



# Maternity experiences amid the coronavirus pandemic

Healthwatch Richmond  
October 2020

## Introduction

When planning our work plan for 2020-21 we identified a project within maternity care as an area we wished to explore this year. We have previously published our [Antenatal report](#) in 2018 where we collected experiences from over 100 respondents about their care during antenatal, labour and birth.

In March 2020 the country entered lockdown due to the coronavirus pandemic and priorities changed. Although maternity services continued to operate they had to make drastic changes to the service to adhere to regulations and keep everyone safe.

In May 2020, Chelsea & Westminster NHS Foundation Trust Maternity Department were planning to collect patient feedback about the care during this time and how the changes to the service impacted them. They were keen to assess how well they have performed during this time challenging time and also use the feedback to inform decisions moving forward. We offered our support with this project and have worked with them to produce the survey, collect feedback and analyse the responses.

*“We want to thank Richmond Healthwatch for their support and energy in helping us produce this piece of work, from the development right through to the conclusion. This has been a great collaborative piece of teamwork and we welcome the findings to help us drive any improvements we may need to make.”*

*Interim Director of Midwifery & Gynaecology, Chelsea and Westminster Trust*

Healthwatch Richmond is the independent NHS and social care watchdog for residents in the London Borough of Richmond upon Thames. We help to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch the power to:

1. Enter and View premises that provide health and/or adult social care services.
2. Request information from health and social care providers and receive a response within 20 days.

The reports for Healthwatch Richmond's Enter & View visits can be found on our website - [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk) - or are available from our office. Please contact us on 020 8099 5335 or [info@healthwatchrichmond.co.uk](mailto:info@healthwatchrichmond.co.uk) for further details.

## Background

Chelsea & Westminster NHS Foundation Trust provide maternity services at West Middlesex and Chelsea & Westminster Hospitals. They support around 12,000 women a year who give birth in hospital or at home depending on their birth plan. They offer midwife-led care and obstetric models of care for those pregnancies that are more high risk.

The COVID-19 (coronavirus) pandemic meant that Trusts were required to make difficult decisions relating to the services that they were able to provide. During the period covered by this work the following restrictions and changes were in place:

- Partners were not able to attend antenatal appointments. Partners were not able to attend scan appointments initially, but from June 15<sup>th</sup> partners were able to attend the scans.
- Visiting on antenatal wards was not permitted for anyone until June 15<sup>th</sup> when one birth partner could visit (but not stay overnight).
- Visiting on postnatal wards was also restricted so that one birth partner or support person could attend once the woman was in active labour and could stay for up to 3 hours following the birth. From the 15<sup>th</sup> of June one birth partner or support person can visit but cannot stay overnight.
- Visitors (other than birth partner or support person) were not permitted on the antenatal and postnatal wards.

Our aim was to gain an understanding of the feedback to the service changes and what impact these had on those who had care amid the coronavirus pandemic.

The maternity services can be found at the following addresses:

West Middlesex University Hospital  
Twickenham Road  
Isleworth  
Middlesex  
TW7 6AF

Chelsea and Westminster Hospital  
369 Fulham Road  
London  
SW10 9NH

## Methodology

We used an online survey, using Google forms, to collect feedback from expectant women, new mothers and their birth partner or support person. The online survey was accessible from the 24<sup>th</sup> of June to the 29<sup>th</sup> of July 2020 during which time 432 people had completed it (4-5% of those women receiving some form of care during this period). Any responses received following the 29<sup>th</sup> of July were included for qualitative data analysis only.

The surveys were promoted by local partners including Chelsea & Westminster NHS Trust, Maternity Voices Partnership, NCT groups, Healthwatch Hounslow, Central London Community Healthcare (Richmond's health visiting provider) alongside an extensive social media and email promotion campaign, and paid for social media advertising.

The Trust were most supportive in promoting the survey directly to their patients and to new mums. Midwives, in particular community midwives, provided leaflets to women to highlight the survey at antenatal and postnatal appointments. Stickers were placed onto postnatal notes so that the link was visible easily to women going home after birth. Posters were placed in antenatal clinics and receptionists were asked to highlight the survey to women. Women who had given birth during the pandemic were sent a text message with the link to the survey. The survey was promoted extensively online via websites and social media by ourselves, Chelsea & Westminster NHS Trust and the Maternity Voices Partnership (MVP).

### Who we engaged

We collected data from pregnant women and women who have given birth amid the coronavirus pandemic, and their birth partner or support person. Data was collected from women who have their care at either West Middlesex or Chelsea & Westminster Hospital and was not limited to those who are residents of Richmond upon Thames borough.

## Limitations

The experiences and observations in this report relate to those we were able to reach through our promotion of the survey. The report cannot be representative of the experiences of all patients, however the extensive promotion meant that those most women will have had an opportunity to respond to the survey. The range of second languages however provide some assurance that the findings will be reasonably representative of the wider population.

The online only method of collection means that those without access to the internet will not be represented within the results of this report. Whilst attempts were made to reach partners we did not collect enough data from partners to enable us to analyse this.

Some of the findings from this report are outside of the scope of the survey, for example where a respondent told us about aspects of care that we did not specifically ask about. This means that, as not everyone was invited to comment on these issues, we cannot say with certainty whether those that didn't provide this information would have felt the same or differently about that aspect of their care.

The combination of qualitative and quantitative data and the extensive and representative sample, provide significant confidence that our findings are representative of the views and experiences of people using maternity care at West Middlesex and Chelsea and Westminster Hospitals during the coronavirus period.

