



**Antenatal Services
(Care During Pregnancy)
Project Report
October 2018**

Acknowledgements

Healthwatch Oldham (HWO) has four main areas of work: Listening to local people about their health and social care experiences, influencing services, providing information and guidance on health and wellbeing, and providing advocacy support to help resolve NHS Complaint cases.

As part of our listening and influencing roles this report sets out the views of pregnant women and partners attending Antenatal Clinics at the Royal Oldham Hospital (ROH). This review of antenatal care highlights where services are working well and makes recommendations to the commissioners and providers of antenatal services.

Healthwatch Oldham would like to acknowledge and thank everyone who took part in the review whilst attending the Antenatal Clinic at the ROH. Thanks go to all the pregnant women and partners who took the time to complete the Antenatal Questionnaire and for their patience, honesty and willingness to share their experiences.

We would also like to thank the Antenatal Team at the Royal Oldham Hospital for inviting us to work in partnership and for making us feel welcome. Particular thanks go to Samantha Whelan the Patient Experience Midwife for her ongoing help, support and advice during the review.

Healthwatch Oldham would also like to thank the Healthwatch volunteers who gave up their time to help with this review and for their ongoing professionalism and commitment to the work of Healthwatch Oldham.

Disclaimer

Please note the stories within the report are subjective accounts by individuals interviewed for this report given on the day they were interviewed, and do not represent the views of Healthwatch Oldham. If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk

The Healthwatch Oldham 100

Planned changes to Health and Social Care Services will affect local people across Oldham. So it is important that the views of local people shape these changes and that's why we need **YOU** the people who use services now, or in the future, to get involved.

The **Healthwatch Oldham 100 Project** is simple and straightforward. We would like at least 100 residents of Oldham to sign up to receive a regular short survey on health and social care services. The information we collect will be anonymous, so you can be completely open and honest, and you can opt out at any time.

Registering is quick so if you are interested please contact Martyn.Nolan@healthwatcholdham.co.uk and thank you! You can also follow us or contact us through the following:

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 HWOldham

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Executive Summary

Introduction

Healthwatch Oldham provides an independent consumer voice for Oldham residents who use NHS and social care services. Using the feedback and first-hand experiences of patients and families we monitor the quality of services to highlight where services are working well and make recommendations to commissioners and providers where we feel services can be improved.

We also share information about local health and social care services with Healthwatch England and the Care Quality Commission (CQC). This way we ensure people's voices are heard at both a local and national level.

The Royal Oldham Hospital invited Healthwatch Oldham to undertake a review of the experiences of pregnant women and their partners/birth partners attending their Antenatal Clinics. The project and the choice of questions used were discussed with staff at the ROH. This work corresponds with local plans to further improve maternity services both within the ROH and within the Oldham Neighbourhood Clusters.

What we did

Healthwatch Oldham gathered the views and experiences of pregnant women and their partners who attended the Royal Oldham Hospital (ROH) Antenatal Clinic as part of their pregnancy care.

The review was carried out through semi-structured, face to face interviews and was open to pregnant women attending 1 of 5 randomly selected Antenatal Clinics held in May and June 2018. We then invited the father/partners of the women who took part in the interviews to complete their own survey.

In total Healthwatch Oldham interviewed **66** pregnant women and **25** partners/birth partners, the majority resident in Oldham. All the responses were analysed in an anonymous and confidential way and are designed to give a snap shot of people's experiences. The review sample is not designed to represent the Oldham population.

Types of Antenatal Care

Antenatal Care is the care given to pregnant women before a baby is born. This care is designed to monitor the health of the pregnant women and baby throughout the pregnancy, checking on the development of the baby, detecting any complications, and providing advice and support to the parents leading up to the birth. At the first appointment the midwife will recommend Midwife Led Care, Consultant Led Care or Shared Care depending on a variety of factors including physical and mental health, family history and previous pregnancies.

All three types of Antenatal Care involve **ongoing support from a midwife**, however there are some key differences:

- **Midwifery Led (or community) Antenatal Care:** If no risk factors are identified then in most cases women will automatically be offered Midwifery Led Care in the community. In these cases, women will usually only attend the Antenatal Clinic at the ROH for routine ultrasound scans.

- **Shared Antenatal Care:** This is a popular option for women who are considered to have a low risk pregnancy but where there are some wider issues. Shared Care means that the mother sees the ROH Obstetric Consultant and community midwife during the pregnancy. This is often a popular option to ensure continuity of care in the community throughout the pregnancy and birth. In these cases, women attend clinics both within the community and at the Antenatal Clinic at the ROH for specialist appointments and routine ultrasound scans.
- **Consultant led Antenatal Care:** Where women have a history of health issues from previous pregnancies and require more complex care, or where concerns arise during the pregnancy about the health of the mother or development of the baby, specialist Antenatal Care is led by the consultant and midwives based at the Royal Oldham Hospital.

Aim of the review

The Royal Oldham Hospital is one of three specialist neonatal centres in the region and provides maternity services to women from Oldham, Rochdale, Middleton and surrounding areas. Approximately 5,300 babies are expected to be delivered each year at the maternity unit.

This review was undertaken in partnership with the ROH Antenatal Department and the aim of the review was to:

- Explore the experiences of pregnant women and their partners/birth partners accessing Antenatal Services at the ROH
- Explore how patient experience could be improved through the behaviours of Midwives (both at the ROH and in the community) and Consultants
- Capture the experiences of partners and birth partners attending antenatal appointments and whether they felt included in the antenatal process

Benefits of Father/partner involvement

As well as gathering the views of mothers using the ROH antenatal services this review also sought feedback from fathers/partners and birth partners. The aim was to understand the information needs of fathers/partners during the antenatal process and if this engagement influenced them to adopt a healthier lifestyle. Research undertaken by The Royal College of Midwives identifies links between paternal involvement in the pregnancy and the healthier lifestyles of mothers in relation to improved diet and nutrition, reduction in smoking and alcohol consumption, and increased length of time breastfeeding.

However, the important role played by the father/partner in the antenatal process can often be overlooked. The Royal College of Midwives found that many fathers experienced barriers to getting involved which included a lack of awareness by health professionals of the benefits of their involvement at the antenatal stage, and lack of clarity about their role as neither patient or visitor, leading many to feel excluded (Steen et al 2011).

Further information can be found in Reaching out: Involving Fathers in Maternity Care - The Royal College of Midwives https://www.rcm.org.uk/sites/default/files/Father%27s%20Guides%20A4_3_0.pdf

Key Findings

There is much to be celebrated about the antenatal care provided both within the hospital setting at the Royal Oldham Hospital and within the community across Oldham.

Overall most of the women who took part in the survey were very happy with the level of antenatal care they received with 92% feeling that their concerns were listened to and that they were involved in choices and decisions about their care. Many women shared their positive experiences about midwives providing compassionate care and taking time to provide information and advice and give clear explanations of what to expect.

However, there were a small number (7%) of women who felt their choices were not listened to and in one example this resulted in the woman electing to move to a different hospital.

The midwives at both the ROH and in the community received particular praise for their friendly approach. In fact, 98% of women felt that the midwives were good or very good compared to 89% of women who felt that the doctors were good or very good.

The doctors were seen as friendly and caring however there were concerns that they were rushed and were not able to give as much time as the midwives to answer questions.

Overall most of the fathers/partners who took part in the survey were also happy with the level of care offered to the expectant mothers. In terms of adopting a healthier lifestyle 32% of fathers/partners said they already had a healthy lifestyle and 36% said they had made changes as a result of their partner's pregnancy. The most common lifestyle changes included a reduction in alcohol closely followed by a healthier diet.

Things that could be improved:

Areas highlighted for improvement included women seeing the same consultant at each appointment, clearer explanations by doctors, and a phone call or text message to say when results had been received and that all was well.

Long waiting times for midwife appointments at the ROH was an issue for many and not knowing how long the appointments would take was of concern for women and their partners taking time off work, and for those with toddlers.

A significant finding from the survey was that 30% of pregnant women did not attend their first antenatal appointment within the recommended timescales of 8 to 12 weeks. This can be significant as some tests such as sickle cell and thalassaemia need to be carried out within the first 10 weeks. Other feedback highlighted that many women were not clear about who was leading their care.

The majority of women at the time of interview had not been asked about all 11 topics covering lifestyle issues, antenatal classes, birthing options and breastfeeding that should be covered at antenatal appointments.

This may be due to some topics being discussed later in the pregnancy or in the case of Domestic Violence, this question is only asked when the woman attends an appointment alone which for some this situation would not arise. However, 62% of women were on their second or third pregnancy and felt they were not asked the questions because they 'didn't apply'.

Whilst most fathers/partners were happy with the level of care, the level of satisfaction about their concerns and questions being listened to was lower than that reported by the women. Nearly 50% of partners said they would welcome information specific to them.

The most repeated concern raised by both pregnant women and partners related to the lack of parking spaces when attending appointments, making them late for the appointment and many were anxious about how this would affect them on the day of the birth.

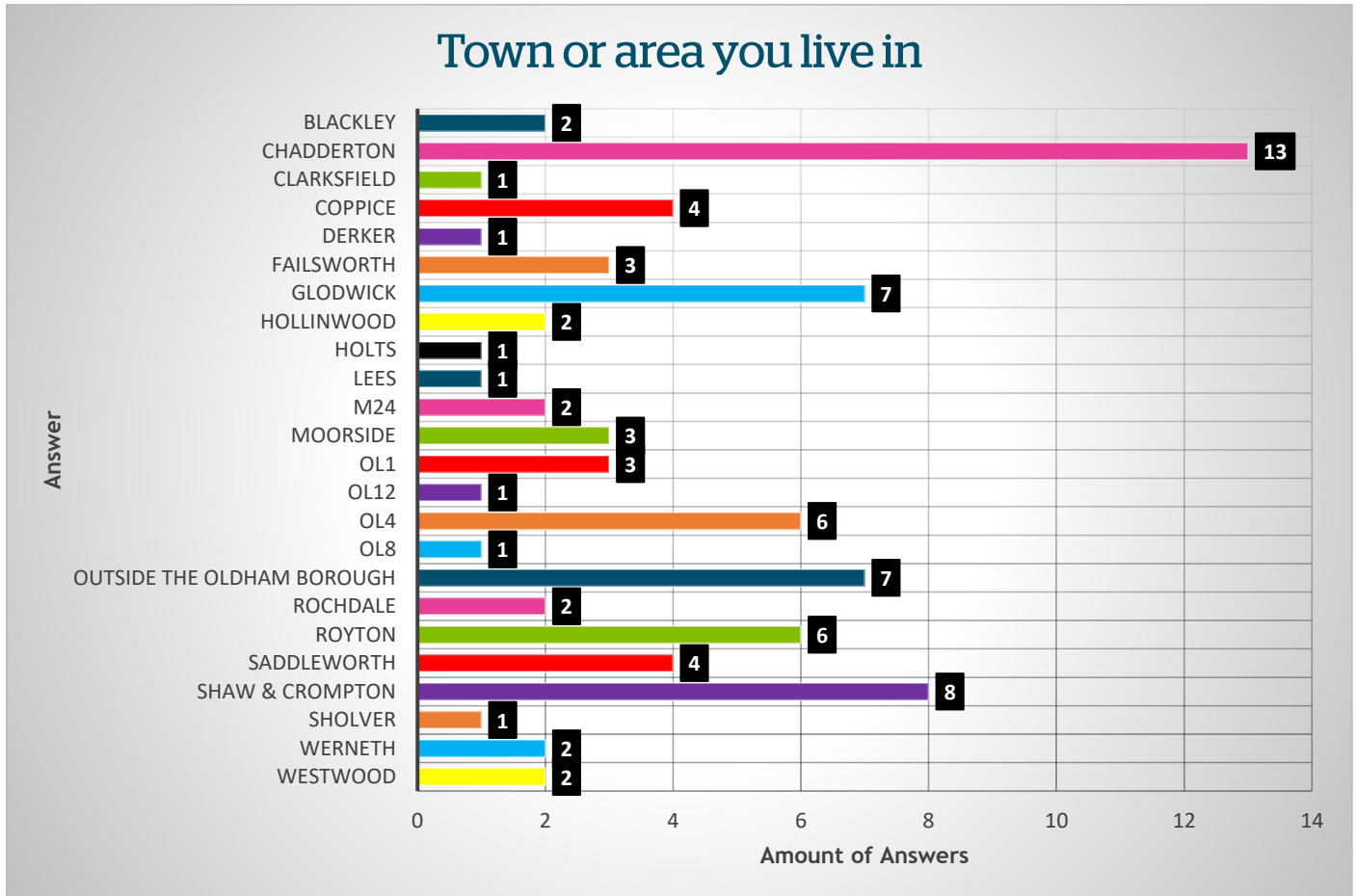
There was also a request for 'pregnant friendly' chairs to accommodate sitting for a long time in the waiting room and some negative experiences were raised about appointment letters not being received.

