

## Public experience of pregnancy and maternity services

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February 2020



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### **Share your health and care experience**

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friendly waiting health long-term  
improvements good Happy patient

## **Recommendations**

- Review the process for dealing with reduced foetal movements to ensure individuals are listened to and supported
- Work with the Local Authorities to redesign a breastfeeding support service which supports new mothers to breastfeed
- Provide all new mothers and their families with selfcare information and relevant contact details before discharge
- Review the ward processes for care of mothers who have had a c-section to ensure that the right level of support is provided to mother and baby
- Provide gestational diabetes training to all relevant staff
- Complete an immediate and transparent review of staff culture, attitude, dignity and respect shown to all patients and their families/carers
- Review workforce levels and ensure staffing is adequate, has the right skills mix to meet need, meets national guidelines and patient safety and quality of care is not compromised

[We will follow-up action and progress made on our recommendation 6 months following publication of this report.](#)

## **Background**

Stoke-on-Trent has a population of 255,378<sup>1</sup> and Staffordshire has a population of 870,800<sup>2</sup>.

The University Hospital of North Midlands (UHNM) comprises of two hospitals. The Royal Stoke University Hospital (RSUH) and County Hospital based in Stafford.

Home birth as an option is supported by the community midwifery teams from County Hospital or Royal Stoke University Hospital as part of the NHS Mandate. If women wish to choose a home birth the community teams will support this option following individual discussion around the benefits and risks.<sup>4</sup>

## **Royal Stoke University Hospital**

All levels of antenatal care are provided at RSUH, whether you are expecting a straightforward or higher risk birth. The centre has a number of combined clinics for pregnancy and specific medical disorders.

All women are offered a dating scan between 11+2 and 14+1 weeks of pregnancy and a detailed or anomaly scan between 18 and 21 weeks. Scans are done at the

following venues: Bentilee Neighbourhood Centre, Bradwell Hospital, County Hospital and Stoke-on-Trent.

The Delivery Suite provides specialist care for women with more complex labour and delivery needs. All women will be cared for by a midwife. The delivery suite has 14 delivery rooms which include three high dependency rooms for women who require more intensive care and a room for women with disabilities. There is a two bedded designated bereavement suite to support families who experience a loss. All the delivery rooms have en-suite bathrooms with large baths for pain relief.

Wards 205 and 206 are the maternity centre's wards for medium to high risk women who require admission before or after the birth of their babies. There are 28 beds on each ward; 12 en-suite side rooms and four en-suite bays. The consultant obstetricians work on these wards, providing specialist care for women admitted both before and after birth. The wards have disabled access in all areas, including bathrooms<sup>3</sup>.

The Midwife Birth Centre (MBC) is a self-contained unit consisting of 11 delivery and postnatal rooms and one birthing pool room. It is managed by midwives and is a birth choice option for low risk women in their first and subsequent pregnancies<sup>4</sup>.

### **County Hospital**

The Freestanding Midwifery Birth Unit (FMBU) is run by experienced senior midwives with maternity support workers. This midwife-led environment is ideal for women expecting a straightforward birth and who want a less medically focused experience.

The midwives are senior and experienced, however there are no consultant obstetricians, anaesthetists or neonatologists on the County Hospital site. This means that you may have to be transferred to RSUH during or after birth if there are any concerns with you or your baby, or if you decide to have an epidural.

The County Hospital service includes: Antenatal clinics, Routine ultrasound scanning, A maternity assessment unit and Postnatal clinics <sup>4</sup>.

1. [https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKewiQmpm\\_xqvnAhVLe8AKHXWxAtkQFjAAegQIBhAB&url=https%3A%2F%2Fwww.stoke.gov.uk%2Fdownload%2Fdownloads%2Fid%2F1416%2Fjoint\\_strategic\\_needs\\_assessment.pdf&usq=AOvVaw0MNz6oPRVYFe2zc6\\_6d\\_D](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKewiQmpm_xqvnAhVLe8AKHXWxAtkQFjAAegQIBhAB&url=https%3A%2F%2Fwww.stoke.gov.uk%2Fdownload%2Fdownloads%2Fid%2F1416%2Fjoint_strategic_needs_assessment.pdf&usq=AOvVaw0MNz6oPRVYFe2zc6_6d_D)
2. <https://www.staffordshire.gov.uk/Care-for-all-ages/Information-for-providers/Market-Intelligence/Market-position-statement-intelligence/Staffordshire-Evidence-Base-Population-Demographics-and-Adult-Social-Care-Needs.pdf>
3. <https://www.healthwatchstokeontrent.co.uk/enter-and-view-reports/>
4. <http://www.uhnm.nhs.uk/OurServices/Maternity/Pages/Home.aspx>

### What We Did

We identified a gap in pregnancy and maternity feedback from pregnant ladies, mothers, and their family members.