# Analysis

## Respondents

There was a reasonably balanced split between respondents between West Middlesex Hospital (216) and Chelsea and Westminster Hospital (199).

### Stage of pregnancy

The majority of respondents related to a baby that had been born at the time of completing the survey (90% overall. 85.9% at SW, 93.5% at WMUH).

Overall, 10% of respondents gave birth or had due dates after the survey closed which accounts for 14.1% of CW responses and 6.5% of WMUH responses. Most respondents reported giving birth April-June 2020 (80.3%).

### Women who had given birth by the time of completing the survey

| Month baby was born | Chelsea and Westminster Hospital | West Middlesex Hospital | Grand Total |
|---------------------|----------------------------------|-------------------------|-------------|
| March               |                                  | 1.0%                    | 0.5%        |
| April               | 34.5%                            | 30.2%                   | 32.2%       |
| May                 | 40.4%                            | 30.7%                   | 35.1%       |
| June                | 21.6%                            | 26.6%                   | 24.4%       |
| July                | 3.5%                             | 11.6%                   | 7.8%        |

### Women who gave birth after completing the survey

| Due date  | Chelsea and Westminster Hospital | West Middlesex Hospital | Grand Total |
|-----------|----------------------------------|-------------------------|-------------|
| June      | 7.1%                             | 0.0%                    | 4.8%        |
| July      | 7.1%                             | 14.3%                   | 9.5%        |
| August    | 14.3%                            | 21.4%                   | 16.7%       |
| September | 35.7%                            | 14.3%                   | 28.6%       |
| October   | 7.1%                             | 28.6%                   | 14.3%       |
| November  | 14.3%                            | 14.3%                   | 14.3%       |
| December  | 14.3%                            | 7.1%                    | 11.9%       |

## Demographics of respondents

Demographic data is difficult to interpret without knowledge of the populations using CW/WMUH.

### Age

| Age           | Chelsea & Westminster | West Middlesex |
|---------------|-----------------------|----------------|
| 17 or younger | 0.5%                  | 1.9%           |
| 18-24         | 3.0%                  | 6.5%           |
| 25-30         | 13.0%                 | 23.6%          |
| 31-35         | 46.0%                 | 41.7%          |
| 36-40         | 33.5%                 | 23.6%          |
| Over 40       | 4.0%                  | 2.8%           |
| Grand Total   | 100.0%                | 100%           |

Respondents for Chelsea & Westminster were generally older than those at West Middlesex Hospital.

### Ethnicity

| Ethnicity               | Chelsea & Westminster | West Middlesex |
|-------------------------|-----------------------|----------------|
| White British           | 37.7%                 | 39.4%          |
| White Other             | 38.2%                 | 19.0%          |
| Asian                   | 12.6%                 | 31.9%          |
| Black                   | 4.0%                  | 2.5%           |
| Mixed                   | 5.5%                  | 5.5%           |
| Prefer not to say/blank | 2.0%                  | 2.8%           |

The sample appears to be overrepresented in White British and mixed respondents and underrepresented in Asian and Black respondents. Direct comparison with ethnicity of patients is difficult.

### Religion

| Religion          | Chelsea & Westminster | West Middlesex | Total |
|-------------------|-----------------------|----------------|-------|
| Christian         | 44.2%                 | 37.0%          | 40.6% |
| No religion       | 39.2%                 | 33.3%          | 36.0% |
| Muslim            | 6.5%                  | 9.7%           | 8.2%  |
| Hindu             | 3.5%                  | 8.8%           | 6.3%  |
| Sikh              | 1.0%                  | 6.5%           | 3.9%  |
| Buddhist          | 0.5%                  | 0.0%           | 0.2%  |
| Prefer not to say | 5.0%                  | 4.6%           | 4.8%  |

The proportions of people reporting their religion as Muslim, Hindu and No religion are higher than in the Richmond population. Those reporting themselves as Christian were below the Richmond average.

### Language

31 first languages were reported and were spoken by 1 in 5 respondents (20.7%) other than English (spoken by 79.3%). As the questions are different to those featured on DataRich it is difficult to compare this to the average for the area however it demonstrates reasonable diversity in the respondents.

The analysis of languages spoken is shown in Appendix 1.

## Maternity experiences

### Booking appointment

The Booking Appointment is the first maternity appointment.

The majority of women reported having face to face booking appointments (86%) with 14% having their booking appointment by phone (14%).

Of the 54 people who reported having their booking appointments by phone, 44 had given birth by the time of the survey and 10 had their booking appointment during social distancing.

Where people gave low satisfactions scores their narrative comments related to appointments feeling rushed and impersonal, to inaccurate information being recorded during the booking appointment, or to staff attitude. Where people gave positive comments these related to the convenience of the appointment or to the process working smoothly.

