance to make choices”.

There are some differences after that although the numbers are low. For those who said ‘Yes’ to Question 7 the most popular options were then “I didn't want to make any choices” followed by “I was recommended not to make a birth plan”. Whereas those who said ‘no’ to Question 7 the most popular options were then “I didn't have enough information to make informed choices” and “I didn't know I could make choices.”

The number who answered this question (330 people) was greater than the 179 who said ‘No’ or ‘Not sure’ when they were asked if they had made choices in Question 7. Some possible reasons for this are explained under Question 7 above.

Analysis by ethnicity

As discussed above, Figure 10 show suggests a variation in response based on ethnicity group for two responses:

- "I didn't have enough information to make informed choices"
- "I wasn't given a chance to make choices"

We checked these with a chi-squared tests. In the first case, we did find a significant difference but only at the 90% level.


Null Hypothesis			
There is no difference in "I didn't have enough information to make informed choices" by ethnicity group			
Observed Frequencies			
	Ethnicities		
Response	BAME	White British	Total
Yes	9	27	36
Blank	203	1161	1364
Total	212	1188	1400
Expected Frequencies			
	Ethnicities		
Response	BAME	White British	Total
Yes	5.4514	30.5486	36
Blank	206.5486	1157.4514	1364
Total	212	1188	1400
Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1
			
Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Squared Test Statistic	2.7940	2.7940	2.7940
p-Value	0.0946	0.0946	0.0946
	No significant difference	No significant difference	Significant difference at 90% level

Table 22 - Chi-squared test results - responses to "I didn't have enough information to make informed choices" by ethnicity group

In the second case, we found no significant difference.

Null Hypothesis			
There is no difference in "I wasn't given a chance to make choices" by ethnicity group			
Observed Frequencies			
	Ethnicities		
Response	BAME	White British	Total
Yes	17	83	100
Blank	195	1105	1300
Total	212	1188	1400

Table 23- Chi-squared test results - responses to "I wasn't given a chance to make choices" by ethnicity group

Table 24 (below) shows the full results for this question by ethnicity group.

Response	Asian	Black	Mixed/Multiple ethnic background	Other	White	White Other	Would prefer not to say
I wasn't given a chance to make choices	6		2		83	8	1
I didn't know I could make choices		1			23	3	
I didn't have enough information to make informed choices	4	2			27	3	
I was recommended not to make a birth plan					32	5	
I didn't want to make any choices	2		1		34		
Other	7	4	1	1	146	16	1
Not applicable	11	5	9		498	55	1

Table 24 - If you didn't make any choices, please tell us why. By ethnicity

Question 12 - Is there something else the NHS could have done to improve your care and support before, during and after the birth?

Theme	Number
Communication between staff and patients	170
Quality of care/treatment	148
Choices	107
Breastfeeding support	91
Continuity of care	83
Post-natal support	81
Staff attitudes	81
Information providing	76
Support	53
Staff levels	51
Access to services	47
Staff training	42
Birth plans	39
Appointments	32
Medication	21
Patient records	20
Mental health support	19
Building/Facilities	17
Discharge	16
Diagnosis	15
Food/nutrition	12
Service delivery, organisation and staffing	6
Cleanliness, Hygiene & Infection Control	5
Quality of appointment	5
Other themes mentioned fewer than five times	14
Grand Total	1251

Table 25 - Themes arising from comments regarding improving the service

Theme	Number of comments
Quality of care/treatment	77
Service delivery, organisation and staffing	51
Choices	19
Support	10
Birth plans	8
Breastfeeding support	4
Communication between staff and patients	4
Information providing	4
Continuity of care	2
Diagnosis	1
Mental health support	1
Access to services	1
Grand Total	182

Table 26 - Themes arising from positive feedback about patient experience

What should the personalised care plan include?

Section 1 - What is important to you

Question 14 - Please rank the following suggestions from 1 to 4 (where 1 is the best).