We asked three questions from 24 September 2019 to 9 December 2019. The questions were:

1. What was good about your experience?
2. What could have been better?
3. What could be improved?

These questions were published on our website, Twitter, Facebook and in our newsletter. We also engaged with the following groups:

### Outreach/Engagement

<b>Date</b>	<b>Attended</b>	<b>Number of people engaged</b>
<u>07/10/2019</u>	Treehouse Children's Centre Bentilee	15
10/10/2019	Bouncing Bears group Hanley library	27
15/10/2019	Treehouse Children's centre Bentilee	20
18/10/2019	Singing Bears group Hanley Library	30
28/10/2019	Family fun day Hope Community church Hanley	17
06/12/2019	Alice Charity Big Cup Bradwell	20
<b>Total</b>		<b>129</b>

We contacted all the Children's Centres in Stoke-on-Trent with a request to visit during busy periods. Many responded that we would need to contact either the visiting midwife or visiting health visitor to seek their permission. This proved difficult and due to the barriers to access we were only successful in attending one Children's Centre out of a total of ten.

### Total Responses

We received a total of 127 responses. All responses are anonymous.

## Summary of Findings

Please see Appendix 2 for the detail of all responses received.

### Breastfeeding support



“Excellent support from the breastfeeding support team (of employed professionals)”

“I struggled with breastfeeding and received no help- I was then told off for not bringing in my own milk when on day 3. I tried formula”

“Postnatal issues with breastfeeding were missed. as my baby was gaining weight, I feel that issues with pain during breastfeeding were overlooked. I sought support from helpline numbers and eventually at 8 weeks went to the breastfeeding support group where a tongue tie was identified.”

“There was no breastfeeding support so had no choice but to bottle feed”

“The tongue tie team were excellent. I understand that people will have to wait weeks now once a referral is made. I don't think that I'd have been able to persevere for that length of time. I feel this needs to be considered”.

“Midwives and health visitors should enquire further about issues with breastfeeding and not accept pain is normal. Perhaps this is down to training”

### Communication



“Staff at the MBC at Royal Stoke hospital were truly amazing when they helped me to bring my first baby into the world safely. They explained everything to me and were so reassuring which made me feel at ease. Forever grateful.”

“I ended up in hospital from 25 weeks onwards on ward 206 where the nurses were awful I had a completely awful experience which led to my baby being born at 29 weeks, I was telling them my waters had gone and that I was in labour and I was basically ignored to the point that the placenta ruptured and I was haemorrhaging and had to have a c section. At exactly 29 weeks my little girl then spent 9 weeks in intensive care where the staff were lovely in NICU, but I feel this could have been prevented for a while if I was listened to throughout my many stays in hospital.”

“My appointment at county for a risk assessment pre-birth was also very good. I felt informed of the risks/ possible need to transfer but also confident that this was the right decision for me and that the staff would do everything they could to give us a positive birth experience. Stoke hospital should make mothers feel confident and I didn't feel like that with my first child.”

## Health Visitor



“When my children were born, I got a lot of support off the health visitor and got advised to places where I could go, and I was given numbers that I could ring if I ever needed and help and support.”

“I have only seen my health visitor a few times when my baby was born, I would have liked to see more of her for support especially since I had previously lost a baby.”

## Information



“We would have liked more information about self-care.”

“I dislike the new Athena online notes system. I was able to view blood results but on a couple of occasions I could see an abnormal result but couldn't access any further information. This led to a lot of unnecessary worry”.

“When I had gestational diabetes, I followed a group which was set up for lady's experiencing the same thing and I had better numbers following their advice than I did with the hospital advice.”

## Support



“My thought on health and social care is positive the reason for this is the midwife was always by my side and always gave me the best advice she can. The thing that makes me happy is they try to help you with all their heart.”