It is unclear whether these negative experiences are caused by the appointment being by phone or whether they reflect pressures on the service more widely:

#### Information taken at the appointment was not accurate.

*“She did not spend the time with me going over all the necessary details- in fact, she missed off some quite vital ones. I was then put under the wrong team within Chelsea and Westminster. There were inaccuracies in my notes when I received them and when I had an appointment with the (fantastic!) midwife at 24 weeks (the booking midwife scheduled this and confused everyone as this isn't a routine appointment) she had to go back and sort out all of my notes and online information as it wasn't accurate and was haphazard. This midwife actually apologised for the poor care I had received from the booking midwife.”*

*“irrelevant information taken for booking. Booking was not complete when attended face to face appointment just basic information taken.”*

*“Brief. Later found out all the relevant questions hadn't been asked”*

#### Staff attitudes

*“She was dismissive on the phone of my questions and the whole conversation only lasted 10-15 minutes.”*

*“A waste of time. Rude midwife over phone”*

*“The reaction I also got when I said I didn't want the downs test done was also quite rude - especially considering I have a sister who has downs syndrome. She asked in a slightly incredulous way about the fact that 'so you'll just love it whatever?!”*

#### Rushed or unsupportive appointments

*“As a first time mum, I need more support than a phone call from someone who seems to think I should know everything already. I did not feel supported”*

*“I felt no real support whatsoever. While the midwife was doing her job well in terms of filling up the antenatal questionnaire”*

*“I found it not really supportive that it was all about answering cold typical questions, not even having the opportunity to get my blood tests done and of course felt the lack of real connection that can happen through a face to face appointment”*

*“It felt quite rushed and a lot to take in very quickly. I was madly scribbling notes but didn’t have much time to process what I was being told. I didn’t get much sense of what the overall pregnancy journey would involve in terms of care but this is my first baby so I wasn’t sure what to expect from the booking appointment!”*

**Positive experiences of staff:**

*“It all went fairly well”*

*“I was surprised how well the telephone appointment went. It was convenient - my husband could join the call and we spoke from the comfort of our living room. As this is my first pregnancy and I had no contact with any medical professional up to that point (10wks) the midwife helped reassure me.”*

*“It was quick and efficient and made sense to be made over the phone.”*



## Virtual appointments

114 women had experienced virtual appointments of which 97 had experienced phone appointments, 6 had experienced video calls and 11 had experienced both.

Satisfaction in relation to phone calls was broadly positive (2.9 on a scale of 1-5 with 1 being Very satisfied). Insufficient data was received to view phone and video appointments separately.

Most women felt that they had sufficient privacy (93%), that they were listened to (78%) and that their questions were answered (73%). Most of the remainder felt that the virtual appointment partially met their needs.

Narrative responses largely offered constructive feedback on improving the experience. The themes relating to virtual experiences are presented below.

### Virtual felt impersonal

1 in 3 respondents said that virtual appointments felt impersonal and didn't enable rapport to be built with the team. This sentiment was expressed during both antenatal and postnatal care

*“Feel alone and scared of giving birth without knowing my midwife”*

*“It feels terrible that antenatal appointments are over the phone... first time mothers feel lost and do not have any clue of how to handle the new situation they are in... the phone only option I have added much more onto my stress”*

*“I didn't like telephone appointments - not personal - it is important to see in person”*

*“Felt more like a tick box exercise than the personal more in depth face to face appointments I had. Especially when I was overwhelmed and tired after birth. Having no support after birth other than a call five days later meant I had to go in search of external support on feeding.”*

Not all found this to be a problem and one mum speculated that this may be more of a concern for those who were more concerned generally about their pregnancy:

*“I was lucky to be having a 3rd baby but it would have alarmed me if it had been my first baby.”*

### Rushed Appointments, poor administration or poor preparation

1 in 4 respondents spoke about appointments feeling rushed or about administration problems.

Rushed appointments were short which left people feeling that there was insufficient time to get the information that they needed or to ask questions.

*“My 16wk phone appointment felt very quick (15mins). I had to ask the pharmacist to questions I had as the call with the midwife was so short”*

*“it felt far too quick [after 18 weeks without seeing anyone]”*

*“it was very short, very rushed and midwife was rude”*

*“It was a very short call 5min so not much too discuss deeper and had to ask questions about how to get urine tested blood pressure when 20 weeks scan was scheduled. I believe it was one of the first call at beginning of pandemic”*

*“Phone appointment was with obstetrician, it was 2h late and was very rushed”*

*“I can tell you the midwife call for instance at 16 weeks lasted literally 7 minutes, she just checked my details. Zero information provided nor advice nor questions allowed. She was late and had another lady to call after me.”*

Where people experienced administration problems they reported appointments running late or being missed, staff not having access to information and patients needing to chase up results and appointments:

*“No problem with the appointment just the fact that they forgot about me and I had to phone. Then obviously not recorded as I was then messaged to say sorry my apt was missed”*

*“I was expecting the doctor to have my notes up on screen in front of them but I was asked why I'm having this appointment and was required to read out scan results”*

*“I was called the wrong name, called on my parents' house phone, my notes hadn't been read beforehand and the call ended with the obstetrician saying she would phone back to make my follow up app and didn't phone back at all”*

*“They said they would follow-up but nobody did. Had to chase for results and then a different person would call. Awful and zero continuity of care. And missing abnormal results and I only found out because I asked weeks later.”*

*“The obstetrician didn't have my notes in front of her and I felt that she didn't really understand my medical condition.”*

### **Appropriate care**

Around 1 in 5 narrative responses were positive experiences of virtual appointments. Where these were expressed strongly they referred to staff as being responsive, attentive and supportive.

*“The doctor decided during the telephone appointment that I needed examining, so this appointment evolved into a face to face appointment.”*

*“The consultant and midwife were very attentive and supportive”*

*“I felt listened to and my questions answered by the midwife”*

*“I have had appointments with the midwife and health visitor over the phone and these have been good”*

*“The Obstetrician was very good in understanding the problem and history - he listened carefully and asked questions. We then decided together what was best for the baby and myself”*

Positive comments about virtual appointments themselves made up 1 in 20 of the responses which suggests that whilst they may be a welcome option for some. This aligns

with the later finding that the majority of women would welcome face to face appointments when this is possible.