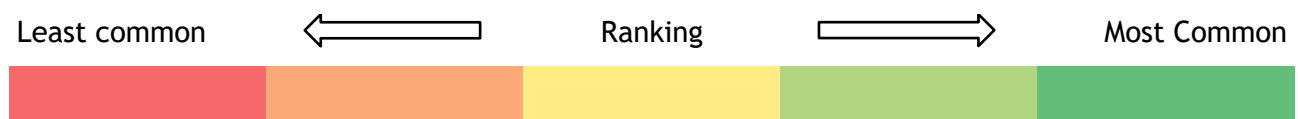
Ranking (Lower is greatest priority)	Short list of topics as prompts	Detailed checklist to work through	During one to one discussions with my midwife	Examples from other women's plans of what could be included
Total score	2.36	2.45	2.01	3.18
1	312	261	438	63
2	273	309	291	201
3	283	265	240	286
4	206	239	105	524

Table 27 - Results of ranking of the following suggestions from 1 to 4 (where 1 is the best)

The full results for this question are given in Table 27. In the “Total score” row, the lower the score the higher the rank. “During one to one discussions with my midwife” was the highest ranked with a score of 2.01.

The results below the “Total score” row show how many times each question was ranked 1 through 4 e.g. “During one to one discussions with my midwife” was ranked 1 438 times.

To ease comparison, these results are coloured according to popularity. The least commonly select rank for each question is shown in red. The most commonly selected in green.



Question 22 - What format would you like the personalised care plan to be in?

Analysis by age

When we looked at these results as percentages, there appeared to be a difference in responses based on age group. First, we compared responses across all age groups (we excluded “I don’t want a personalised care plan” and “Other”).

Null Hypothesis				
There is no difference in the preferred plan format between people in different age groups				
Observed Frequencies				
	Plan Format			
Age group	Both	Paper	Electronic	Total
18-25	49	15	2	66
26-35	491	122	77	690
36-45	217	48	39	304
Total	757	185	118	1060

Table 28 - Chi-squared test results - by age group

We didn’t find any significant difference in responses. Next, we looked more closely at the 18-25 group compared to the other age group. Figure 31 below shows there may be some difference.