“Support groups for first time mothers.”

“Support for stillborn babies need to be looked at.”

“Rainbow baby support could have been better”.

## Community Midwives



“Midwife at my GP was lovely.”

“I had my first baby 4 weeks ago and I only see my midwife once a week and I have rung and I would like to see her more often to get some support and I was told this was not possible.”

## Care



“I woke up after my C-section to find my baby hadn't been fed or dressed and I was on my own it was 7 and a half hours after his birth. I felt the staff didn't care they just left me.”

“After my C-section at midnight the staff on the ward at RSUH. Staff were reluctant to help me with breakfast; I could not move.”

“My son had to be put on a heated blanket they missed his ear tag which he needed tests for.”

“The staff on MAU were brilliant including the cleaning and cooking staff.”

## Reduced Movements



“Royal Stoke MAU was also disappointing. I attended due to feeling reduced movements and what I thought could be early contractions. Having never experienced anything like it with my first pregnancy I was pretty frightened. I got the impression staff felt I was wasting their time as everything turned out fine and it wasn't a pleasant experience.”

“When I was pregnant, I went MAU at the Royal Stoke hospital on 3 separate occasions with reduced movement and I felt palmed off as I was sent home on all occasions. On the 4th visit I saw the consultant who induced me, and I dread to think if he wasn't on shift that day that they would have sent me home again and I would not have my baby.”

“They need to see people at MAU for reduced movements at 16 weeks not wait till 24/25 weeks.”

“I was first pregnant at age 18 and I had reduced movements, my midwife kept making me feel like it was all in my head with me being young and pregnant as a consequence of this my baby died and I hold her responsible.”



## Staff



“The staff at the hospital were so friendly and helpful.”

“The maternity unit need more staff or even volunteers to do simple things to save them time, so they can spend more time doing the urgent parts of their jobs.”

“When a room become available for me I had a lovely midwife but it felt she was over-stretched because as soon as she completed the delivery she had to go help someone else and then she came back a few hours later to complete the process. She had to do everything from delivery, measurements, computer records, cleaning etc. There was only 1 midwife present throughout the birth.”

“The service was quick and efficient”

## Dignity and respect



“They treated my white counterparts better as I felt they were discriminating as they helped others whilst with me, I was left to it and this was very distressing.”

“Someone from the domestic staff offered to sit with my baby whilst I reluctantly went to get dinner. I didn't know my bed number but knew what I had ordered and guessed the bed number, to be told very sharply that a guess was not good enough. I'd already watched another new mum "told off" for this. I walked back to my bed with my dinner in tears (had only been given food as a support worker happened to witness the exchange and confirmed I had the correct bed number after all) past the nurse's station. A healthcare support worker then came to offer support and a few minutes later I was offered a side room. I felt that there was a distinct lack of care and compassion shown by the person serving the meals. If I had not felt so vulnerable at the time I would have complained, and I am angry with myself for not having do so.”

## Workforce



“I was waiting over an hour on the maternity ward for paracetamol due to not enough staff.”

“Help these people with staffing issues, they need as much help as possible and with so many people out of work, get a scheme going to get them to be comforters to fetch things for people or take them to the toilet etc. so nurses/midwives have more time to do the important jobs.”

“Ward 206 needs significant improvement with staff and discharges.”

“Better understanding of medical conditions and their effects on pregnancy is needed in community teams, where I felt that basic understanding was lacking. I felt very unsupported throughout pregnancy and was unable to trust in my care providers due to multiple errors.”

## Technology



“Rethink level of information available to patients through online notes. if things like blood results are going to be summarised on there, you need to ensure there is appropriate support available to discuss with patients. I’d have appreciated either more detail i.e. what result was abnormal or not been able to view results at all.”

“I dislike the new Athena online notes system. I was able to view blood results but on a couple of occasions I could see an abnormal result but couldn't access any further information. this led to a lot of unnecessary worry.”

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## Case Study

My daughter- in-law had to have an elective cesarean for the birth of my grandson in October 2019 her 3rd child because of complications when she had her 2nd child which resulted in her having to have an emergency cesarean.