*“I had the appointment in the comfort of my own home with my husband on my side”*

*“The actual apt was good and a better use of time than going in for an apt”*

### **Inherent problems**

Around 1 in 5 spoke about the inherent problems of virtual appointments. Most of these related to the inherent problem of tests not being possible via virtual appointments.

*“With a telephone call, the medical care team cannot check urine sample or blood pressure”*

Some of these related to the natural lower quality of communication from phone calls vs face to face appointments.

*“It was difficult to communicate this with her over the phone as I had never met her before”*

*“Phone appointments are not the same. I find them much more stressful and usually don't manage to ask all the questions”*

### **Was your partner or other support person able to be part of your virtual appointment?**

Similar numbers of people reported that their partner could (38) or could not (42), join the virtual appointment. Narrative responses to this question are not strongly worded and do not speak about impact which suggest that this was not something that people felt strongly about:

*“He didn't join but I assume could have should he or I requested to do so”*

*“No mention of having him but didn't need it”*

*“Yes, as we were both working from home it felt very convenient”*

### **A preference for face to face appointments**

Of the 98 women who expressed a preference, around 3 in 5 expressed a strong preference for face to face appointments. Whilst these sentiments were widely held, first time mums and those with more complex pregnancies placed greater emphasis on the importance of face to face appointments.

*“All appointments should be face to face*

*“I think face to face is better, just also to make it real”*

*“I hate both virtual and phone appointments. Phone appointments are only good for some additional questions after a face to face appointments”*

*“All appointments should be face to face. First time pregnancy is such an overwhelming and emotional experience that the face to face time is incredibly valuable - and can help calm first time parents in a way that video cannot replace”*

*“I did have a few complications which meant I had to have more appointments. It was so helpful going into the hospital and having face to face, it just made me feel a lot more comfortable with everything that was going on. I know it puts the midwives at extra risk but if there are procedures in place to protect them then it would be great to continue on the face to face appointments”*

Within these comments was an understanding of the need for virtual appointments during the crisis but also a desire to return to face to face appointments as soon as safe to do so.

*“All appointments should be made face to face. At least we should have an option to choose. I understand it’s the Covid-19 situation that makes things like this, but pregnant women should be more listened to and not overlooked”*

*“Face to face is always better, however during these circumstances video appointments are great”*

*“Face to face for sure. If pubs are re-opening, shops are re-opening, I’ll gladly wear a face mask and sanitise my hands to see a real person, especially as it’s my first baby and I don’t know what is normal and what isn’t.”*

*“I don’t mind having some video appointments but would prefer face to face if it’s safe”*

#### **A mixture of face to face and virtual**

1 in 5 were content for a mix of face to face and virtual appointments and only 2 people preferred more virtual appointments by default.

Where people wanted face to face appointments (whether exclusively or alongside a virtual offer) it was because they provided the opportunity for tests and examinations that cannot be delivered virtually, as well as the reassurance that they were being looked after and listened to and the chance to build rapport. This mirrors our wider findings on virtual appointments ([Health, Care & Wellbeing Experiences in Richmond During Coronavirus, 3 August 2020](#)):

*“I was due to have a perineal appointment on the 20th of July that has now been changed to over the phone - I feel more apprehensive about this. As I am not sure if a phone check-up it will be sufficient to assess healing”*

*“Maybe I had concerns because in those case was not possible to check the baby’s heartbeat”*

*“Prenatally I would want face to face for the reassurance of baby checks. As long as the frequency of [baby checks] didn’t go down I would be happy”*

*“It’s the reassurance of having BP and urine sample tested otherwise all ok”*

For those who were accepting of virtual appointments they were seen as giving increased convenience and also enhanced contact with the people caring for them:

*“I wouldn’t mind keeping some appointments virtual as it reduces travel and time needed away from work”*

*“I think it was especially great not needed to go in for my diabetes nurse appointments and Lisa was great keeping an eye on my readings. Any time I had problem she answered asap”*

It is notable that virtual appointments being seen as lower risk than visiting a care setting was largely absent from the feedback provided on maternity appointments. This contrasts with respondents comments elsewhere in this report where managing risk is viewed as important.

### **A preference for video over phone appointments**

Despite the relatively low numbers of women who had experienced them, there was a strong preference for video appointments over phone appointments in the narrative reports. People felt more assured by video calls and were more likely to build a rapport with the team caring for them. Phone appointments were not viewed especially positively and some people gave negative feedback about them.

*“My preference would be for video appointments as it helps me to get to know the people involved in my care, helps me feel like I have actually received some care instead of a quick box-ticking check in and would reassure me that there was a way the midwife could spot any physical signs that something was wrong”*

*“I’ve just had phone appointment last apart from the two scans, and they don’t really feel substantive enough to count as maternity care if I’m honest.”*

*“Definitely should be face to face or video rather than phone call”*

*“Some follow up midwife appointments could be done on the phone, but it’s very difficult to get personalised advice when you haven’t met the person on the phone, and they don’t know who you are”*

## Home blood pressure measurement

Home blood pressure testing appears to have been well implemented and received however the low numbers of women who had experienced this (40) mean more work is necessary to confirm this.

Most women appear to have been content with taking their blood pressure at home and felt suitably prepared (20).