Main Recommendations

1. **First Antenatal Appointment** – Review the information routinely provided to pregnant women to ensure consistent messages are given about the benefits of attending the first antenatal appointment within the recommended guidelines.
2. **Antenatal Care Lead** – Ensure information about who is leading the antenatal care, and why, is part of the standard information provided at the outset to pregnant women by the community midwife. If the care lead changes ensure systems are in place to routinely explain this to both the pregnant woman and, where applicable their partner or birth partner, along with contact details.
3. **Rushed Appointments** – It is important that women and their partners feel they are given enough time to ask any question they want to about the pregnancy. Ensure realistic appointment times to allow for questions by both the pregnant mother and father/partner.
4. **Waiting Times** – This was an issue at all antenatal appointments both within the community and at the ROH. Realistic appointment times should be given in order to reduce waiting times for others, and as a minimum ensure that women and their partners know in advance if there is going to be a long wait to help manage time off work, childcare and parking times.
5. **Consultant led care** – Where possible follow up appointments should be made with the same consultant or named specialist midwife to ensure consistency of care, reassurance for the woman and her partner, and to reduce the number of times the woman needs to repeat her information
6. **Adequate provision of information for pregnant women** – Consider going through the standard topics at the first antenatal appointment, including written information on Domestic Violence, to ensure all topics are mentioned even if they need to be raised again later to ensure nothing is missed. This should apply to all pregnant women regardless of how many pregnancies they have as circumstances may change.
7. **Actively Involve Partners** – Ensure that partners are given the opportunity at each appointment to express any concerns they have or ask questions of relevance to them and feel actively involved in the antenatal discussions.
8. **Partner specific information** - Consider providing a partner leaflet and/or session that reflects the concerns and information partners would find useful, including healthy lifestyle advice along similar lines to those that their pregnant partners are advised on and encouraged to adopt.
9. **Parking Facilities** – The problems with parking was the most recurring issue raised by both expectant mothers and partners. Concerns included being late for antenatal appointments, increased anxiety and worry about how to manage this on the day of the birth. Look at the possibility of a small number of dedicated parking bays for use at the time of the birth.

Who did we speak to?

The following information includes both pregnant women and their partners/birth partners.



Age Range	16-25	26-35	36-50	51-64	TOTAL
Number of People	22	52	10	1	85

Ethnicity	White British	British Pakistani	Pakistani	British Bangladeshi	Bangladeshi	Romanian	TOTAL
Number of People	54	9	7	6	3	1	80

Sexual Orientation	Heterosexual	Lesbian	Other (Didn't state further)	TOTAL
Number of People	83	1	1	85

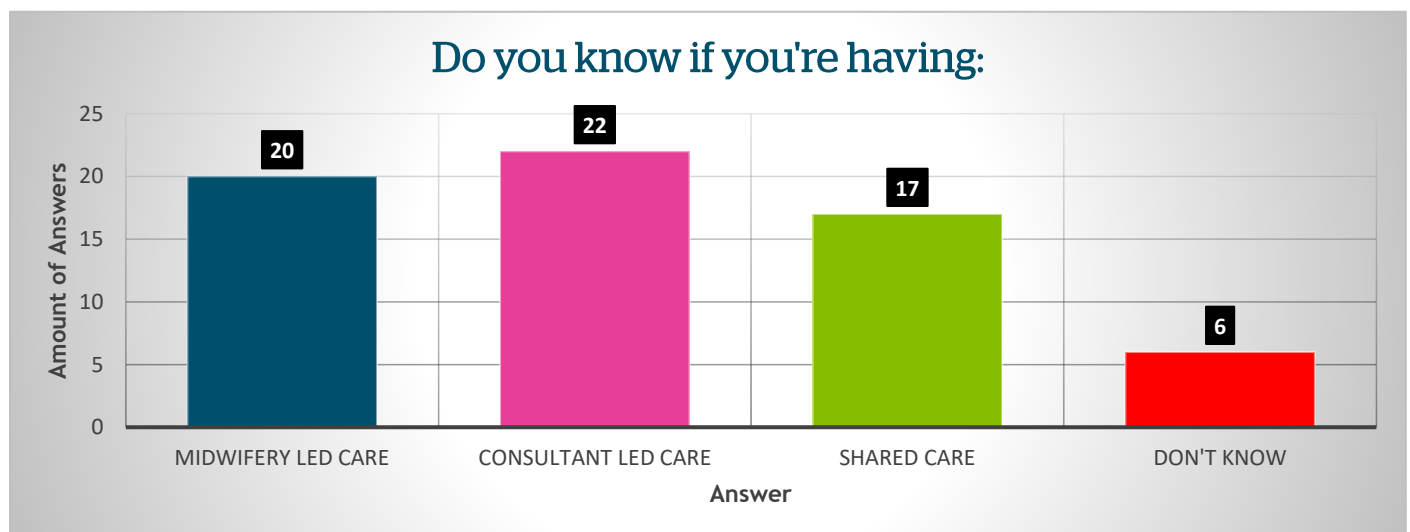
Detailed Findings

1. Do you know what type of Antenatal Care you are having?

This question was of particular of interest to the ROH Antenatal Department and was included at their request. Caution must be used in analysing the data as there was some confusion about the different types of antenatal care. Some women assumed that as they saw a consultant following their first or second scan that they were having shared care or consultant led care, although the majority of their appointments had been with the community midwife and they would contact the community midwife with any concerns.

The women who seemed the clearest on who was leading their care were those who had experienced difficulties during a previous pregnancy which meant they were fully aware they were having consultant led care which involved additional monitoring and appointments with a consultant.

“Gestational Diabetes...so Consultant led throughout. It means extra visits and more time consuming but all well worth it.”



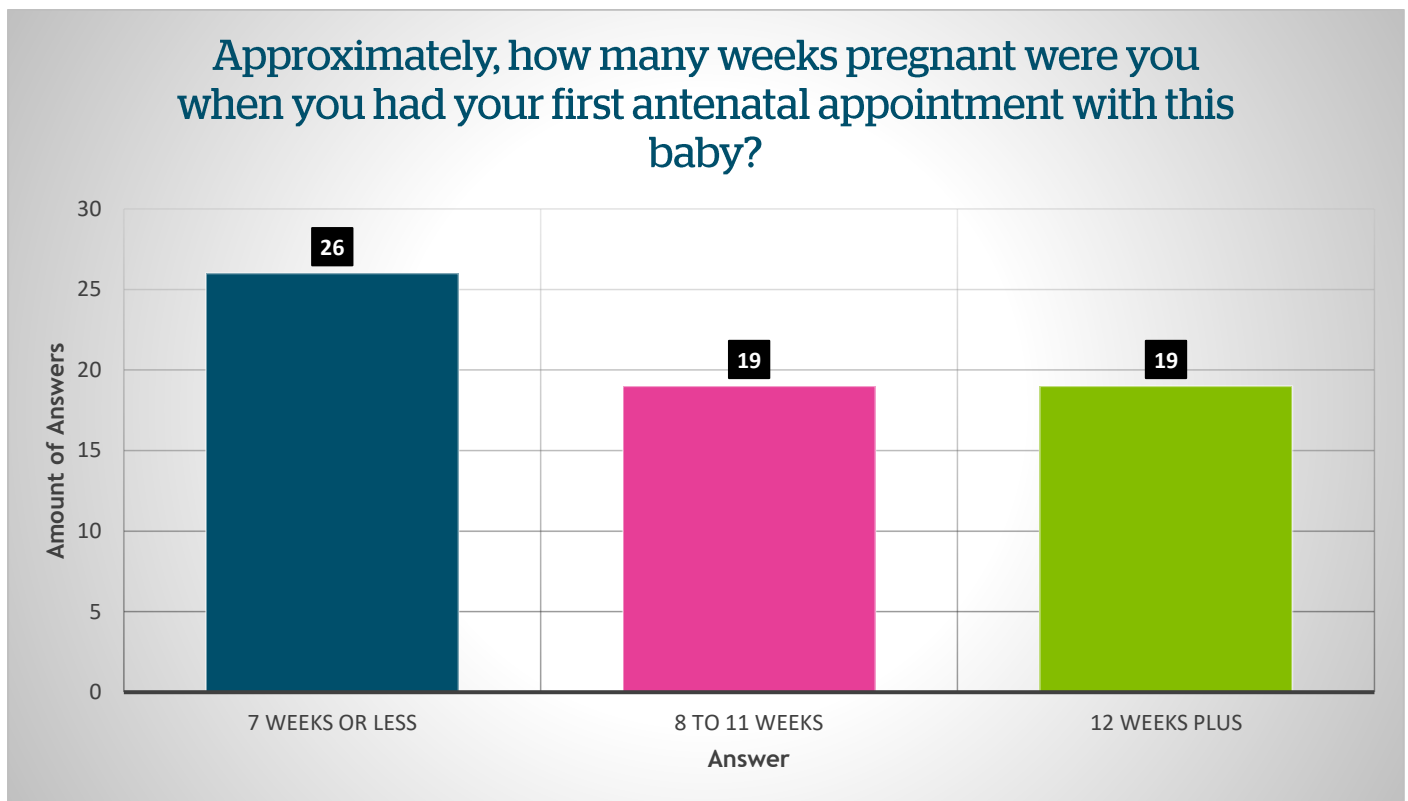
We then asked the women about their overall experience of attending antenatal appointments regardless of the type of antenatal care they were receiving:

2. When did you attend your first Antenatal Appointment?

The NHS 'Your pregnancy and baby guide' (<https://www.nhs.uk/conditions/pregnancy-and-baby/>) recommends that women who are expecting should start their antenatal care as soon as possible booking their first appointment between eight to twelve weeks.

It's best to see your midwife or doctor as early as possible to obtain the information you need to have a healthy pregnancy. Some tests, such as screening for sickle cell and thalassaemia, should be done before you're 10 weeks pregnant'

As can be seen from the chart below 70% of women attended their first appointment within the timescale guidelines. However, 30% did not attend until 12 weeks and over and of these 21% (4) were pregnant for the first time.

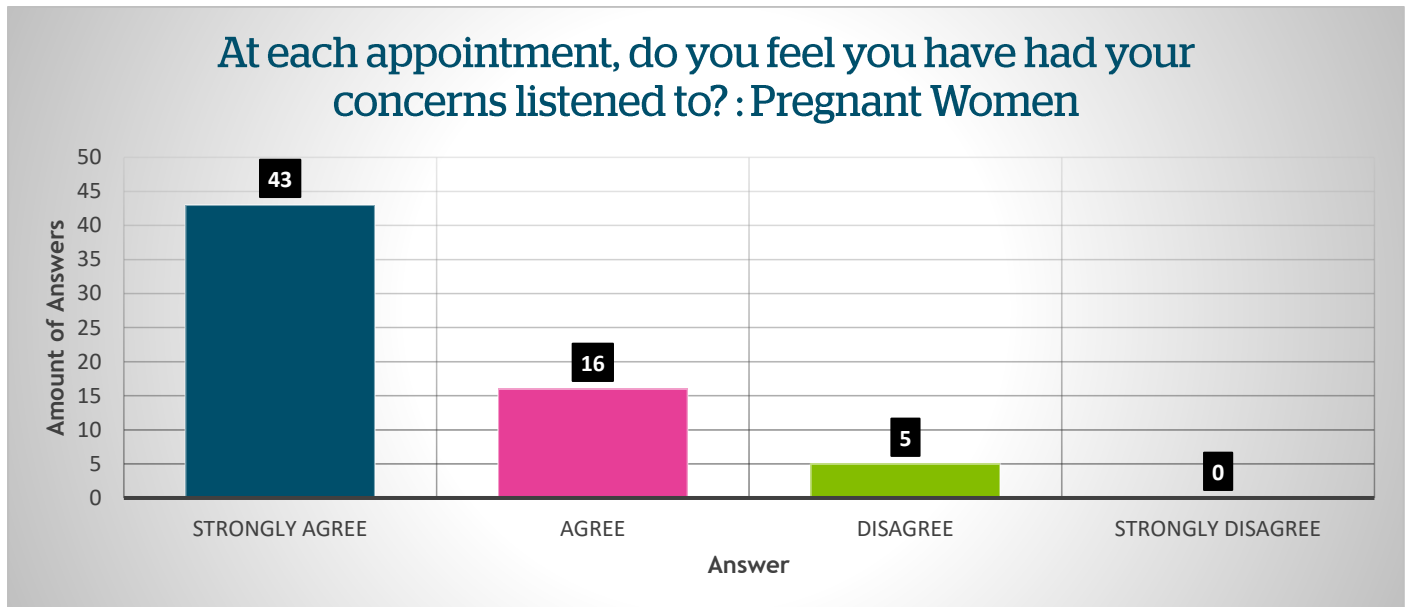


3. Did you feel that your concerns were listened to?

Views from pregnant women:

65% of women strongly agreed and overall **92%** of women either strongly agreed or agreed they had their concerns listened to at their appointments. Only **8%** disagreed.

"I feel sometimes that my concerns are not always listened to... I received mixed messages regarding when regular patterns of movement start in your pregnancy. When these movement don't then start at these stages I get worried and it increases my anxiety that is already bad."



Views from partners/birth partners:

40% of partners strongly agreed that their concerns were listened to which is slightly less than that reported for the women. However, the overall result of **91%** of partners who strongly agreed or agreed that their concerns were listened is similar to that reported by women and only **9%** felt their concerns were not listened to.