Towards the end of her pregnancy she developed gestational diabetes and she went for her last appointment before her due date for all the necessary checks after these were done, she was given a time to come for her cesarean. Luckily my son was with her and noticed a sign-up reminding staff that any patient with diabetes had to come in prior to having the cesarean for injections and their blood pressure needed monitoring closely after the injections. The staff member hurried off and then came back and told my daughter- in- law that she would need to come in on the Monday have the injections and be able to go home a few hours after if everything was ok before she had the cesarean on the Thursday. My daughter- in- law had to ring the week before to find out what time she had to come in on the Thursday which is when she found out that she hadn't been given the right information. She needed the injections over 2 separate days so it was decided that she would go in on the Monday and stay in until she had the cesarean on the Thursday. This caused a lot of problems as arrangements had to be made for someone to look after my 2-year-old grandson as my son couldn't get the time off work at such short notice luckily, I and my granddaughter were able to do this between us.

On the day of the cesarean my daughter-in-law was told she would have the baby in the morning so didn't have anything to eat but she didn't have the baby until early evening. She was then in recovery for some time as she was bleeding heavily when she was able to go back to the ward they found that her bed had been given to someone else so she had to stay where she was and in the early hours of the next day she was put into a side room off the main ward. She had had no sleep and nothing to eat during this time. She stayed in until the following Tuesday despite the fact that they wanted to discharge her on the Saturday despite the amount of pain she was in as she was sterilized at the same time and it wasn't until the doctor came to examine her and agreed that she wasn't well enough to go home. On her discharge she had to wait a number of hours for medication she needed to take home and then some of it was missing and she was told to ring the next day for it and go and collect it.

They are extremely dissatisfied with the care she received and had it not been for my son being at the appointment pointing out the notice to staff she would probably have gone in on the Thursday and not been able to have the cesarean wasting valuable time both for her and staff at the hospital.

Healthwatch Stoke-on-Trent

The Dudson Centre

Hanley

ST1 5DD

## Appendix 1

### Feedback

1. I attended a routine clinic appointment and reported pains, I was not given a scan beyond a baby scan and was told they suspected kidney stones and was sent home with paracetamol and antibiotics even though an infection or UTI had not been diagnosed.
2. I received great care for 2 days on ward 205
3. When a room become available for me I had a lovely midwife but it felt she was over-stretched because as soon as she completed the delivery she had to go help someone else and then she came back a few hours later to complete the process. she had to do everything from delivery, measurements, computer records, cleaning etc. there was only 1 midwife present throughout the birth
4. I had a tear when I was given birth and was left in an undignified position for over an hour while staff looked for equipment to finish stitches
5. When my water broke, I was waiting for a bed for hours they kept saying in 2 minutes, but it was hours, 3-4 mothers were also waiting
6. There is too many staff changes and they do not appear to communicate with another
7. We would have liked more information about self-care
8. A student took three attempts to take a blood test and that was very uncomfortable
9. I had to wait 2 days for socks and my partner was constantly chasing them and we kept being told yes but no socks would arrive.
10. I have not been given any breastfeeding support and we have no family to help
11. I would have benefited from being spoken to in clear English with no jargon
12. We are first time parents and English is an additional language and would benefit from support from staff on the ward.
13. Mine and baby's medication is always given late on the ward
14. I was left without any care for 12 hours whilst they were toing and froing between A&E staff and MAU with no one willing to admit me even though I needed care.
15. A&E medics did not communicate with me and they lost all my paperwork, so they had to do repeat tests in MAU this was frightening as I am a first-time mum to be.
16. I felt there is a lack of communication between A&E, MAU and the wards as when I arrived in A&E I could not be admitted to MAU as I was over 16 weeks pregnant and MAU requested a plan from A&E before they would take me
17. The medics in A&E starved me and I had no food or water from 3am to 3.30pm the next day as they were not sure whether I needed an emergency C-section.
18. I was diagnosed as having a suspected blood clot and the ward staff have been good
19. The food was not nice and could be better
20. I have been in hospital for a fortnight due to high blood pressure and I have had a good experience
21. The staff on MAU were brilliant including the cleaning and cooking staff
22. I was waiting over an hour on the maternity ward for paracetamol due to not enough staff
23. If you wanted the nurses you had to go searching, I hated every minute spent in the hospital.
24. My son had to be put on a heated blanket they missed his ear tag which he needed tests for