For those who felt prepared, clear explanations, ease of use and the convenience of not having to visit the hospital, especially during coronavirus, were the most common reasons for positive feedback:

*“Great service and meant I was able to monitor from home rather than entering a hospital setting which during covid was reassuring”*

*“It was great both doing it at home and communication and feedback I got from the high blood pressure midwife team at c&w”*

*“Great advice was able to understand what I needed to do”*

*“Everything explain by medical staff very clear”*

*“This was very straight forward with a app”*

*“I already had a blood pressure monitor so I was familiar with the procedure”*

Whilst 11 people reported not being sufficiently prepared to take their blood pressures at home, the narrative responses suggested that these people had not been asked to undertake home blood pressure monitoring but were instead commenting more widely on their care:

*“During labour my blood pressure spiked. Probably not surprising given I ended up having an emergency c-section and then haemorrhage where the trauma team were called. My blood pressure was then fine but someone decided I should be kept in hospital for 4 days to take medication. During this time I did not take one beta blocker as each time I was given it to take I asked why. Each time someone went away to check and simply never came back, but worryingly recorded that I took the tablet. I was then given Atenolol to take for the following month, but given no means to take my blood pressure so had to buy a machine myself so that I could determine with my GP that I didn't need the tablets”*

*“I went to the GP to have my blood pressure taken but didn't take it at home as I had a hospital appointment shortly after. I missed one opportunity when my bp should have been taken but was not”*

## Scans during coronavirus

A large proportion of the respondents (276) had received a scan during the coronavirus period. Overall most women were satisfied with their scans and said that they found it convenient to have urine and bloods taken at the same time as their scans. Those who had not given birth at the time of the survey reported significantly lower satisfaction and convenience.

### How satisfied were you with your care during your scan?

|                           | 1 most satisfied - 5 most unsatisfied |     |     |     |    |
|---------------------------|---------------------------------------|-----|-----|-----|----|
| Have you given birth yet? | 1                                     | 2   | 3   | 4   | 5  |
| No                        | 34%                                   | 16% | 18% | 24% | 8% |
| Yes                       | 45%                                   | 25% | 15% | 7%  | 8% |
| Total                     | 43%                                   | 24% | 16% | 9%  | 8% |

### How convenient was it to have bloods urine and weight checked at these appointments?

|                           | 1 most convenient - 5 most inconvenient |     |     |    |     |
|---------------------------|---|-----|-----|----|-----|
| Have you given birth yet? | 1                                       | 2   | 3   | 4  | 5   |
| No                        | 27%                                     | 33% | 15% | 6% | 18% |
| Yes                       | 48%                                     | 22% | 14% | 5% | 10% |
| Total                     | 46%                                     | 24% | 14% | 5% | 11% |

Over 150 respondents provided substantial narrative responses to this section. This affords valuable insight into what drives the differing experiences within these scores which clearly relate to the stage of pregnancy of the respondent and the arrangements in place at the time of their experience.

### Quality of care

Two in five respondents spoke positively about the quality of care that they received from staff around their scans during the coronavirus period. Many of the responses were statements of sometimes strongly worded appreciation with limited detail about what made the experience positive.

*“Brilliant all the way”*

*“I had a positive experience at all appointments”*

*“I was totally satisfied”*

Some people described their experiences as being similar to pre-coronavirus experiences or largely unaffected by the changes.

*“The only thing that changed was PPE”*

*“It wasn’t different to normal times”*

*“In given circumstances it was excellent care”*

*“It was a growth scan and I had to be kept in because there were concerns with growth. It was difficult not having support there when I’d told I would have to be*



*induced, possibly immediately. But staff were fab and I felt they were doing their best to help”*

### **Feedback about staff**

Of those who provided positive feedback about their scans 1 in 6 spoke positively about staff. Staff were described as caring, compassionate and professional.

*Despite the circumstances the staff always worked incredibly hard to keep my appointments as normal as possible. And I always felt very looked after.*

*Antenatal care was outstanding staff were kind and caring and happy to discuss any of your concerns.*

*Staff handled the situation perfectly, ideally birth partner would've been there but staff were that person for you to talk to instead of partner.*

### **Negative experiences of staff**

Staff were not universally praised and around 1 in 10 respondents said staff could have been more caring or helpful. Negative statements about staff in relation to scans were not usually strongly worded:

*“Doctor was also very strict, direct and felt like just getting through measurements without emotions”*

*“I felt the sonographer could have been friendlier given the circumstances”*

*“I had a mixed experience. One scan was really rushed and the staff barely talked to me and I had to ask to see that everything was ok. Another time, it was good and they explained everything very clearly”*

*“...the way she spoke was as if she could not be bothered”*

On two occasions people referenced inappropriate behaviour:

*“before I even left the room, I heard “she was the last one, yay” which made me feel like a burden”*

*“the sonographer from another room was inappropriate as came to discuss someone else’s results during one of my scans”*

### **Weight, Blood pressure or urine were not checked**

Experiences related to having tests alongside scans were positive in terms of quantitative ratings (79% convenient or very convenient, 15% inconvenient or very inconvenient). The qualitative data however demonstrated that the process was confusing and not well organised.