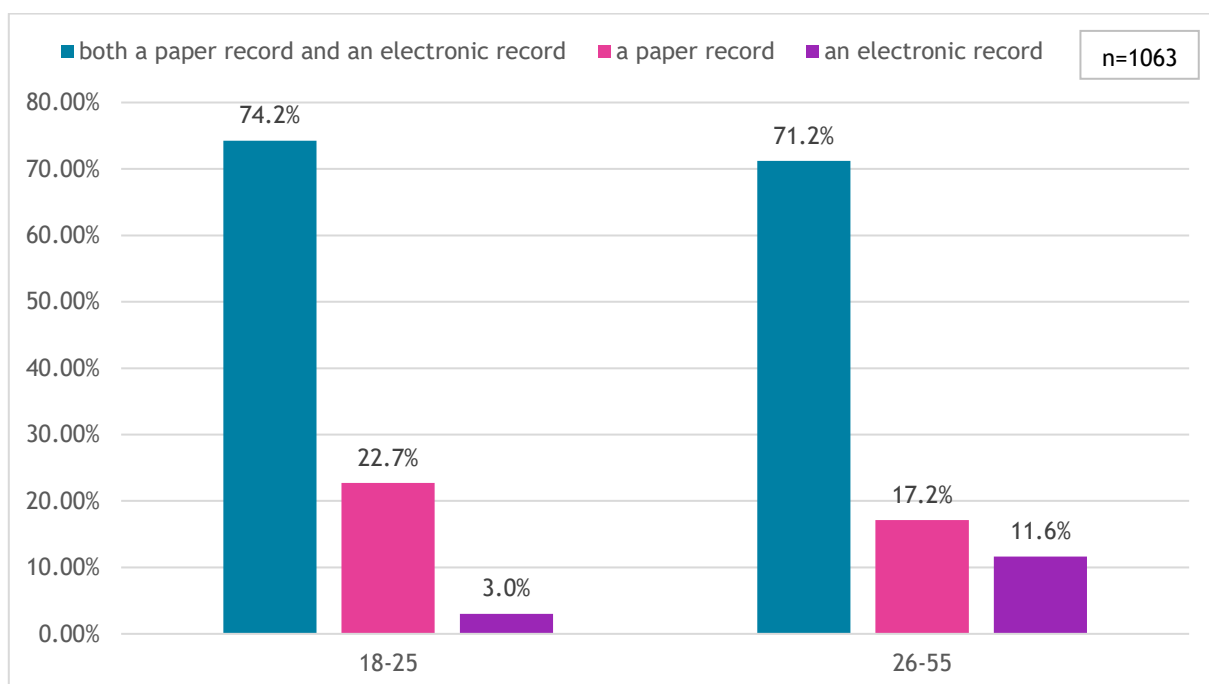


Figure 31 - What format would you like the personalised care plan to be in? By age

Table 29 below shows that we did find some difference but only at the 90% level. Also, the small expected frequencies violate the assumptions of the test. A large sample size might provide stronger evidence of this difference.

Null Hypothesis				
There is no difference in the preferred plan format between 18-25 age group and the other age groups				
Observed Frequencies				
	Plan Format			
Age group	Both	Paper	Electronic	Total
18-25	49	15	2	66
26-55	710	171	116	997
Total	759	186	118	1063

Expected Frequencies				
	Plan Format			
Age group	Both	Paper	Electronic	Total
18-25	47.1251	11.5484	7.3264	66
26-55	711.8749	174.4516	110.6736	997
Total	759	186	118	1063

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	5.3082	5.3082	5.3082
p-Value	0.0704	0.0704	0.0704
	No significant difference	No significant difference	Significant difference at 90% level

Table 29 - Chi-squared test results - comparing 18-25 and other age group

Question 23 and Question 24 - Where should the paper record be kept?

Figure 32 below combines Figure 14 and Figure 15 and shows the results as percentages.