25. I woke up after my C-section to find my baby hadn't been feed or dressed and i was on my own it was 7 and a half hours after his birth. I felt the staff didn't care they just left me.
26. When I was pregnant with my son, I had gestational diabetes and I found that the information I was given by the nurses contradicted other information as I was given low fat yoghurts however they contained more sugar than full fat ones
27. when I had gestational diabetes, I followed a group which was set up for lady's experiencing the same thing and I had better numbers following their advice than I did with the hospital advice.
28. I had gestational diabetes and when my daughter was born and when I was on a ward they kept saying they were understaffed and I felt I had no support as I have never had gestational diabetes before and I was worried how this would affect my daughter.
29. I have only seen my health visitor a few times when my baby was born, I would have liked to see more of her for support especially since I had previously lost a baby
30. I was first pregnant at age 18 and I had reduced movements, my midwife kept making me feel like it was all in my head with me being young and pregnant as a consequence of this my baby died and I hold her responsible
31. I am a first-time mother and the hospital told me not to bath my little one for one week, my family was telling me different. I felt like a bad mother, I think the service is terrible.
32. Give mothers support when babies are born prematurely even if it just time to talk to them to see how they are
33. I had a terrible experience as I had no midwife and health visitor
34. My daughter was born prematurely, she was looked after in hospital however there was no support for me all I could do was watch her in the incubator.
35. The support I received throughout my pregnancy and the after care for myself and my baby was absolutely brilliant, I could not fault it.
36. After my C-section at midnight the staff on the ward at royal staff were reluctant to help me with breakfast, I could not move
37. There was no breast-feeding support so had no choice but to bottle feed
38. They treated my white counterparts better as I felt they were discriminating as they helped others whilst with me, I was left to it and this was very distressing
39. When I had my first baby, I felt judged a lot of the time by health professions telling me that I shouldn't do this and do that, and this had an effect on me bonding with my child.
40. I was on ward 206 when I had my twins and I feel like I did not have enough support when having two babies and I got more support from having one baby previously
41. I had my first baby 4 weeks ago and I only see my midwife once a week and I have rung and I would like to see her more often to get some support and I was told this was not possible.
42. when my children were born, I got a lot of support off the health visitor and got advised to places where I could go, and I was given numbers that I could ring if I ever needed and help and support.
43. Health and social care in Stoke-on-Trent I find to be good I got all the help and support I needed when I was pregnant with my children as I attended antenatal classes, midwife appointments and breast-feeding classes
44. The health visitor was always caring for my baby like it's their own which makes me happy.

45. My thought on health and social care is positive the reason for this is the midwife was always by my side and always gave me the best advice she can. the thing that makes me happy is they try to help you with all their heart.
46. The health visitor always tries to give me the best advice for my kid and myself.
47. I have a positive view because the health and social care always try to help you as best as they can help you. the midwife is always by my side no matter what and always helps me to do the best for my pregnancy.
48. My pregnancy was very positive. The health visitor was very caring and took care of the baby well. I think that health and social care in Stoke-on-Trent is very good as health visitors try to help you with all their will power.
49. My pregnancy was very positive. the midwife was very helpful and gave me lots of good advice. I think that health and social care in Stoke-on-Trent is very good as midwives try to help you with all their will power.
50. Children's centres have stopped universal drop-in sessions which were an essential service for me as I have anti-natal depression and they helped me to connect with my baby.
51. Support for stillborn babies need to be looked at
52. Health visitors are fantastic, mine is there whenever I need her which is reassuring
53. They should give heart burn relief for free
54. The service was quick and efficient
55. All staff on the ward, whether clinical or not should demonstrate care and compassion. not sure if this is a training issue or an issue with the individual, I was unfortunate enough to encounter.
56. Midwives and health visitors should enquire further about issues with breastfeeding and not accept that pain in the beginning is normal. perhaps this is down to training.
57. The tongue tie team were excellent. I understand that people will have to wait weeks now once a referral is made. I don't think that I'd have been able to persevere for that length of time. I feel this needs to be considered.
58. Someone from the domestic staff offered to sit with my baby whilst I reluctantly went to get dinner. I didn't know my bed number but knew what I had ordered and guessed the bed number, to be told very sharply that a guess was not good enough. I'd already watched another new mum "told off" for this. I walked back to my bed with my dinner I tears (had only been given food as a support worker happened to witness the exchange and confirmed I had the correct bed number after all) past the nurse's station. A healthcare support worker then came to offer support and a few minutes later I was offered a side room. I felt that there was a distinct lack of care and compassion shown by the person serving the meals. if I had not felt so vulnerable at the time I would have complained, and I am angry with myself for not having do so.
59. postnatal issues with breastfeeding were missed. as my baby was gaining weight, I feel that issues with pain during breastfeeding were overlooked. I sought support from helpline numbers and eventually at 8 weeks went to the breastfeeding support group where a tongue tie was identified.
60. Went to the ward after C-section delivery (approx. 11am) the following morning I saw no nursing staff once the night shift left and day shift started except to tell someone I had done the requested water sample and that it was waiting in the shared bathroom. this was at around 8am at lunchtime it was still there. luckily, I was the only one in the bay at the time.
61. Breastfeeding support group run by c is excellent