*“Confusing area was after the scan no direction where to go and midwife were on lunch break so I had to insist to be seen to get Urine and blood pressure.”*

*“Had no idea about how the tests worked. Took a lot longer than I had been told on the phone. Everyone seems to expect that I know what to do and where to go despite being first time and having not been to the hospital before.”*



*“There was a lack of organisation. When I came for my scan. I then had to wait 2 hours for my booking bloods to be taken as the phlebotomy room closed for lunch and no one checked my blood pressure”*

However, it is clear that if the process could be streamlined, that there is an appetite for combining the appointments:

*“I didn’t have any other tests as part of the scan appointment but I would be very happy to have them at the same time”*

*“It was efficient to have the 12wk scan, bloods, blood pressure and urine taken”*

### **Administration of appointments and running late**

Comments about late running appointments for scans and tests were made by 10 people:

*“Most appointments were running late. Nearly missed the time slot for the 28week mini glucose test because my appointment was running over an hour late”*

*“Waiting times were long which felt silly as surely the point was to reduce amount of time spent in hospital”*

*“Also there was always a delay in waiting for antenatal appts. Receptionist very slow. The queue got very long at times and when heavily pregnant this was not the best”*

### **Safety**

Safety was a theme that many people spoke about through the survey. Over the period covered by the survey there were significant changes to practice and expectations in relation to social distancing and PPE.

It is clear from the responses that people want to see infection protection measures being taken:

*“All was in great order, everyone had masks on (patients and midwives/medical staff)”*

*“I would have appreciated to see a better level of protection in the hospital at the beginning of the pandemic (March/April) I was almost the only one wearing a mask, the staff everywhere wasn’t”*

*“Clearer instructions to socially distance in the waiting rooms”*

However, there is also a need to ensure that patients are aware of why some arrangements differ over time or by location.

*“Inconsistencies with staff wearing PPE at different appointments”*

*“For the scan I was a bit surprised to see that the doctor was not wearing a mask. I thought it was wrong. For my 28weeks appointment it was much more secure as they took my temperature and were wearing masks”.*

## Not having partners present

The majority of women said that not having a partner present at the scan had a negative impact on them (28% very significant impact, 26% significant impact).

Having a video of the scan to share with a partner was important (18%) or very important (34%) for 134 women (52%). The qualitative data however shows that videos are more important than the quantitative data suggests. Where respondents rated videos as being of lower importance, the main reasons for this low rating were because:

- for early scans or where there may be complications, videos do not replace the support that women lost from not having partners present
- many women who may have found video of the scan valuable were not able to get one
- the partners of women who were later in their pregnancies or had existing children may not have attended scans during the social distancing period and so didn't 'miss out'

## Impact of not having partner present

Around 1 in 3 of the responses provided about scans related to partners.

The impact of not being able to have a partner present during scans was a significant theme running through many of the responses.

Many women worried about being given distressing news during the scan without their partner to support them.

*“Partner was not allowed to attend. However, had there been something wrong I would have found the lack of support from my partner very distressing”*

*“I don't know how I would have reacted if any issue on my own at scan”*

*“I felt very alone and anxious. It was very hard to do it all alone”*

These worries were not unfounded. Those who received distressing news said that they would have been much more comfortable with their partner present. This was most significant in complicated pregnancies and, very sadly, where a child died.

*“My partner [was unable] to attend the scan as my baby was born prematurely and died my partner never heard his heart beat or nothing”*

*“I had to attend a growth scan without my partner which was overwhelming and upsetting. He has missed out on so much during our pregnancy and it was really sad that he wasn't able to see our baby and support me.”*

As well as emotional support some people relied on their partners for practical support. In one instance this led to difficulties with translation as a result of not having their partner present.

*“my English not first language and I needed my husband to explain about things when they asked me they didn't allowed him and I was lost that day and didn't know what to answer when they was filling the file... I'm worry because I have another appointment with the midwife and I hope it's not gonna be like my first experience, even I was asking some questions she was not answering”*

### Not able to have a video

Around 30 respondents spoke about the importance of mitigating the impact on partners. Being able to share a video with a partner was seen as an important way to do this but a significant number of women (23) reported not being able to get videos of their scans. The reasons for this include:

- Changes to the rules around providing videos as the service adapted to lockdown.

*“At the time, I was not allowed to video so this didn’t happen. I asked the sonographer but she said no (in April). I understand the rules are different now.”*

*“Didn’t get video as rule wasn’t introduced yet”*

*“Partner was not allowed at scan but rules kept changing so some other place allow to have a short clip filmed. I asked but was not allowed which was sad and following week guidance was changed to allow a clip to be filmed at end of scan”*

- Technical problems that prevented a video from being provided:

*“I wasn’t able to get a video or a clear picture of the which was a shame as this has excluded my partner from feeling as part of this journey”*

- Women simply not being offered videos

*“It wasn’t made clear that we could take a video at the end. I would have loved to have shown my partner one.”*

*“Videoring of the scan wasn’t allowed, I wasn’t told I could do this so my husband missed out”*

*“Would’ve preferred them being proactive in asking if I wanted to take a short video as I did ask, but I felt awkward asking”*

### Virtual involvement of partner

Allowing partners to be involved virtually would ease the worry of not having support during the scan and address the lack of involvement for partners. A number of women wanted to be able to call or video call their partner during the appointment for these reasons.

*“There was one scan in particular that was very difficult not having my partner there as we discussed some potential serious problems the baby may have. It would have been nice to have him on the phone, but I didn’t really have any warning about the seriousness of what we would be talking about at the scan, so I didn’t think to call him.”*

*“Allow to call partner in case there is an issue with scan or baby for support”*

*“I was informed by the midwife on the phone that I would be allowed to video call my partner from the scan. On the day this was not the case.”*

### **Disproportionate impact of not allowing partners into scans**

Around 20 women reported that they felt their partners missed out on an important part of the pregnancy experience, as a result of not being able to attend scans. The language used was often emotive.