4. Were you given enough time to ask questions at each antenatal appointment?

95% of women strongly agreed or agreed that they were given the opportunity to ask questions, with 5% disagreeing.



“Don't get the opportunity to ask questions when seeing the doctor as continually repeating yourself about things that are on your notes.”

*“All good. I ask lots of questions and get answers. The dietician who saw my wife gave her tips on diet...I use some of the suggestions now which has made my diet healthier, it helps educate me.”
Feedback from partner*

5. Do you feel you have been involved in decisions about your care?

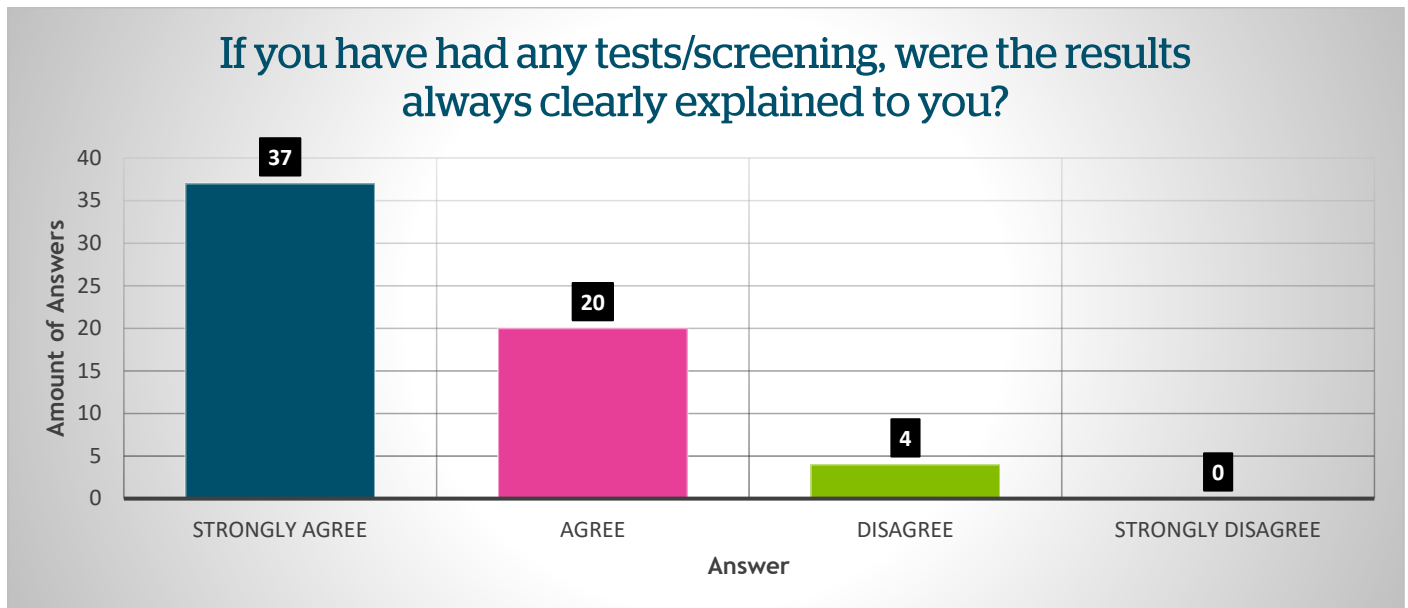
92% of women either strongly agreed or agreed that they were involved in decisions about their care whilst 8% of women disagreed.



“Because I opted for a c-section early on in my pregnancy the ROH wouldn't support me with this. I then went to the 'birth options clinic' and was referred to Rochdale Infirmary, the consultant there agreed to do a c-section and will do this at a planned date @ ROH.”

6. Were test screening results clearly explained?

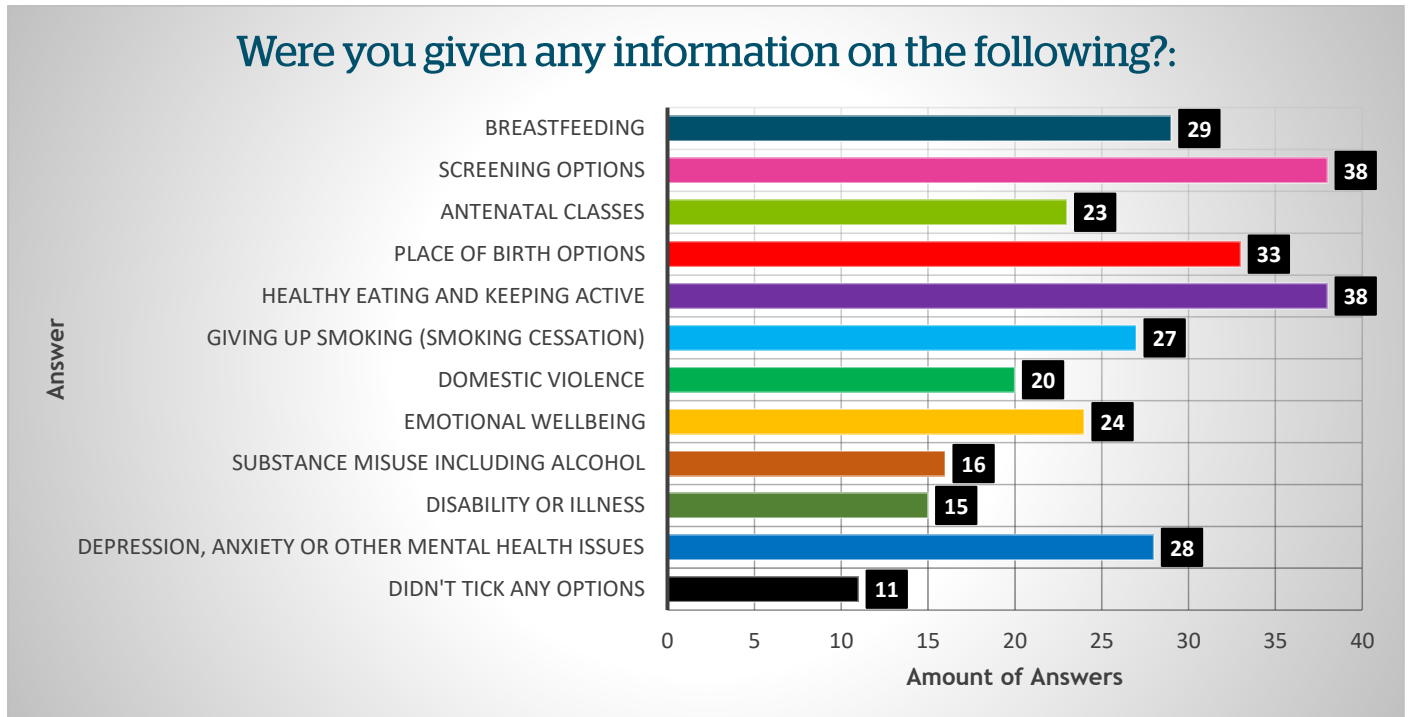
94% of women either strongly agreed or agreed that results were clearly explained, 6% disagreed



“It would be reassuring to get a phone call after tests, the current system is only to call if a problem. Even a text message would help. To confirm they have received the test and all ok. I have been advised about all tests available and will have them all.”

7. Were you given information on any of the following topics?

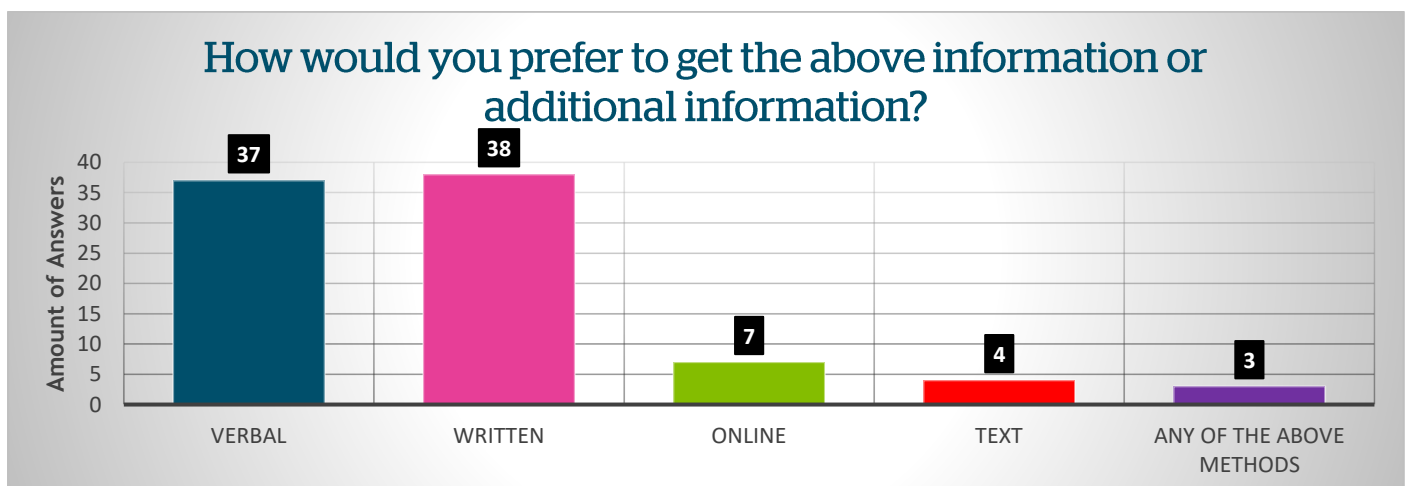
During the antenatal visits all pregnant women should be offered information on 11 key topics. Of those that answered the question only 12% at the time of interview had either received written information or been asked about all of the topics. Of the remaining 88% the most common responses the women gave in relation to information they had received at that point were; *screening options, healthy eating and keeping active, and place of birth options.*



"It is important for me to receive information on above topics and be included. My partner doesn't ask questions and has a couple of complications, I attend every appointment, so I can be kept as informed as possible." Feedback from partner

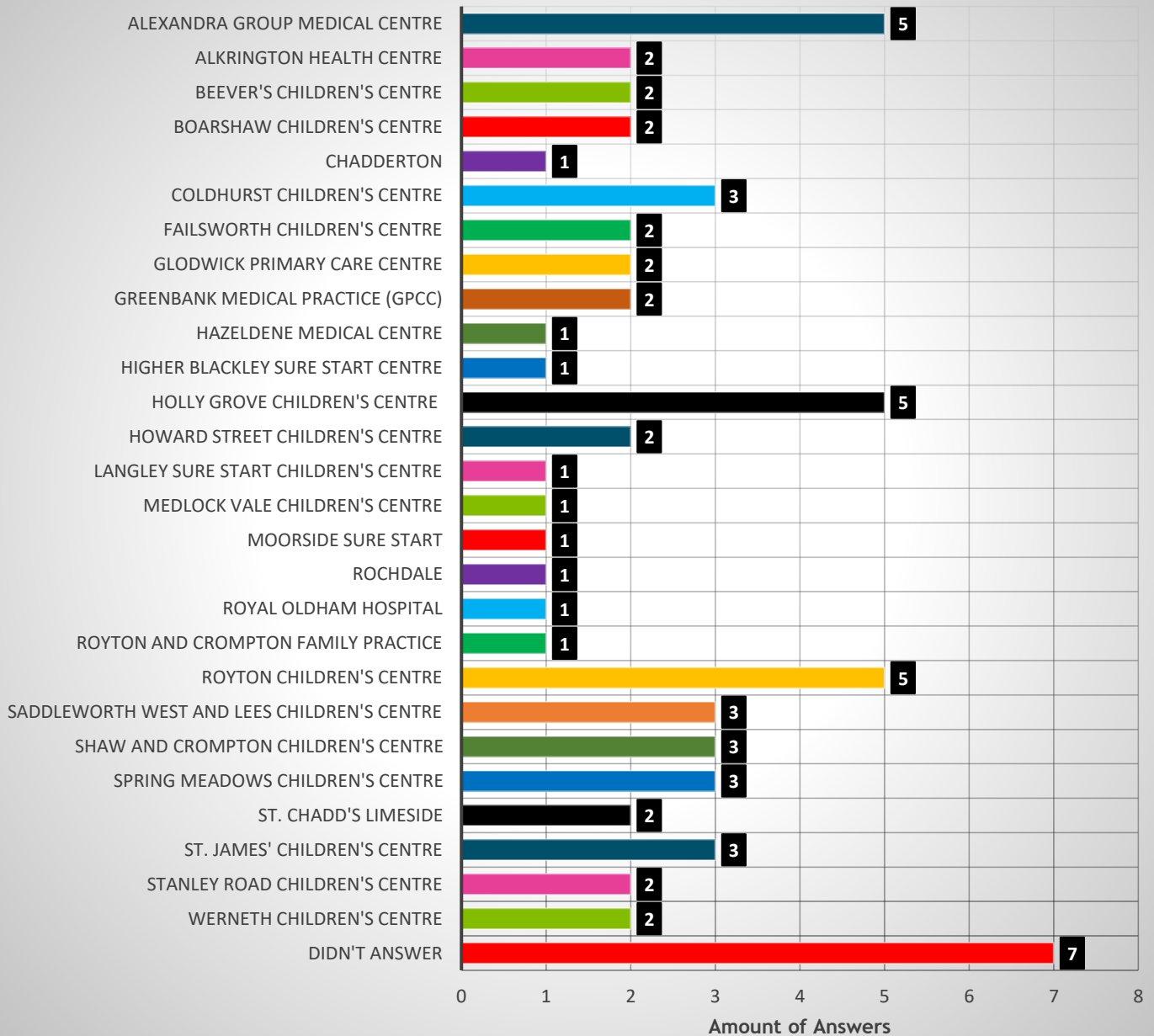
8. All women were asked how they would prefer to receive the information on the subjects stated in the previous question.