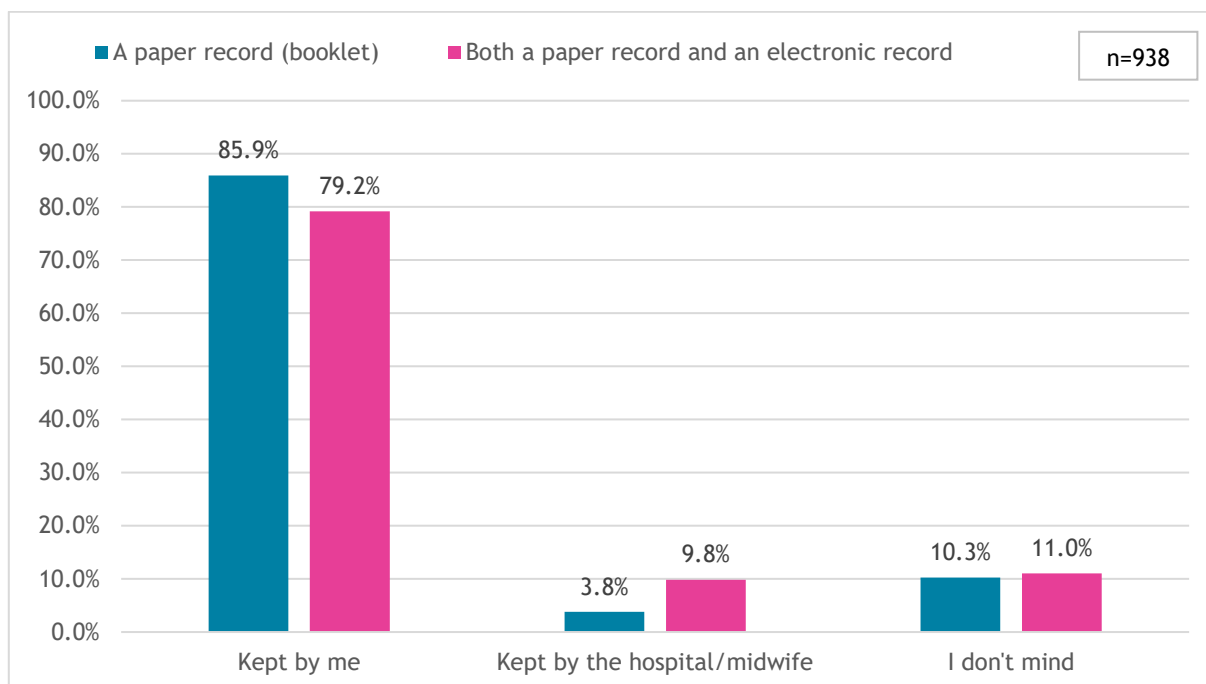


Figure 32 - Where should the paper record be kept? By paper or both

We can see that there does appear to be a difference in responses based on whether people wanted only a paper plan or both. We used a chi-squared test to check this and found strong evidence of a difference. People could not answer both questions so we know the results are independent of each other.

Null Hypothesis				
There is no difference in where people preferred the paper record be kept between people who wanted only a paper record or both (paper and electronic)				
Observed Frequencies				
	Where paper copy kept			
Format	Kept by me	Kept by the hospital/midwife	I don't mind	Total
Paper Only (Q23 responses)	159	7	19	185
Both (Q24 Responses)	596	74	83	753
Total	755	81	102	938

Expected Frequencies				
	Where paper copy kept			
Format	Kept by me	Kept by the hospital/midwife	I don't mind	Total
Paper Only (Q23 Responses)	148.9072	15.9755	20.1173	185
Both (Q24 Responses)	606.0928	65.0245	81.8827	753
Total	755	81	102	938

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	7.2110	7.2110	7.2110
p-Value	0.0272	0.0272	0.0272
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 30 - Chi-squared test results - comparison of responses to Question 22 and Question 23

Question 27 - Would you like to be able to print off a copy?