*“Partners were robbed of something important to them.”*

*“Sad as my partner couldn’t be there during scan”*

Almost universally people expressed disappointment that their partners couldn’t be present at scans. Whilst people were understanding of the importance of taking action to reduce the spread of coronavirus, not all agreed with the rationale for not allowing partners into scans, particularly where they are part of the same household. This theme of not agreeing with rules for partners where people felt that they were arbitrary was evident through the survey.

*“It felt like a pointless restriction given that I work from home together with my husband. I could go to the supermarket with my husband but couldn’t have him at the scan. Thankfully everything was fine but it would have been awful if I’d received bad news and been alone”*

*“Given the very low risk of coronavirus it is ridiculous not to allow partners, especially where they live together”*

It is certainly necessary to mitigate against the negative consequences of not allowing partners into the room. If it is necessary to prevent partners from attending key appointments in future, it would also be sensible to ensure the reason for this is clearly articulated.

### **Less of a concern for women after 20 week scans when there are no complications**

Whilst feelings about partners not being able to attend scans are clearly strong, they are also clearly focussed on the early scans and to appointments that relate to potential complications. Those in later stages of pregnancy were comfortable without a partner present for scans but reflective on how differently they would have felt if it was an earlier appointment.

*“At the 20 weeks scan Covid was not here yet so my hubby was with me. When I had the additional scan at 37 weeks I was just happy the baby was ok. So no video was given and I had no impact emotionally. I was happy baby was ok”*

*“My partner was able to attend the first 2 scans; he was not allowed to come to the growth scan only which was fine as it is the least key one.”*

*“I had my first 2 scans with my partner; it is just the last ones that I had to do on my own. I would have been very sad to discover the sex on my own”*

## Labour

At the time of completing the survey 376 women had given birth of which one in three (124) had their labour induced. Of these, 39% of women had their induction started as an inpatient and 31% had their induction started as an outpatient.

Satisfaction was significantly higher for those women who had their labour started as an inpatient (64% satisfied or very satisfied), whilst those whose induction was started as an outpatient were significantly more unsatisfied (47% unsatisfied or very unsatisfied).

| Satisfaction. 1=very satisfied - 5 =very unsatisfied |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|
| Labour started                                       | 1   | 2   | 3   | 4   | 5   |
| as an inpatient                                      | 43% | 21% | 13% | 20% | 1%  |
| as an outpatient                                     | 33% | 14% | 5%  | 14% | 33% |
| Grand Total  | 41% | 19% | 10% | 19% | 11% |

Full analysis of method of starting induction was not undertaken as high numbers of respondents (17%) provided narrative responses that couldn't be easily categorised within an established method of induction.

Narrative responses provided in relation to induction covered both the birth and the induction experience and a wide range of circumstances and timeframes. Clear themes emerged from this including the importance of:

- staff during the induction process
- partners' involvement during induction and birth
- communication and managing expectations
- concerns about balloon inductions

### Positive comments about staff

Positive experiences of staff were reported by 35 of the 100 women who often gave feedback. Sometimes specific individuals were named, other times praise was given to the team as a whole but often it was strongly worded. Where praise for staff was given it often covered their behaviours and attitudes whilst providing care, although a high standard of care alongside this was implied.

*“Again the midwives were amazing and took amazing care of me. They talked through everything in great detail. As per previous comments it was confusing trying to find the ward when I arrived which was quiet stressful as no one seemed to know where it was but other than that it was great.”*

*“Although it was a lovely experience, the medical staff were friendly and helpful and put my mind at ease.”*

*“Absolutely lovely midwives and doctors”*

*“Couldn't have been better- midwives were fantastic!”*

*“Was nice, they helped me a lot, talking to me, encouraging me”*

Whilst some negative experiences of staff were noted these were relatively few and often directed at individuals.

## Mixed experiences of balloon inductions

The majority of women reporting that they had received balloon inductions provided both positive satisfaction scores (56% satisfied or very satisfied) and positive feedback about their experience. The positive narrative feedback about balloon inductions largely centred on the staff providing the care rather than on the procedure itself: *“Not great but midwives and all staff made it better”*.

Negative satisfaction of induction covered all methods of induction but were largely mitigated by positive comments about the quality of care. For the balloon method however 1 in 3 women provided negative feedback about the experience. For those women the balloon induction took a long time, was painful and ultimately either unsuccessful or unnecessary as they required C-sections.

*“my baby 4kg needs delivery operation why had to put balloons...”*

*“At 40 weeks the midwife recommended a scan to check the size of my baby which resulted in the doctor recommending an induction. I was then induced using the balloon method on Weds 3rd June, sent home and told to return in the pm. A doctor then came to talk to us and said we should have been offered a C-section as the scan showed I potentially had a large baby (10lbs) and there was a risk of shoulder dystocia. We could have had 2 days to decide if the doctor spoke through the options with me on Monday.”*

*“I thought the balloon was a complete waste of time and just wasted a day. It didn't work for me”*

*“Absolutely awful, kept waiting for 7 hours Ana then took 3 different people to insert balloon, had to have gas and air and lost a fair amount of blood. Absolute agony and felt like I was having something done to me against my will”*

*“I went through all this pain and my baby had already changed position and was rushed into an emergency c section”*

## The importance of partners' involvement in induction

Seven respondents spoke about the importance of having a partner present. Whilst not the largest theme it was strongly focussed on two areas:

1. balloon inductions
2. extended stays during the induction process.

Having partners present was viewed as providing significant support during the induction process. Staff were recognised as providing as much support as they could however for those with partners this was not enough to make up for not having their partner present.