The preferred options were written (57%) or verbal (56%) information.



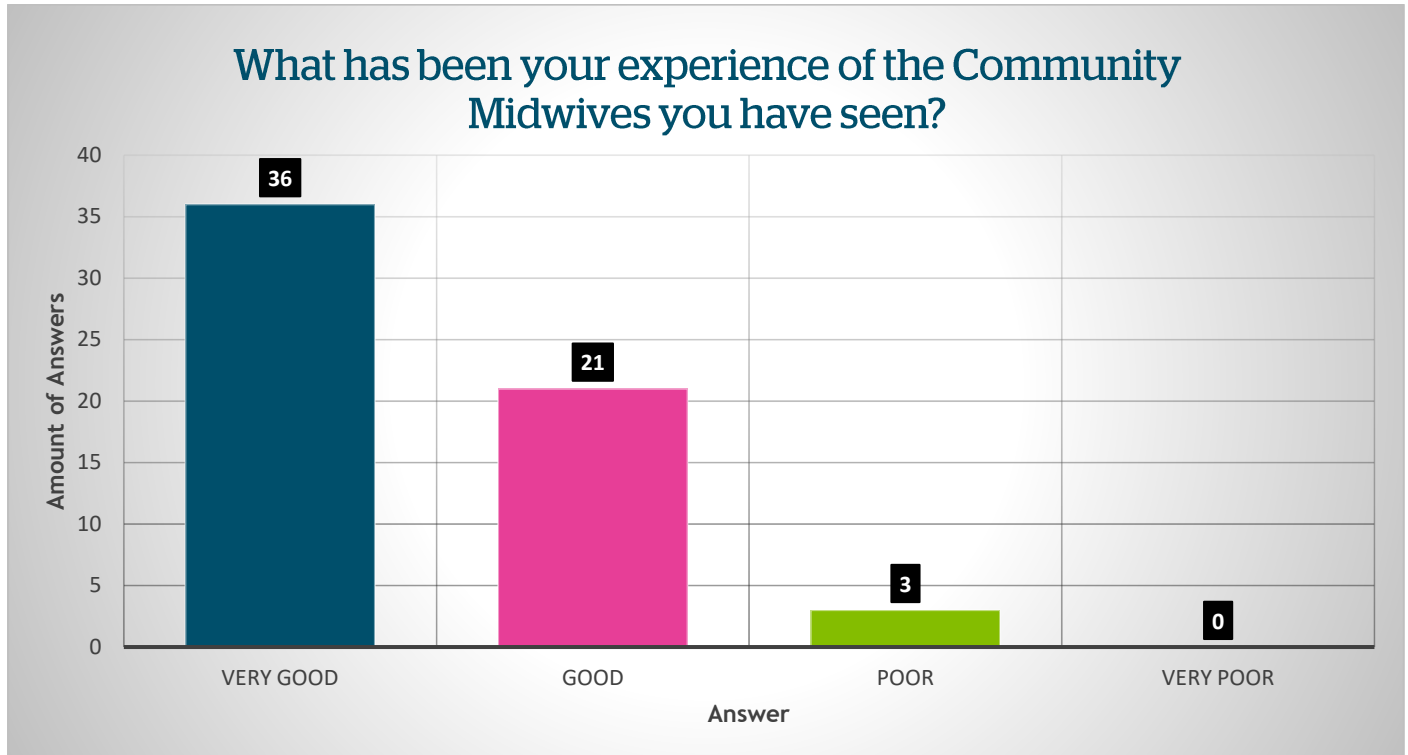
Experience of accessing (Community) Midwife led Antenatal Care

Which Community Antenatal Clinic do you attend?

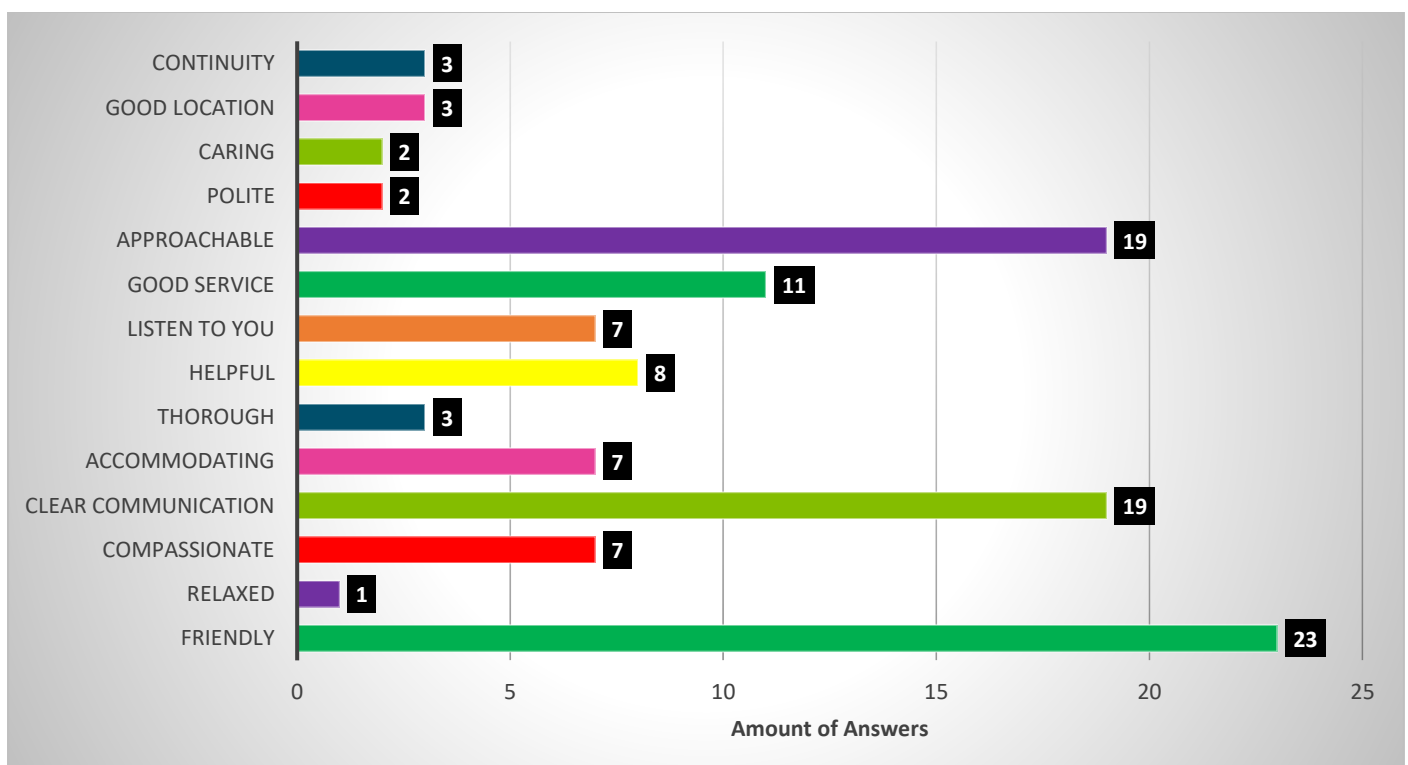


9. What has been your experience of the Community Midwives you have seen?

95% of women have had a very good or good experience of community midwives, 5% did not.



10. What was good about the Community Midwives?



The following word cloud highlights the overall positive responses from the women with **friendly**, **clear communication** and **approachable** being the outstanding comments.



Friendly, relaxed. You know they are busy, but they don't make you feel rushed which is important, you feel like you are their only concern

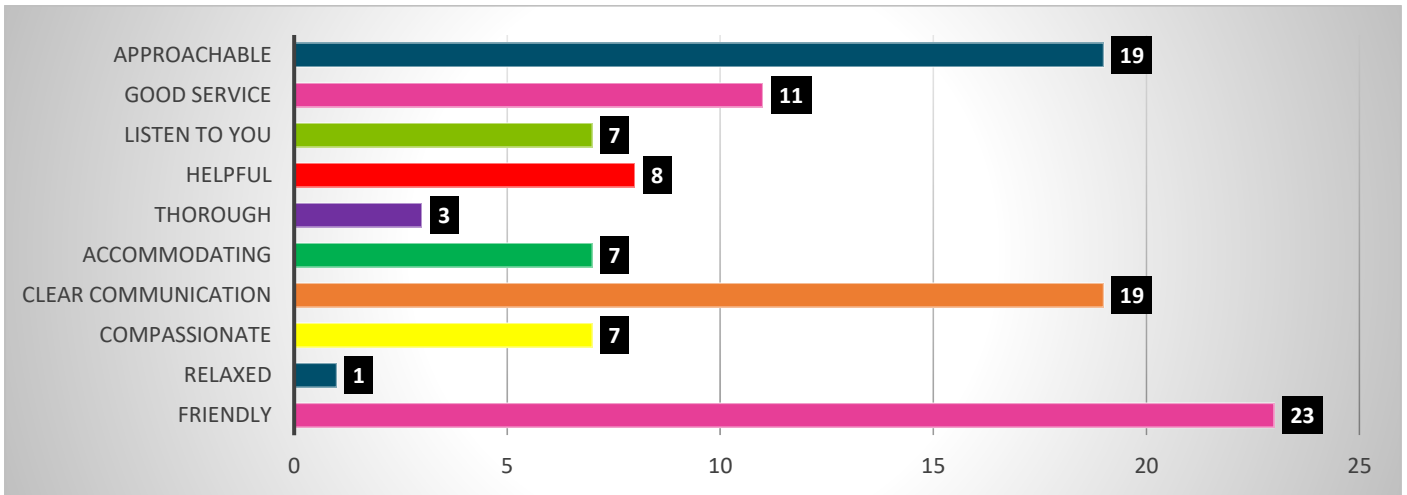
Polite, friendly and give good explanations. Can ask any questions and get answers, **Very caring**

Friendly, you can talk to them about any problems, they helped me to see that my anxieties were not a problem. Any worries you can contact them at any point

Knowing that the **Midwife** is on the end of the phone if needed

I have the **midwife** on speed dial...

11. What could be improved about the Community Midwives?



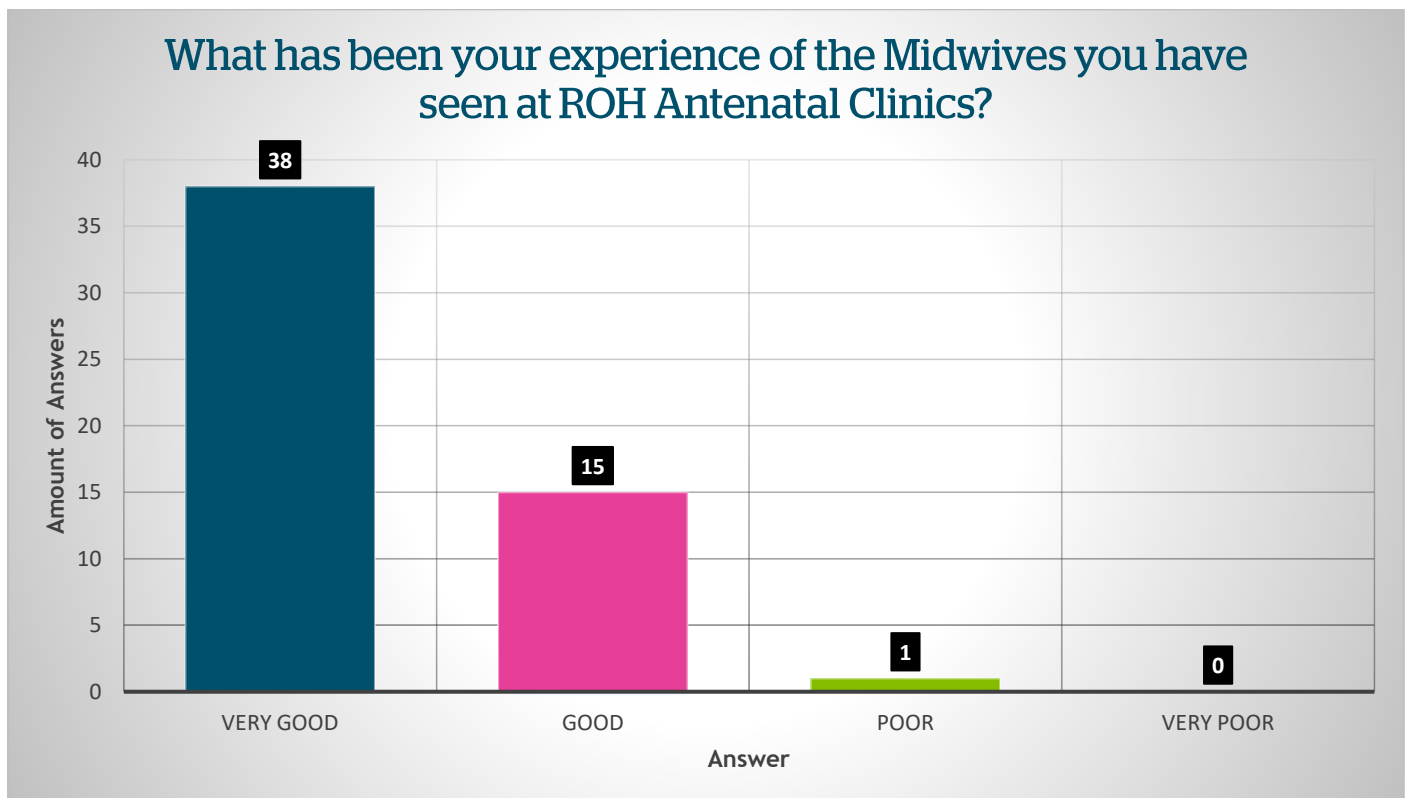
Responses for areas of improvements for the Midwives were much lower. The word cloud below highlights the main areas where women felt things could be improved. Trends emerged relating to feeling rushed during appointments, long waiting times and appointment availability.