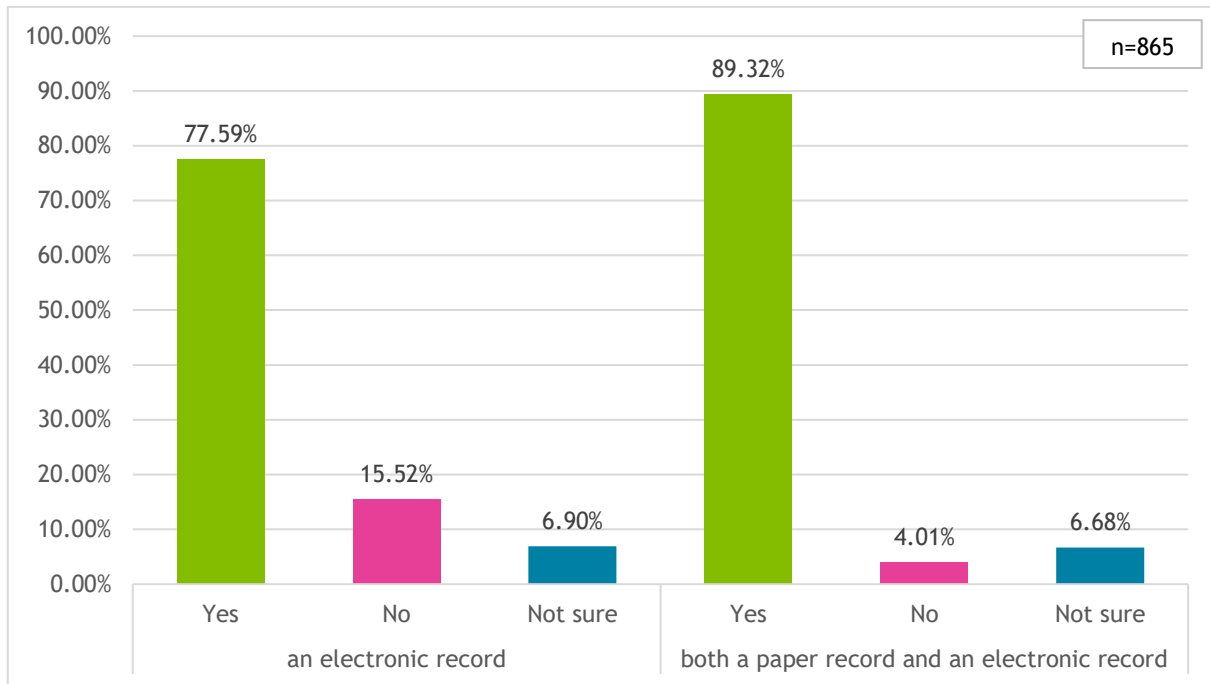


Figure 33 - Would you like to be able to print off a copy? Electronic only vs both

Question 29 - Would you like to be able to give other people access to your personalised care plan (e.g. a partner)?

Analysis by ethnicity

Having looked at the results in Figure 24 we performed a chi-squared test on the data. The results are shown in Table 31.


Null Hypothesis			
There is no difference in whether other people should be able to view the plan between White British and BAME ethnicities			
Observed Frequencies			
	Others view plan?		
Ethnicities	Yes	No	Total
BAME	123	20	143
White British	758	72	830
Total	881	92	973
Expected Frequencies			
	Others view plan?		
Ethnicities	Yes	No	Total
BAME	129.4789	13.5211	143
White British	751.5211	78.4789	830
Total	881	92	973
Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1
			
Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Squared Test Statistic	4.0195	4.0195	4.0195
p-Value	0.0450	0.0450	0.0450
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 31 - Chi-squared test results -by ethnicity group

Question 30 - Would you want to be able to give someone else (e.g. a partner) permission to make notes in your personalised care plan?

Analysis by ethnicity

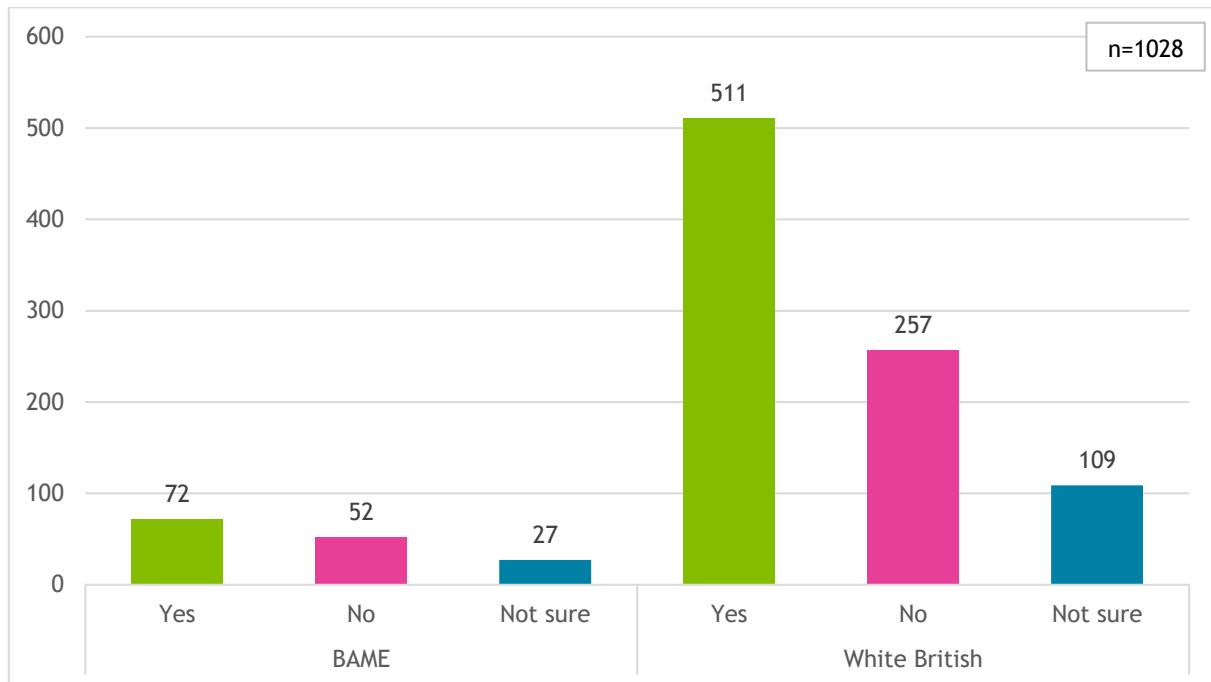


Figure 34 - Would you like to be able to give someone else (e.g. a partner) permission to make notes in your personalised care plan? By ethnicity