62. Tongue tie operation was completed quickly after tongue tie identified and referral made. this made a significant improvement to feeding and enabled me to continue breastfeeding 11 plus months.
63. Antenatal midwife care was brilliant
64. Care in the hospital during labour was excellent. staff were caring and compassionate, felt very supportive.
65. Once decision to deliver by C-section was made this was done quickly and was struck by how efficient and effective the team were
66. Rethink level of information available to patients through online notes. if things like blood results are going to be summarised on there, you need to ensure there is appropriate support available to discuss with patients. I'd have appreciated either more detail i.e. what result was abnormal or not been able to view results at all.
67. On the Athena online notes system there was inaccurate information on there from I guess my initial community midwife appointment. some questions I hadn't even been asked and the Responses were assumed, such as choice of location for birth. my notes stated royal stoke throughout but I never intended to go there
68. Royal Stoke MAU was also disappointing. I attended due to feeling reduced movements and what I thought could be early contractions. having never experienced anything like it with my first pregnancy I was pretty frightened. I got the impression staff felt I was wasting their time as everything turned out fine and it wasn't a pleasant experience.
69. I felt disappointed by the community midwife care. I didn't have confidence in the community midwife assigned to me
70. I dislike the new Athena online notes system. I was able to view blood results but on a couple of occasions I could see an abnormal result but couldn't access any further information. this led to a lot of unnecessary worry
71. It was near impossible to contact my community midwife
72. My appointment at county for a risk assessment pre-birth was also very good. I felt informed of the risks/ possible need to transfer but also confident that this was the right decision for me and that the staff would do everything they could to give us a positive birth experience. stoke hospital should make mothers feel confident and I didn't feel like that with my first child
73. listen to your patients as the ladies carrying babies are the only one who know when something is wrong initially and to be told basically your wrong all the time is very be littering and can cause ladies to feel stupid for being anxious or concerned and not want to seek advice or monitoring.
74. The option of delivering at an FMBU was very valuable to me. having my first child at the royal stoke, I chose county hospital for my second child. the care was good at stoke but I struggled to cope with the busyness, noise, constant interruptions etc. I was aware that the midwife assigned to me was looking after other labouring women which was a constant niggling concern.
75. I ended up in hospital from 25 weeks onwards on ward 206 where the nurses were awful I had a completely awful experience which led to my baby being born at 29 weeks, I was telling them my waters had gone and that I was in labour and I was basically ignored to the point that the placenta ruptured and I was haemorrhaging and had to have a c section. At exactly 29 weeks my little girl then spent 9 weeks in intensive care where the staff were lovely in NICU, but I feel this could have been prevented for a while if I was listened to throughout my many stays in hospital