Experience of accessing ROH Midwife Antenatal Care

12. What has been your experience of the ROH Midwives you have seen?

98% of women found the midwives at ROH antenatal clinic to be very good or good, 2% felt they were poor.

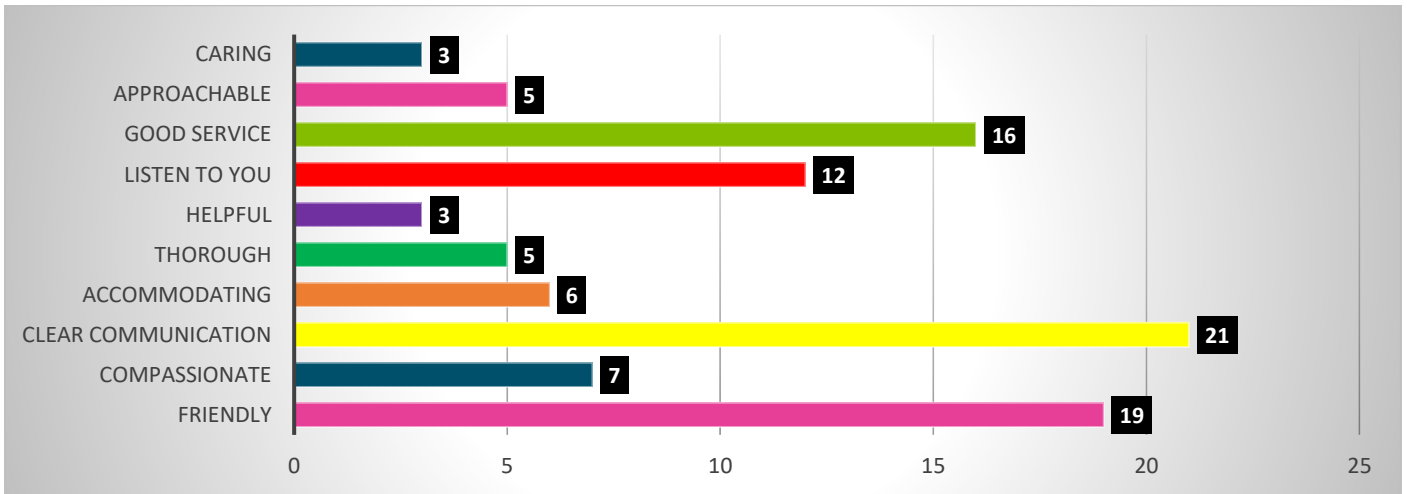


“Disappointment of not receiving the last 3 letters to confirm appointments at ROH and having to ring up to chase.”

“I am having twins and the last time I was in hospital I was wanting hot chocolate, the midwife ran round to find me some. Care is brilliant, feel really well looked after.”

“Would be useful to know what to expect before an appointment.”

13. What was good about the ROH Midwives?



The word cloud below highlights the overall positive feedback for the midwives at the antenatal clinic at ROH. The most common themes being **clear communication**, **friendly**, **good service** and **being listened to**. The antenatal clinic receptionists also get a mention saying they were ‘nice and inviting’ and ‘lovely’.



Nice, helpful, never gone out crying so that must be good!

Really **good** with first pregnancy, more **relaxed** this time and feel more **confident** as I know the care will be good

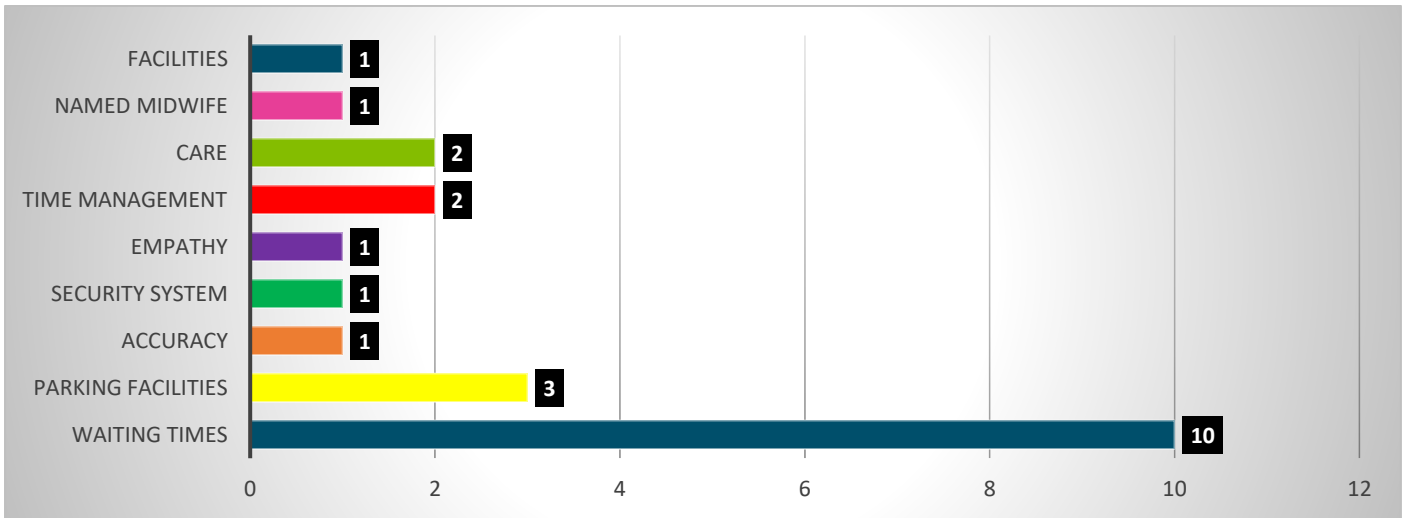
Very supportive and easy to talk to

Very friendly, give information at any time, guide you about things relevant to you - preschool, nursery and school

They **care** about you, closely monitor my sugar levels to check all on point

Informative and they **listen** carefully, they act on any concerns however small

14. What could be improved about the ROH Midwives?



The response rates for areas for improvements for the ROH midwives were much lower than positive responses. The following word cloud highlights what the women felt could be improved, however the highest responses focused on the experience of attending the clinic rather than any improvements in quality of care from the midwives. The issue of long **waiting times**, **poor car parking facilities** and **poor time management** have come out as the major themes for improvement for the Antenatal Clinic at the ROH.



Waiting times to be seen can be very long which is difficult when you have a 3-year-old with you

Waiting time
need to get to work, 1 hour since my scan

Long
waiting times - 3 hours

Don't have as much **time** for you

Parking facilities - 2pm is a nightmare got a taxi here today to avoid stress

Not as personal approach - **everyone pushed for time**

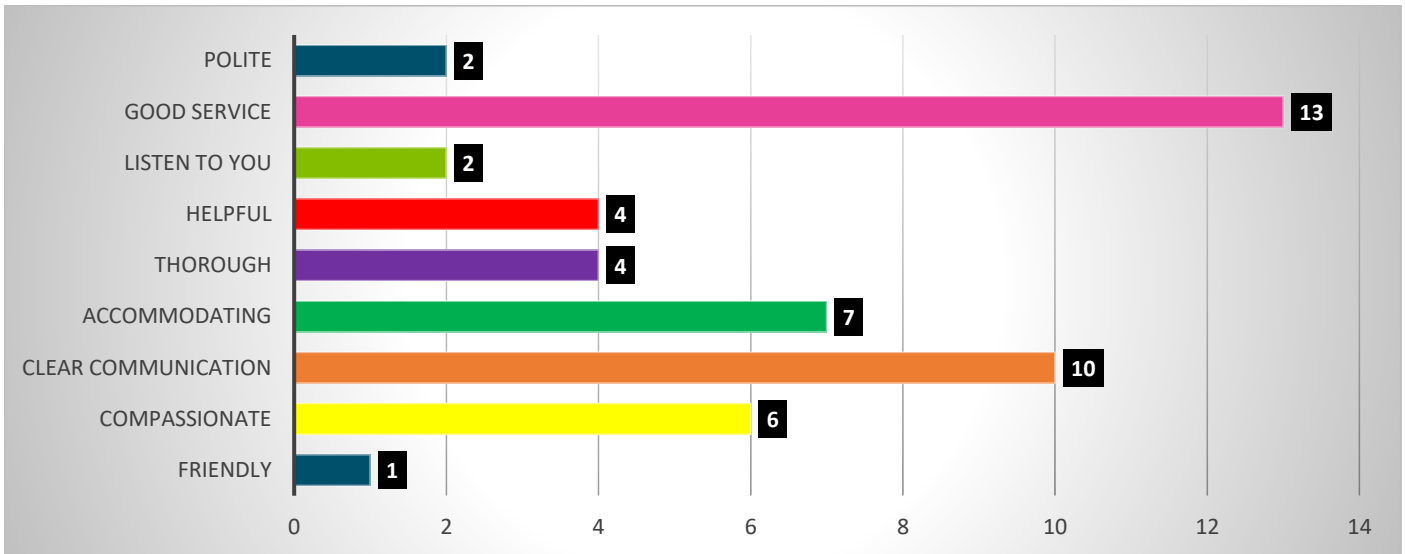
Experience of accessing Doctors at Royal Oldham Hospital

15. What has been your experience of the Doctors at the ROH Antenatal Clinic?

The satisfaction rate is slightly lower than either the community or ROH midwives with **89%** of women feeling that the Doctors at ROH were very good or good, and **11%** feeling that the care was poor.



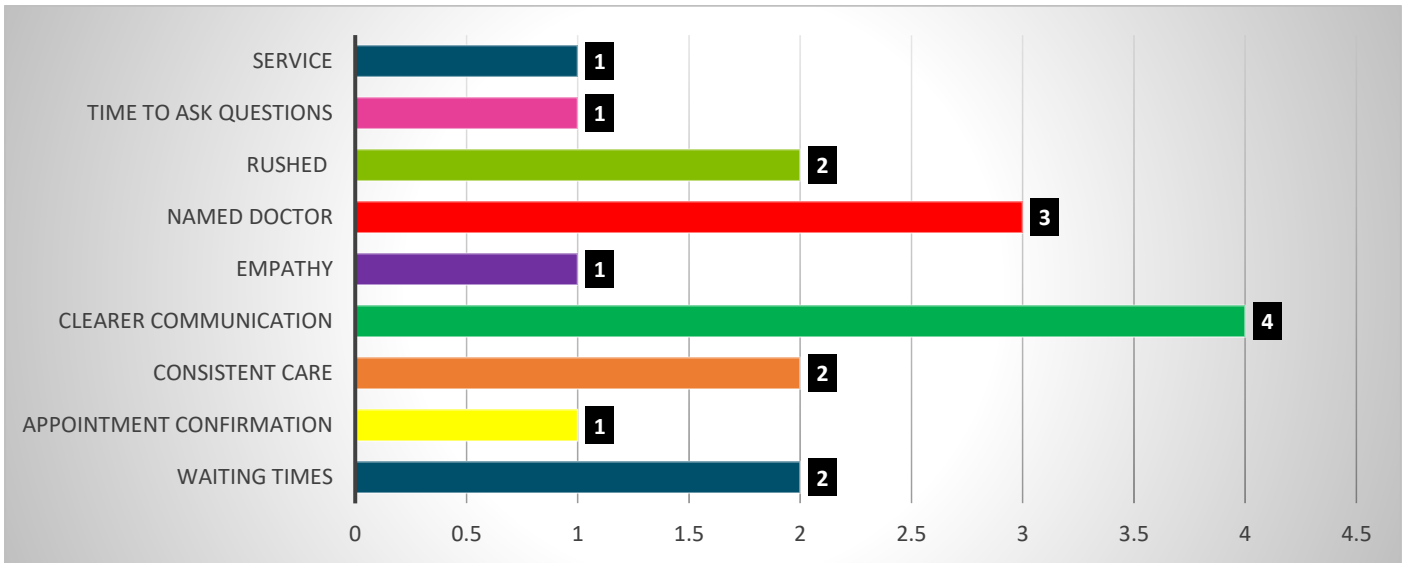
16. What was good about the Doctors at the ROH Antenatal Clinic?