There appears to be a difference in responses by ethnicity group. We used a chi-squared test to confirm this. We found strong evidence of a difference as shown below in Table 32. Compared to Question 29, we see a higher number of “Not sure” responses across both groups.

Null Hypothesis				
There is no difference in whether other people should be able to add notes to the plan between White British and BAME ethnicities				
Observed Frequencies				
	Others add notes?			
Ethnicities	Yes	No	Not sure	Total
BAME	72	52	27	151
White British	511	257	109	877
Total	583	309	136	1028

Expected Frequencies				
	Others add notes?			
Ethnicities	Yes	No	Not sure	Total
BAME	85.6352	45.3881	19.9767	151
White British	497.3648	263.6119	116.0233	877
Total	583	309	136	1028

Parameters				
Level of Significance	0.01	0.05	0.1	
Number of Rows	2	2	2	
Number of Columns	3	3	3	

Degrees of Freedom	2	2	2
--------------------	---	---	---

Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Squared Test Statistic	6.5683	6.5683	6.5683
p-Value	0.0375	0.0375	0.0375
	No significant difference	Significant difference at 95% level	Significant difference at 90% level

Table 32 - Chi-squared test results -by ethnicity group

Question 31 - Would you be happy for your midwife, doctor or other medical professional to make notes in your personalised care plan?

Analysis by age

Looking at the results we suspected a difference in response between the 18-25 age group and other groups.