76. I would not recommend stoke maternity wards at all after having a negative experience where they didn't listen to me, I just wish I could have a different opinion for my next baby due in Feb. 2020 but stoke is my closet and the next would be Stafford which is too far.
77. More available forget me not rooms, currently only a very limited amount available. the rooms and midwife support can make a big difference to such a traumatic time
78. Royal Stoke main labour ward to be listened to better whilst in labour, all individuals have different labours/pain etc. so should be listened to on an individual basics and wishes listened to
79. Midwife at GP was lovely
80. Great facilities, well looked after, great staff, always given support where needed.
81. Outstanding bereavement support and midwives/forget me not rooms
82. To be listened to better, after more than one birth a mother is more aware of her body, to be treated as an individual and support wishes/requests.
83. Hospital stays after birth-after the stillbirth of my daughter the previous year I gave birth via emergency c section to my son in 2014, I had great care during pregnancy and labour but the aftercare on the ward was horrific-I can only relate it to like being in prison. Nobody knew my history nobody cared.
84. I struggled with breastfeeding and received no help- I was then told off for not bringing in my own milk when on day 3 I tried formula
85. Tiny cubicles after C-section again my history and mental state was not considered and wasn't offered a private room until night 3 when I finally broke down emotionally, exhausted and scared. I don't have good memories after the birth of my son which is a shame.
86. Bereavement support could have been better
87. Rainbow baby support could have been better
88. we could have gone home sooner but it was short staffed plus wrong medical records
89. Help these people with staffing issues, they need as much help as possible and with so many people out of work, get a scheme going to get them to be comforters to fetch things for people or take them to the toilet etc. so nurses/midwives have more time to do the important jobs
90. The maternity unit need more staff or even volunteers to do simple things to save them time, so they can spend more time doing the urgent parts of their jobs.
91. These people do amazing jobs and some even have time to try explain things in detail which really helped me when knowing my unborn daughter had serious health issues
92. Cut down waiting times for growth scans
93. I was given an epidural when I asked for one
94. More understanding midwives
95. Staff at the MBC at royal stoke hospital were truly amazing when they helped me to bring my first baby into the world safely. they explained everything to me and were so reassuring which made me feel at ease. forever grateful
96. My whole experience of the pregnancy services in north Staffordshire were brilliant. they always listened to my questions and concerns whenever I needed guidance
97. Not have us sat waiting at the hospital for well over 3 hours every week
98. Employee more people to take the load of the main doctors
99. I am on my second baby and the service is ok but not 100%



100. They need to see people at MAU for reduced movements at 16 weeks not wait till 24/25 weeks
101. The staff at the hospital were so friendly and helpful
102. I enjoyed my time at the hospital whilst I was having my baby the staff couldn't have been any more accommodating
103. The staff at the hospital were very friendly
104. Ward 206 needs significant improvement with staff and discharges
105. prioritise discharges in order to free up beds for new admissions. the process took at least 8 hours despite knowing we would be discharged then the day before.
106. Staff morale is low, there is no drive to help these women in a vulnerable state. This needs sorting from the top.
107. Postnatal wards are understaffed and therefore unable to provide basis support to patients.
108. Community breast feeding support after I gave birth
109. Classes before birth
110. I would like the delivery room to feel more home like
111. Great hospital facilities including maternity assessment unit
112. Community teams require better understanding of social- model midwifery and should be able to signpost to local support services both in and out of the NHS.
113. Excellent support from the breastfeeding support team (of employed professionals)
114. Quicker diagnosis of tongue tie and cutting it
115. To have feeding support aimed at all mothers for breast feeding, bottle feeding and combi feeding
116. The midwifery care on the postnatal ward was particularly absent, where hours were spent without seeing any member of staff.
117. Better understanding of medical conditions and their effects on pregnancy is needed in community teams, where I felt that basic understanding was lacking. I felt very unsupported throughout pregnancy and was unable to trust in my care providers due to multiple errors.
118. The community midwifery teams are very protocol driven, referring always to tick list/ checklist and missing opportunities for meaningful holistic interactions both in the antenatal and postnatal period.
119. My elective caesarean was supported by a specialist elective midwife who advocated for my choices, respected and promoted normal physiology in a medical environment and cared for me holistically considering my visual impairment.
120. When I was pregnant, I went MAU at the royal stoke hospital on 3 separate occasions with reduced movement and I felt palmed off as I was sent home on all occasions. on the 4th visit I saw the consultant who induced me, and I dread to think if he wasn't on shift that day that they would have sent me home again and I would not have my baby.
121. I feel that the support with breast feeding is poor and this may be why so many people bottle feed instead
122. Once I had given birth, I had 3 visits from a health visitor but that was it. After 2 months I started with post-natal depression and if I had been able to access their service after these visits it would have helped.
123. Early pregnancy unit is a good service as it helps you before 12 weeks and this is reassuring
124. Support groups for first time mothers

125. more or longer appointments with midwives
126. being able to see just one midwife at one location rather than having different ones and keep traveling
127. I feel pregnant women should be able to see a midwife sooner than the 12 weeks especially for first time mums for reassurance