The main positive feedback for the Doctors included Good Service and Clear Communication. However, the response rate for this feedback was not as high as the previous questions asking for positive feedback about the midwives. The following word cloud highlights what the women felt was good about the doctors, the highest responses were **good service**, **clear communication**, **accommodating** and **compassionate**.

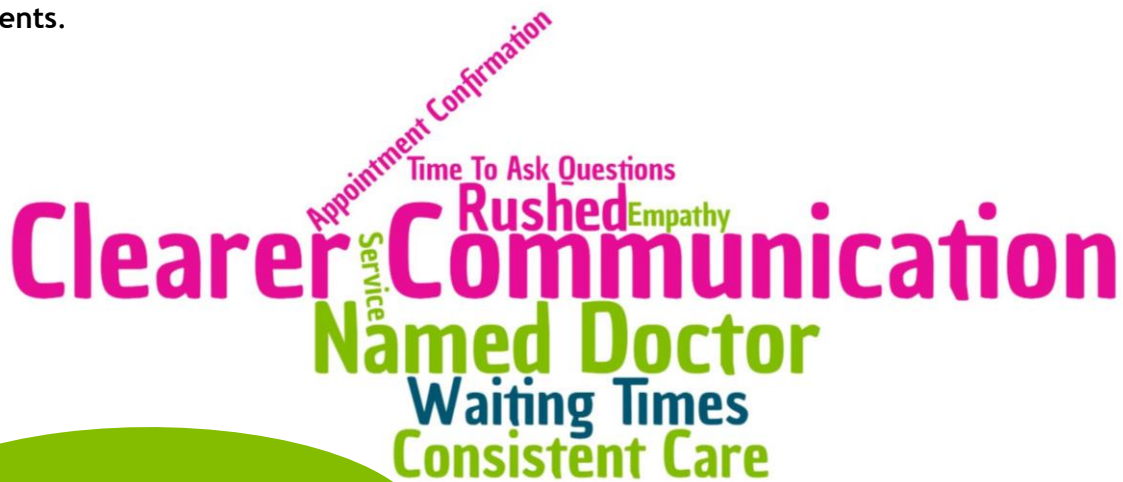


17. What could be improved about the Doctors at the ROH Antenatal Clinic?



The level of responses for areas of improvements for Doctors, was lower compared to the level of response about the positives.

The following word cloud highlights what the women felt could be improved about the doctors with the highest responses around clearer communication, seeing the same doctor at each antenatal clinic, consistency in care received, waiting times to be seen by the doctor post scan and rushed appointments.



Would be good to see the **same doctor**

Found something on the scan told it was to do with the placenta and cord but **not explained** what this is and then had to come back to attend Consultant appointment so been worried about what is going on

Felt consultant was **too busy**, didn't feel he had time for me as he wanted to go for his lunch so didn't get time to say what I wanted. **Midwife listened to concerns** then went and checked with the consultant and came back and explained things

Don't really get the chance to **ask questions** or check understanding

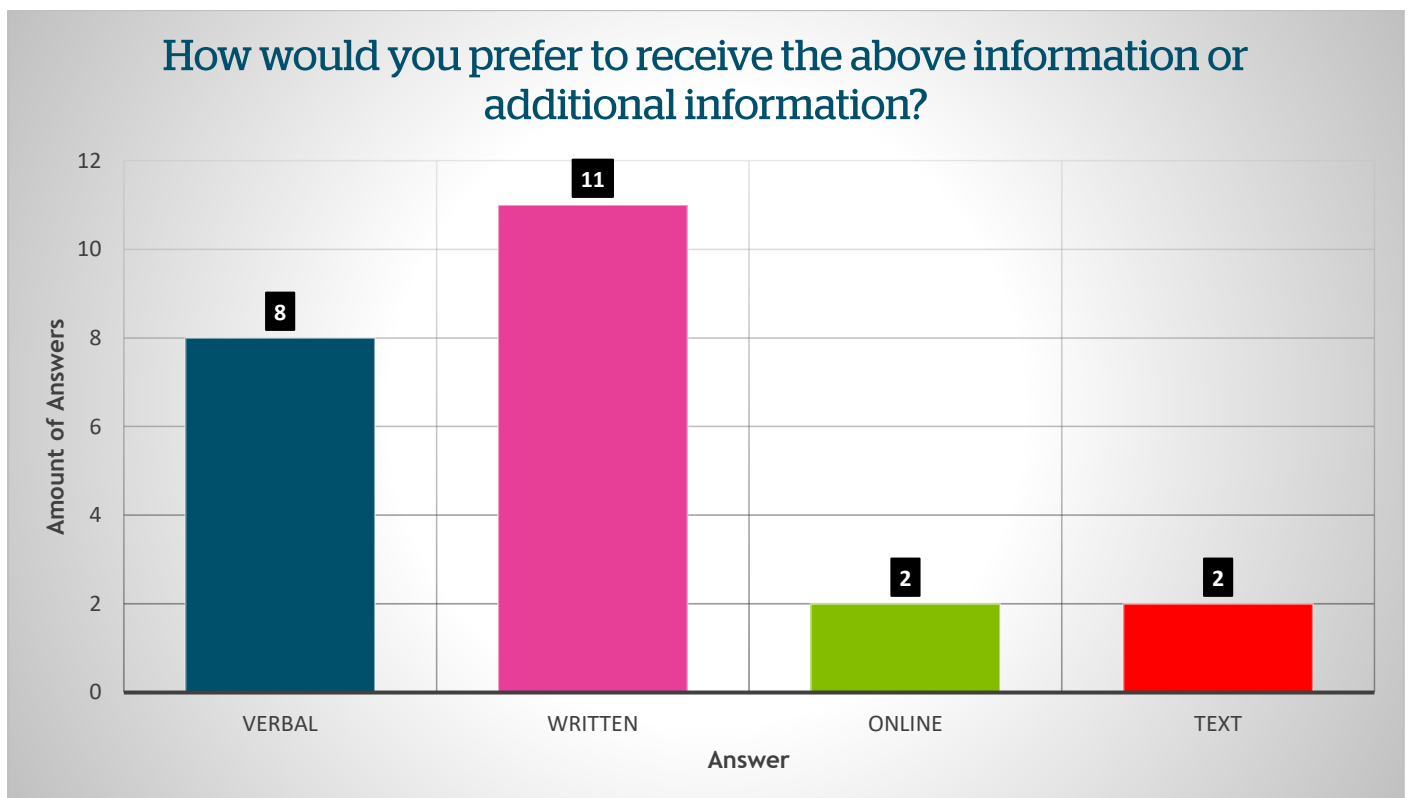
Results: Partner and Birth Partner

We wanted to take the opportunity to ask fathers/partners of the pregnant women attending the ROH Antenatal Clinic whether they felt included and part of the antenatal experience and what if anything could help them support the expectant mother. We also wanted to know if as a result of their partners pregnancy they had adopted a healthier lifestyle in any way.

We only continued with the partner questionnaire if the person attending the appointment with the pregnant woman was involved on a regular basis with the antenatal care.

18. Would you find it beneficial to receive specific information as a partner/birth partner?

Of the fathers/partners who took part in the survey 48% of partners felt they would like to receive information targeted specifically at them. Their preferred format to receive this information was written (44%) closely followed by discussion during the antenatal appointment.



19. What information would you find beneficial?

There were varied responses to this question which included;

- Understanding what to expect including the scans and tests that happen throughout the different stages of the pregnancy
- How to best support their wife/partner
- Understanding that it is overwhelming for the partner as well particularly with the first baby



20. Have you changed your behaviour because of your partner/birth partner becoming pregnant?

Of the fathers/partners who took part in the survey 32% said they already had a healthy lifestyle and 36% said they had adopted a healthier lifestyle as a result of the woman's pregnancy. The most common lifestyle changes included a reduction in alcohol closely followed by a healthier diet.



Recommendations: Provider Response

The Royal Oldham Hospital (ROH) have provided the following response to the report's overall findings and detailed recommendations.

'Oldham Care Organisation welcomes Healthwatch Oldham's report into the antenatal care women receive through its maternity services. It has highlighted a number of issues we had already identified and have started to address by reviewing a number of the pathways of care we offer. This includes the introduction of some changing roles within the antenatal clinic alongside the introduction of changes to how some of our midwifery workforce works which will come into effect in the early part of 2019.'

The information women receive prior to, and during pregnancy is also being reviewed in order to ensure women receive consistent and clear advice and guidance. We look forward to working closely with our partners at Healthwatch Oldham to devising an action plan to ensure we have addressed those areas identified where women and families felt we could do better.'

<i>Recommendation</i>	<i>Response/Actions</i>	<i>Anticipated Completion Date</i>
<p>First Antenatal Appointment - Review information routinely provided to pregnant women to ensure consistent messages by GPs and midwives on the benefits of attending the first antenatal appointment within the recommended guidelines.</p>	<p>Action: The ROH is reviewing the following 3 points:</p> <ul style="list-style-type: none"> • consistent information and advice for pregnant women across GM • methods designed to encourage pregnant women to access information and advice sooner • service model that encourages pregnant women to attend the first antenatal appointment at the earliest opportunity. <p>The ROH will be changing its current service model based on the outcomes of the work.</p>	<p>Date completed: Sept 2019</p>
<p>Antenatal Care Lead - Ensure information about who is leading the antenatal care, and why, is provided at the outset. If the care lead changes, ensure systems are in place to explain this.</p>	<p>Action: The ROH recognise there is some confusion within the current system about antenatal roles and responsibilities. In response the Maternity Unit is looking at ways to provide greater clarity about people's roles and how to routinely share this information with pregnant women.</p> <p>The Unit is keen to ensure that pregnant mothers are in control of their own care so have adopted a national approach where pregnant mothers hold their own maternity notes that detail key contacts, discussions from each appointment and details of what to expect at future appointments.</p> <p>A named midwife provides consistent named support throughout the pregnancy.</p>	<p>Date completed: March 2019</p>

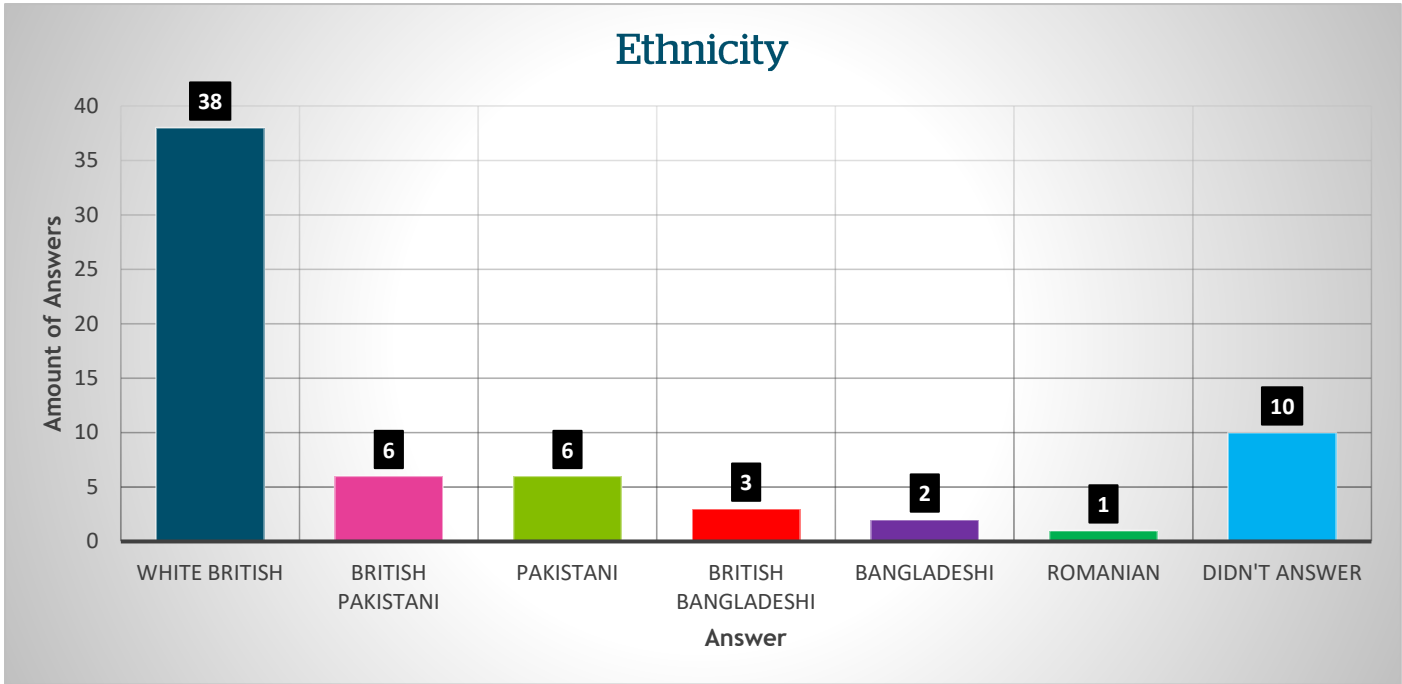
<p>Consultant Consistency: Where possible follow up appointments should be made with the named consultant or midwife to ensure consistency of care, reassurance, and reduce the number of times information is repeated.</p>	<p>Action: This is already recognised as an issue and the Maternity Unit is exploring a new approach that involves Buddy Doctors.</p> <p>A Buddy Doctor provides cover when the named consultant is off sick or on leave. This approach will ensure that each woman will have no more than 2 consultants involved in her planned antenatal care. However, this cannot be guaranteed where women attend more often with unscheduled appointments rather than attending through planned appointments.</p> <p>Adopting the maternity notes scheme held by the mothers (outlined above) will also help to reduce the number of times information needs to be repeated.</p>	<p>Date completed: March 2019</p>
<p>Rushed Appointments: Ensure realistic appointment times at both ROH and community antenatal appointments to allow for questions by both the pregnant mother and father/partner at each appointment to discuss any concerns.</p>	<p>Action: As the following response addresses both rushed appointments and long waiting times the two recommendations have been merged.</p>	<p>Date completed: July 2019</p>
<p>Waiting Times: This was an issue at all antenatal appointments both within the community and at the ROH. Ensure realistic appointment times are given in order to reduce overall waiting times and as a minimum ensure that the women and their partners know in advance if there is going to be a long wait to manage time off work, childcare and parking time.</p>	<p>The Maternity Unit brought in a change of leadership in December 2018. Since then there has been a significant piece of work looking at patient flow through the unit. The review is looking at the levels of demand and complexity of cases coming through the unit, appointment times and capacity of the current service model to respond.</p> <p>More importantly the review has looked at how the high levels of demand within the unit impact on the experience of pregnant women and their partners coming to the unit.</p> <p>Findings from the review will be put into a new system and tested out in early 2019.</p>	