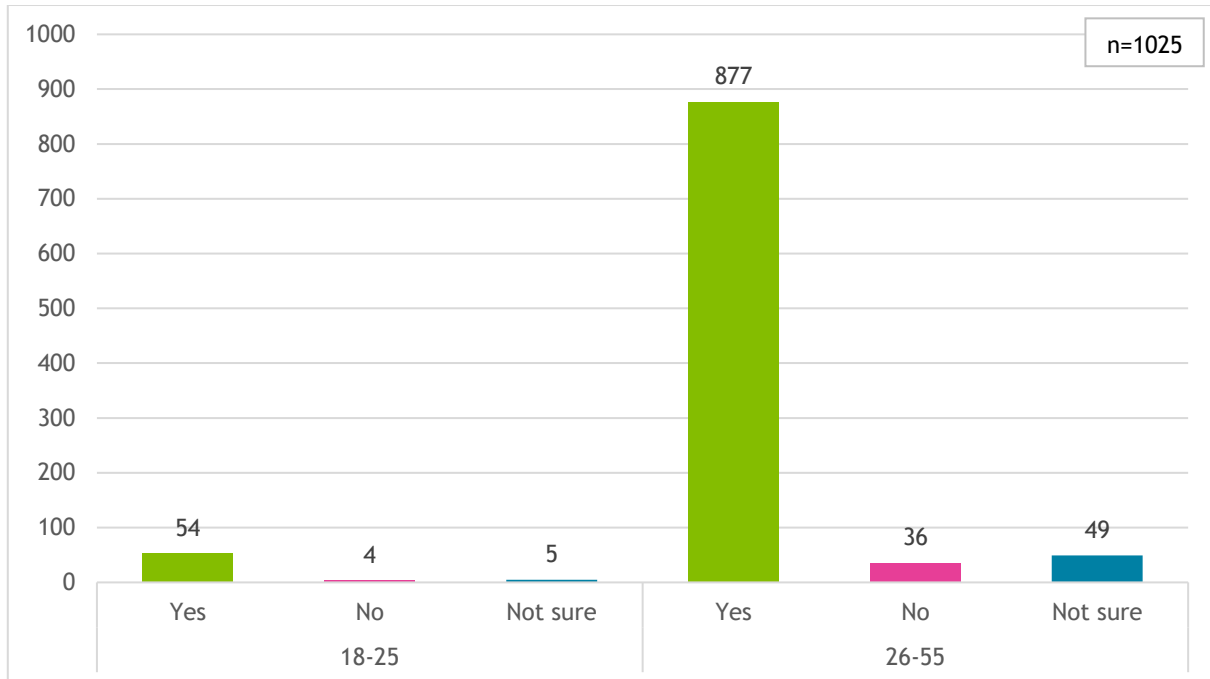


Figure 35 - Would you be happy for your midwife, doctor or other medical professional to make notes in your personalised care plan? By age

Our test showed that there was no significant difference.

Null Hypothesis			
There is no difference in whether med pros should be able to add notes to the plan between 18-25 and other age groups			
Observed Frequencies			
	Professionals add notes?		
Age group	Yes	No/Not sure	Total
18-25	54	9	63
Other	877	85	962
Total	931	94	1025

Table 33 - Chi-squared test results - by age group

Question 32 - Is there anything else that was important to you about your care and choices?

Theme	Number
Birth plan	60
Communication between staff and patients	51
Quality of care/treatment	35
Choices	31
Access to services	27
Continuity of care	27
Information providing	25
Post-natal support	21
Staff attitudes	19
Support	18
Patient records	18
Staff levels	17
Breastfeeding support	15
Mental health support	8
Service delivery, organisation and staffing	7
Staff training	5
Medication	4
Building/Facilities	3
Themes with fewer than three comments	7
Grand Total	398

Table 34 - Themes arising from responses to Question 32

Appendix 4 - Summary of focus groups and discussions

Table 35 summarises the demographics of the people we spoke to. Table 36 lists the groups we visited and the insight discussions we had. We had information about 33 people (though we spoke to 34). We have summarised what we heard under three main headings and a feedback section.

Ethnicity	Number
White - English/Welsh/Scottish/Northern Irish/British	13
White - Polish/Romanian	2
Any other White background	2
White and Black Caribbean	1
White and Asian	1
Asian/Asian British - Pakistani	8
Asian/Asian British - Indian	2
Black/Black British/African	3
Other - Turkish	1
TOTAL	33

Gender	Number
Female	32
Male	
Would prefer not to say	1
TOTAL	33

Age	Number
Under 18	5
18-25	9
26-35	13
36-45	5
Would prefer not to say	1
TOTAL	33

Table 35 - Who we talked to

Groups we visited	Area
Group for vulnerable women	Oxfordshire
Ante-natal session for young first-time mothers	Berkshire West
Health Visitor drop-in session - one to one discussions	Oxfordshire
Messy play drop-in session - one to one discussions	Buckinghamshire
Mosque stay and play session	Buckinghamshire
Ante-natal class for non-English speaking women (plus initial visit)	Berkshire West
3 one-to-one insight discussions	Buckinghamshire and Berkshire West

Table 36 - Groups we visited

Would you like the plan to be a paper booklet or something electronic (eg an app for a phone or tablet)?

We heard a mix of views. There was some support for a paper plan. Others favoured an app (or both). Some felt an app would be easier or couldn't be lost. A few thought that a print-out wasn't important because all information is stored on the app but others still wanted a paper record in case there wasn't internet or it was hard to access.

Who can access the plan?

Many said they would be happy for partners, midwives and doctors to see the app. But some had reservations about giving a partner access.

Most of those we asked said they would want to know who had looked at the plan or seen results. One suggestion was that the app should send a notification.

Other points raised were:

- 'out of county' medical professionals would need to be able to access the information
- the app should be synced with the hospital in case it crashed or the phone was out of battery
- the app would need to be updated with any changes.

Would some ideas of things (choices) to think about - when you make the plan - be helpful?

Presentation and accessibility issues

Some groups and individuals told us about the sort of places they would go for information. These included leaflets, books, the Bounty app, TV documentaries, NHS website and NHS 111.