<p>Topics of standard information for pregnant women: Cover standard topics at the first antenatal appointment, including written information on Domestic Violence, to ensure all topics are mentioned even if they need to be raised again later to ensure nothing is missed.</p>	<p>Response: As outlined previously the ROH is working as part of a Greater Manchester piece of work to offer more consistent information and advice to pregnant women.</p> <p>However, in terms of Domestic Violence the ROH Maternity Unit confirmed that their current procedures are in line with national best practice. This means that staff will never discuss Domestic Violence support with pregnant women if a partner or other family member is present, as this could trigger an incident.</p>	<p>Date completed: July 2019</p>
<p>Information for partners: Produce a leaflet and/or session for partners and birthing partners that provides information on what to expect, what support they can provide, and the importance of adopting a healthy lifestyle along similar lines to those of their pregnant partners.</p>	<p>Action: Healthwatch Oldham really welcomes the approach being adopted by the maternity Unit at the ROH to address this issue.</p> <p>The unit is working with Dads Matter, a project funded by the Homestart charity designed to explore the best ways to engage with birthing partners. The project works with Dads to understand how they want to receive information, including the take up of a phone app.</p> <p>The project also builds on the principles of peer support for running antenatal information sessions in a safe place for Dads to talk to other Dads. This is vital for partners who feel they do not want to burden their partners with their questions and concerns.</p>	<p>Date completed: July 2019</p>
<p>Parking Facilities Improve access to parking facilities possibly through a small number of dedicated parking bays for use during delivery.</p>	<p>Action: This is a much bigger issue that impacts on services across the hospital. The ROH is working on the development and implementation of parking improvements as part of a new Northern Care Alliance parking strategy.</p>	<p>Date completed: December 2019</p>

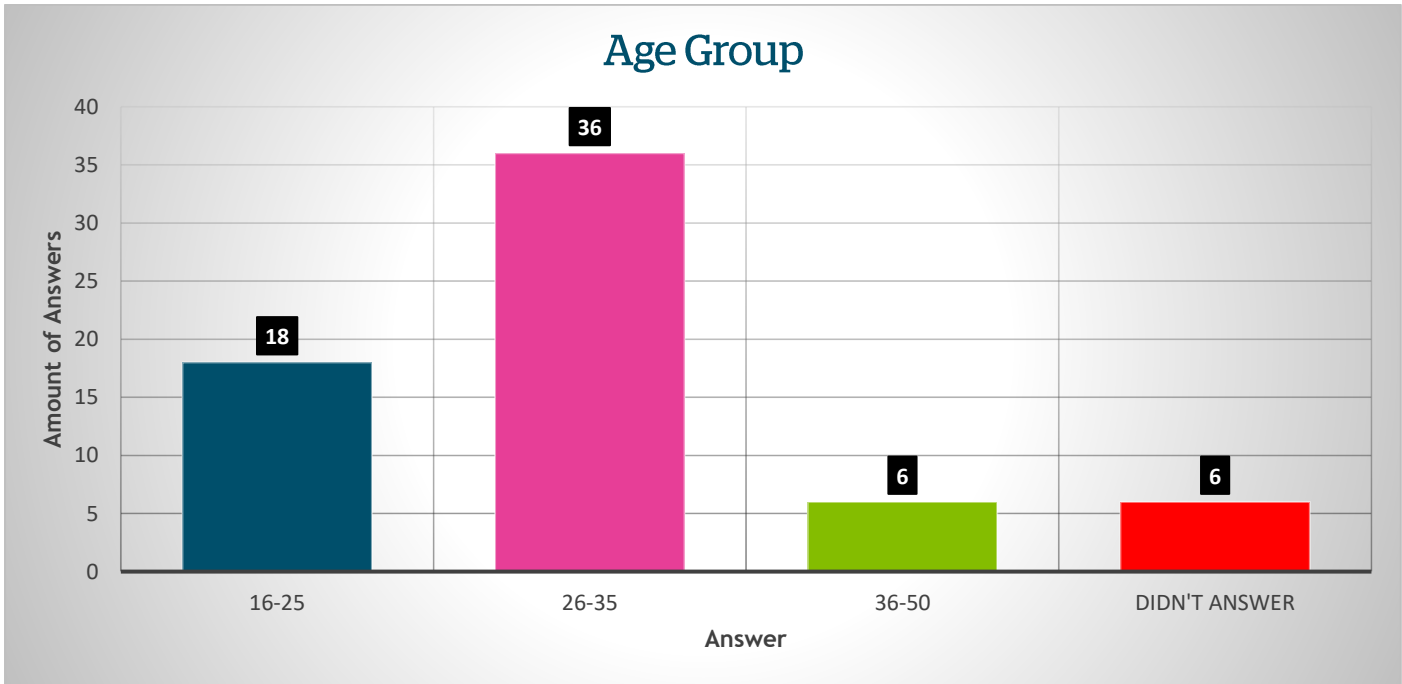
<p>Diabetes Preconception Information Work with partners to develop a pre-conception Diabetes Leaflet to circulate through GP practices - this was raised by the Midwives at ROH.</p>	<p>Action: Diabetes preconception information needs to be part of a much bigger piece of work with GPs and health information/promotion services. The response will be designed to reflect the preferences of pregnant women and how they want to receive information so may not necessarily be a leaflet.</p>	<p>Date completed: April 2019</p>
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Equalities Monitoring: Mother

Out of the 66 questionnaires, 38 people identified themselves as White British. There is a comparable amount of responses for the other ethnicities with ten people who didn't answer this question.



The most common age group stated by people who completed the questionnaire was 26-35 which was answered by 36 people. The second most common answer was 16-25 which 18 people answered.



The most common sexual orientation stated in this questionnaire was heterosexual with 58 answers and six people chose not to answer this question.

Sexual Orientation	Heterosexual	Lesbian	Other (Didn't state further)	Didn't Answer	TOTAL
Number of People	58	1	1	6	66

We asked if people saw themselves as disabled. 60 out of the 66 completed questionnaires answered that they weren't. Only one person saw themselves as disabled and five people didn't answer this question.

Do you see yourself as disabled?	Yes	No	Didn't Answer	TOTAL
Number of People	1	60	5	66

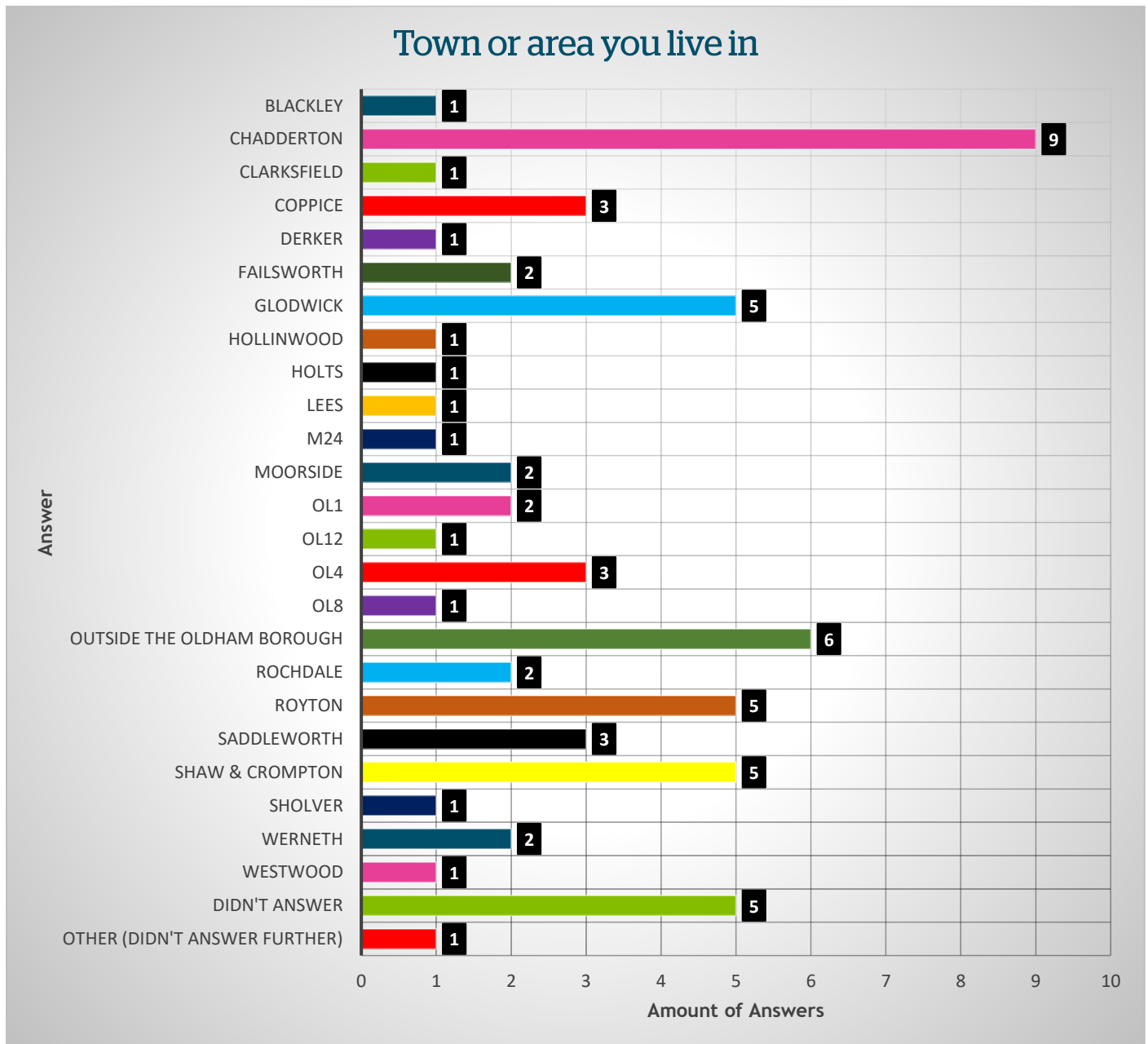
We asked if people had experienced any emotional or mental health difficulties. 42 people stated that they hadn't compared to 17 who stated that they did. Seven people didn't answer this question.

Have you experienced any emotional or mental health difficulties?	Yes	No	Prefer not to say	Didn't Answer	TOTAL
Number of People	17	42	0	7	66

For those that answered 'Yes' to experiencing any emotional or mental health difficulty. We asked them what treatment they had. The most common answer was received treatment from their GP with 14 answers and seven stated they had received treatment or diagnosis by the specialist mental health service.

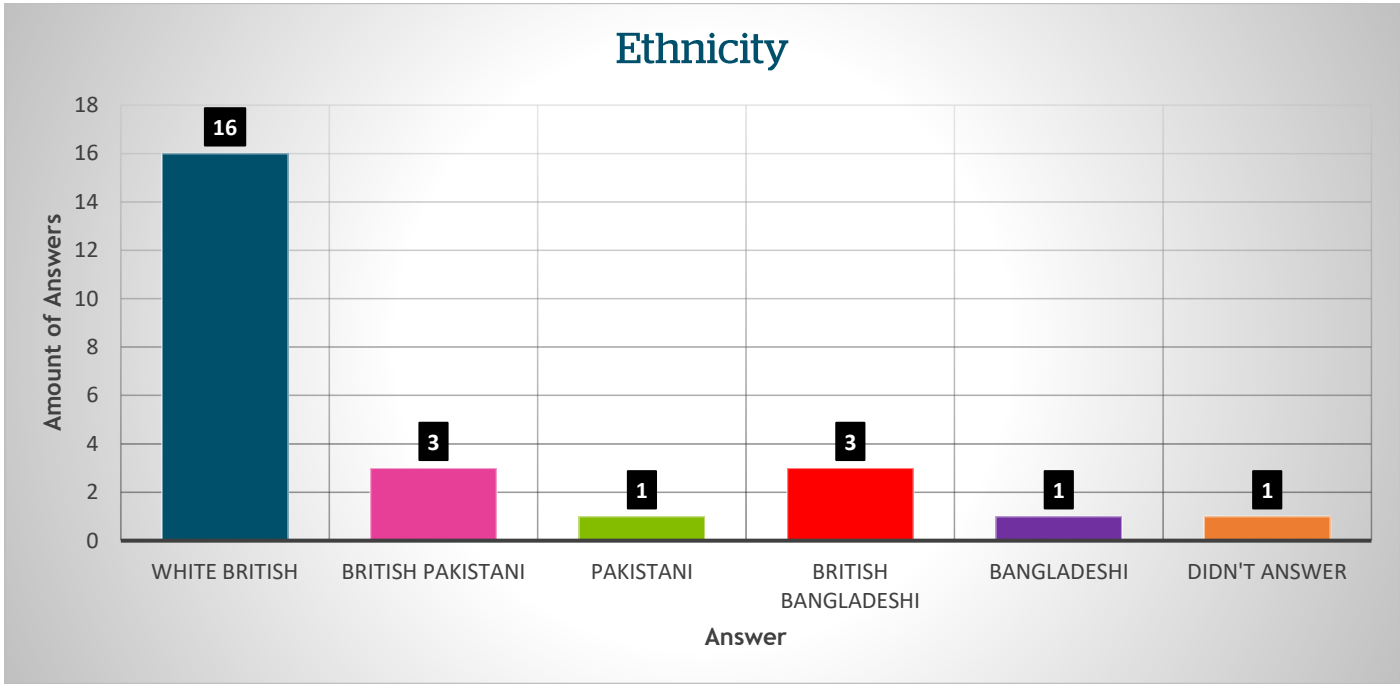
If 'Yes', have you:	Received treatment from the GP	Received treatment or diagnosis by the specialist mental health service	Had no diagnosis or treatment	TOTAL
Number of People	14	7	0	21

We asked everyone what town or area they lived in. The most common answer was Chadderton with nine answers. Other common answers within the Oldham Borough was Glodwick, Royton and Shaw & Crompton which all received five answers.

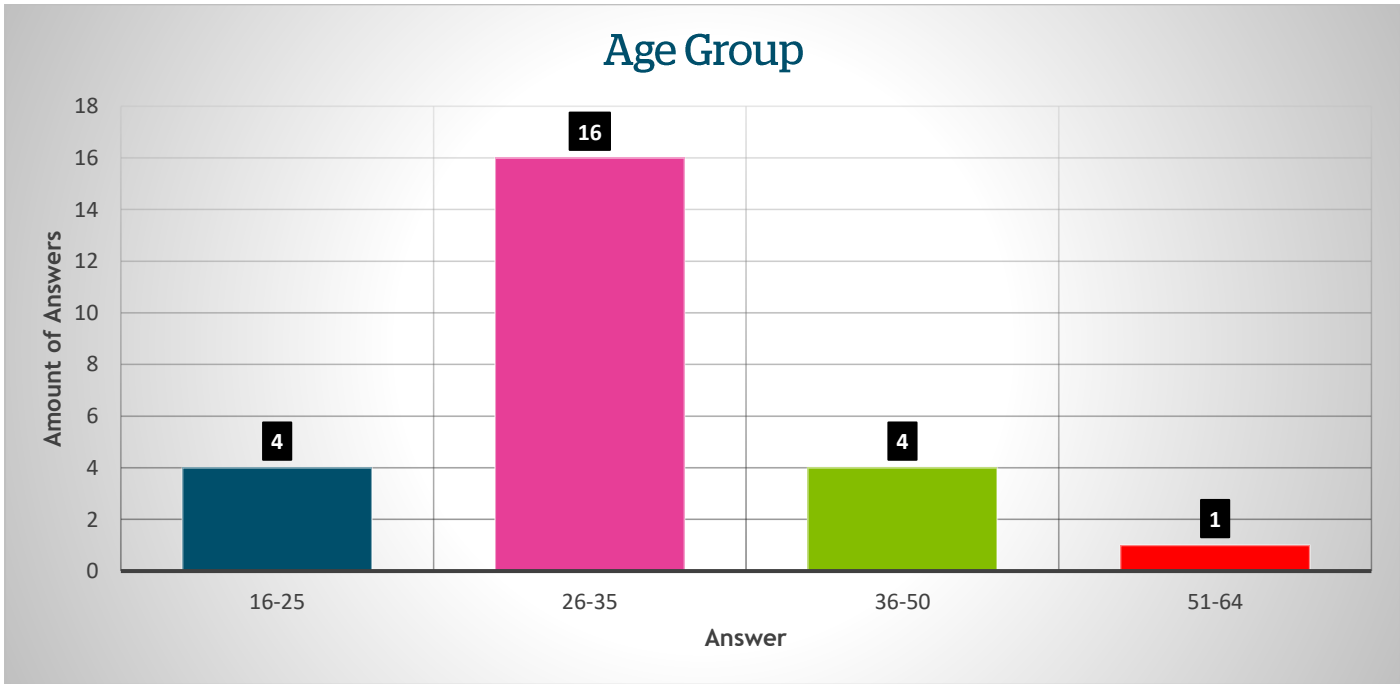


Equalities Monitoring: Partner

For the partners and birth partners 24 people were male and one person said they were female. We asked all supporting people to state their ethnicity. The most common answer was 16 people who are White British. There is a comparable amount of responses for the other ethnicities with only one person who didn't answer this question.



The most common age group stated by supporting people was 26-35 which was answered by 16 people. Four people answered the age groups 16-25 and 36-50 respectively with one person who answered 51-64.



All of the 25 partners and birthing partners stated that their sexual orientation was heterosexual and none of them classed themselves to be disabled.

We asked all supporting people whether they had experienced any emotional or mental health difficulties. 20 people stated that they hadn't compared to the five who stated that they had.

Have you experienced any emotional or mental health difficulties?	Yes	No	Prefer not to say	TOTAL
Number of People	5	20	0	25

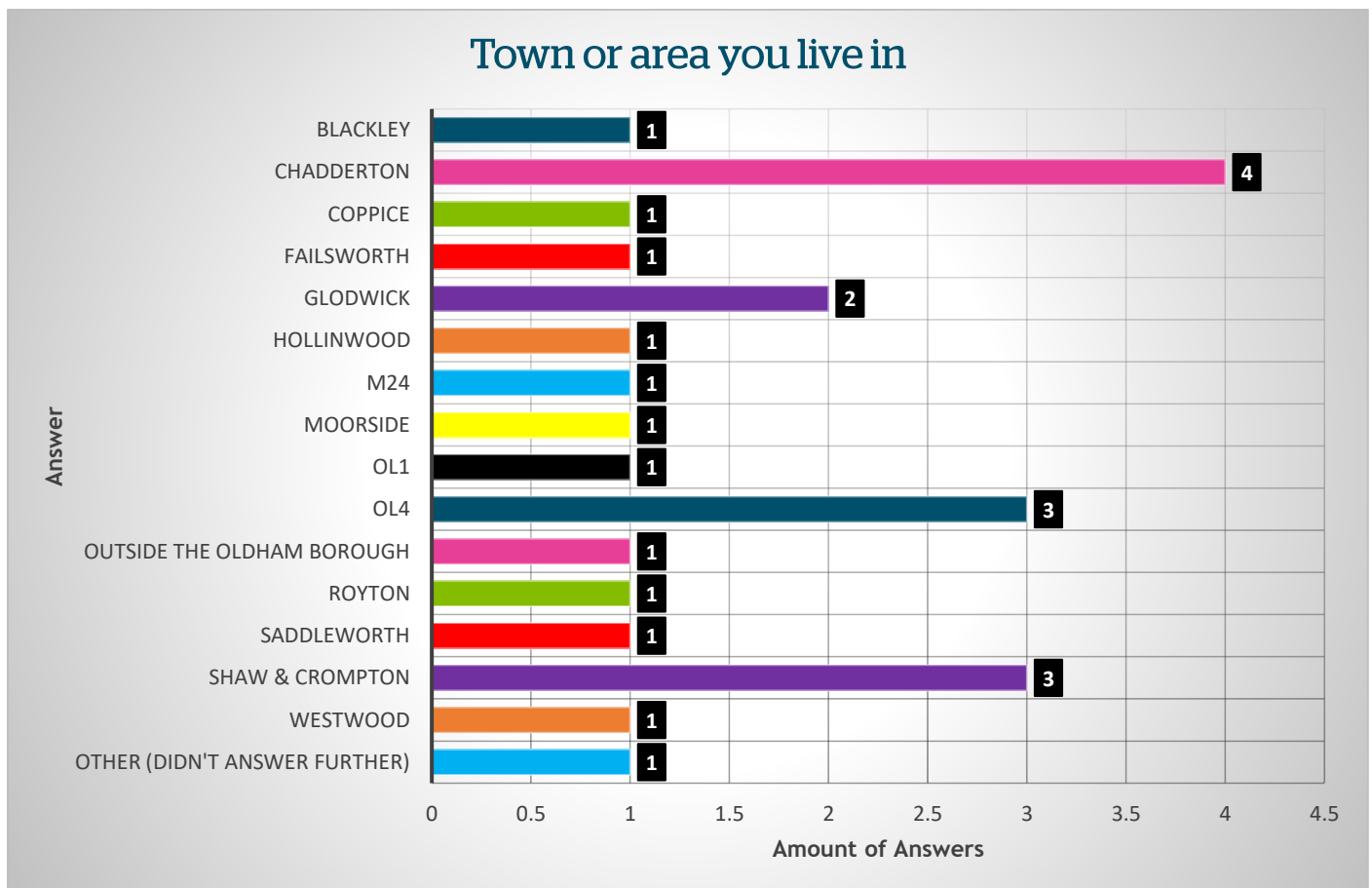
For the five partners who said they had experienced emotional or mental health difficulties, three had received treatment or diagnosis by the specialist mental health service and one person stated that they received treatment from their GP. One person didn't answer this question.

If 'Yes', have you:	Received treatment from the GP	Received treatment or diagnosis by the specialist mental health service	Had no diagnosis or treatment	Didn't Answer	TOTAL
Number of People	1	3	0	1	5

We asked the 25 partners what relation they were to the Mother. 14 people stated that was the Mothers husband, with ten being their partner and one was the persons Mother.



We asked all the partners what town or area they lived in.



Timetable of Survey Sessions

Timetable of sessions with number of Surveys undertaken at each session broken down by Patients and partners and surveys completed.

<i>Date</i>	<i>Day</i>	<i>Time</i>	<i>Pregnant Women surveys completed</i>	<i>Partner and Birth Partner surveys completed</i>
2.5.18	Wednesday	1pm-3pm	14	9
9.5.18	Wednesday	9am-11am	19	3
10.5.18	Thursday	1pm-3pm	11	2
14.5.18	Monday	9am-11am	14	5
1.6.18	Friday	1pm-3pm	8	6
TOTALS			66	25

Is there anything else you would like to tell us?

Mothers:

- “Parking - more spaces needed. Otherwise, very happy and content.”
- “Earlier than appointment time for scan, so very pleased. Parking is shocking, actually making me panic about parking when in labour! May take a taxi. As I am only 12 weeks pregnant a lot of the questions aren't applicable.”
- “Didn't get confirmation of today's appointment, I rang this morning and was told it was 10am.”
- “They always seem to find a problem i.e. too much water, low lying placenta. so they are keeping a good eye on me.”
- “Previous pregnancy was a miscarriage. No bloods and no blood pressure taken. I Felt neglected and not given pain relief... felt there was a lack of empathy.”
- “Took half an hour to park.”
- “Parking at the hospital once took 45 mins.”
- “Waiting times can be up to 4 hrs and I am at work so it's very time consuming. If I could be seen in the community the wait time wouldn't be as long”
- “The scans are thorough.”
- “When doing a scan... the screen... is at times turned away, we want to see everything.”
- “They have kept an eye on me as my previous pregnancy was also not straight forward.”
- “...Need more pregnant friendly chairs, (you sit differently) especially when having to sit around for an hour or so.”

Partners:

- “I'm Happy as long as my wife and baby are well looked after.”
- “Appointments are slow. Long waiting times.”
- “need classes for males.”
- “Would be useful to know way to expect before an appointment. Towards the end of the pregnancy what's involved and what behaviours to expect throughout the pregnancy.”
- “Found hypno-birthing classes really good, more male focused, talked about bonding with baby met males and shared experiences. More of this would be great. Been reading a book - 'Commando Dad' very helpful. Tips on healthy living etc.”
- “Parking situation, could have missed scan appointment (last appointment) if a guy not moved out of space.”