Suggestions for how the plan could be presented are listed below.

- Some preferred to have information in leaflets while others said videos were the best way for them to receive information. One point about having the ideas online was that the information could be accessed at any time and not get lost.
- Having a list of definitions. Suggestions for making the list in the maternity notes more readable included using bullet points or linking to videos to explain.

- An electronic version would be good if it could be translated into different languages. This would help to check medical terms that may be unfamiliar in English.
- A detailed checklist would be difficult for those for whom English isn't a first language.
- Leaflets in one language alone might not work because speaking a language may not necessarily mean someone can read it. Straightforward English with another language underneath might be best. Languages also have different ways of describing symptoms which could mean some missing out on appropriate treatment. For example, we were told that there isn't a good translation in Urdu for post-natal depression.

When should the plan be discussed?

- Some suggested that it would be helpful if women were encouraged to think about their choices earlier in pregnancy. A pre-natal discussion would help to identify those who may have pre-existing conditions (eg Diabetes and Thalassaemia).

What would you like to see on the list? What things (choices) are important to you?

What is important to you

Women suggested the following should be included in the plan:

- Previous birth experiences and relevant information
- What worries women (eg labour and looking after a second baby)
- Information about cultural practices and religious rituals. For example whether a woman would prefer to be treated by women health care professionals
- What support women will have when they come home
- Practical issues such as:
 - what to pack in the bag for the stay in hospital
 - arrangements for other children
 - what happens to partners who have to leave the ward during the night.
- Prompts and texts for appointment reminders
- A box to write key information in so it can be easily seen in an emergency
- Communication. Points made included:
 - communication between professionals was vital
 - it was also important for professionals to listen to women
 - being able to speak to a person at any time with questions
 - the plan should also help women to manage their expectations.

What sort of care and support you want while you're pregnant, during the birth of your baby and for the first six weeks after your baby is born.

A range of topics that should be included were mentioned. These are listed below.

- Information about birth choices. Such as:
 - advantages /disadvantages of different birth methods
 - pain relief and the different types that are available
 - birthing partners - who can be in the room
 - vitamin K injections
 - impartial information about what is available at each Unit to make informed choices.

- More information about ‘plan B’ options if first choices don’t go according to plan.
- More support after birth (for example more health visitor visits). Feeding support after birth was also mentioned. This included help with feeding (advice about choosing between formula and breastfeeding, how to sterilise bottles and when to move onto solid foods etc).
- Information about what to expect after the birth: what happens immediately after birth and more preparation for how difficult for the first 3 months was going to be.
- Post-natal mental health - what support is available.
- Information about where to get support and advice.

Feedback

We heard a range of positive feedback from women who had already had a baby. Some told us things that could have been done better. These are summarised below.

- Both ante-natal groups thought their classes were a good idea. A weekly check-up was felt important for first time mothers as were courses for those whose first language isn’t English.
- Many people were very positive about the care they had received from midwives and health visitors. Some would like the latter’s visits to have gone on for longer. Some women reported good support for their birth choices from consultants and midwives.
- There was also some positive feedback on the breastfeeding councillors in hospital.
- We heard of maternity services that were sensitive to a religious and cultural choices. For example women said they (and their partner) were able to perform the necessary rituals after the birth (the call to prayer in the baby’s ear and something sweet in Islam). Others said they had expressed a preference to be treated by women. We heard a couple of examples where this choice hadn’t gone according to plan. Another suggestion was that more home visits could help those following the custom in some cultures of staying at home for the first 40 days. Women may also find it easier talking to someone from the same ethnicity who understands the cultural sensitivities around post-natal depression.
- A range of other religious and cultural choices were discussed. The key message was that a woman’s choices are personal and professionals shouldn’t assume what any women wants as it may or may not relate be related to her ethnicity.
- One concern expressed was what happens to partners who have to leave a hospital during the night. One example given was that there is no public transport back to Banbury from the John Radcliffe in the early hours. We also heard feedback about feeling isolated being far from home where fewer people can visit.

If you require this report in an alternative format, please contact us.

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