*“I was very anxious as I was on my own in the antenatal ward in a lot of pain for 3 hours before my husband was allowed to join. Found it very traumatic being on my own to begin with and could not stop crying.”*

*“I was extremely sad because my husband couldn't attend the first part of the induction so I felt extremely lonely. However the midwives were amazing and did everything to make me feel comfortable and I really appreciate that.”*

*“My partner was there too which made the process easier”*

*“As I wasn't able to go out of the hospital or have my partner with me it was not a great experience. The induction started on a Thursday evening and I was only taken to labour ward on the Saturday evening. This was stressful and lonely moment that no women should have to go through when giving birth”*

## Stays on Antenatal and Postnatal wards

347 women had experienced a stay on antenatal or postnatal wards during their pregnancy. This high rate provides significant insight into people experiencing stays on a ward and significant confidence in the findings of this report.

### Experiences of reduced visitors on experience on the ward

#### How big an impact was not having a partner visit you whilst on the ward?

| Did you stay on a ward?       | 1 = no impact, 5 = significant impact |    |     |     |     | Total      |
|-------------------------------|---------------------------------------|----|-----|-----|-----|------------|
|                               | 1                                     | 2  | 3   | 4   | 5   |            |
| Yes, a stay on antenatal ward | 11%                                   | 7% | 15% | 17% | 50% | 100        |
| Yes, a stay on postnatal ward | 5%                                    | 6% | 12% | 16% | 61% | 244        |
| <b>Grand Total</b>            |                                       |    |     |     |     | <b>344</b> |

#### How big an impact was not having family or friends visit you whilst on the ward?

| Did you stay on a ward? | 1 = no impact, 5 = significant impact |     |     |     |     | Total      |
|-------------------------|---------------------------------------|-----|-----|-----|-----|------------|
|                         | 1                                     | 2   | 3   | 4   | 5   |            |
| Antenatal ward          | 31%                                   | 11% | 16% | 11% | 31% | 100        |
| Postnatal ward          | 25%                                   | 16% | 20% | 13% | 27% | 241        |
| <b>Grand Total</b>      |                                       |     |     |     |     | <b>341</b> |

Women across all wards felt significant negative impact from reduced visiting. This was most significant in respect of not having partners visit (75% of respondents reporting the highest levels of impact vs 13% limited impact). Respondents reported significantly lower impact from not having friends or family visit (41% no or limited impact vs 40% reporting higher levels of impact).

**Based on the patient reports of the significant, negative and widely felt impact, partner visiting should be supported and maintained wherever possible.**

### Antenatal ward experiences

We asked people to report on the positives from their experience to understand whether there were any lessons that should be learnt from a period without visitors. It is therefore possible that these responses are skewed towards positive responses. Seventy women provided narrative responses. The key themes are set out below.

#### Difficulties without partner

The most significant feedback related to the disappointment at partners not being able to visit. Whilst the same frequency as positive comments about staff (22 out of 70 comments received), the lack of support resulting from partners not being able to visit was by far the most strongly worded of the feedback received from women who had been in antenatal wards.

Feedback about partners not being able to visit should be viewed with significant weight because it was not solicited by the survey and because not all of the respondents will have experienced these restrictions.

For most, not having a partner present was expressed in powerful terms with emotive language. This suggests importance and significant impact for those whose partners were unable to visit:



*“Nothing at all. I hated being on my own, I cried for the majority of my stay, I felt very alone and scared about having a baby.”*

*“People should not have to suffer in hospital alone or go through hospital experiences alone”*

*“Partner or a family must be allowed with you throughout your journey! Visiting till 8pm is appalling as you need someone with you the most during this precious time.”*

*“The only disappointment and thing I really struggled with was that I was admitted early as my waters broke. I stayed in the hospital for 24hours and hated being on my own. Worst experience for my first baby.”*

The lack of support that people experienced also, perhaps, explains why the importance of supportive staff was frequently recognised in the way it was:

*“No partner or family made it very difficult as no support but support from staff made a tough time a lot easier”*

*“Nothing positive. Only that the midwives were amazing. Otherwise I was pretty upset about not having my partner there.”*

This desire for support from partners was also common amongst those who expressed support for restrictions:

*“8-8 made no sense at all, why is my partner suddenly more of a risk in the evening?”*

*“I don’t object to visiting restrictions but it would be nice to just have my husband”*

*“I don’t see necessary to allow other visitors other than your partner and maybe a second person.”*

### **Supportive staff**

People frequently spoke positively about staff (22 out of 70 comments) and they were described as supportive, caring and lovely.

Whilst not all respondents will have experienced restrictions to partners visiting, all will have experienced care from staff during their stay. The frequency of these comments therefore does not make this more significant than the above findings about restrictions to visiting.

It is also notable that whilst more frequent, comments about staff are not as strongly worded as they were about partners and focus more on the factual account than on the impact on the individual. This does not detract from the compassion and care that respondents clearly recognised. It does however suggest that caring and supportive staff cannot make up for the impact and loss of support that respondents felt from their partner being unable to visit.

*“All the midwives were extremely nice and looked after me with so much care.”*

*“Midwives tried their best to keep pregnant women feel confident in their care”*

### Quieter environment

The environment was largely seen as more positive as a result of reduced visitors. Of those who mentioned the environment (17/70), most spoke about it being quieter, more relaxing and restful. For a few this was viewed as conducive to preparing for birth:

*“Absolutely loved not having visitors myself and especially other patients visitors. Medical staff IS considerate but visitors often aren’t. No extra noise and germs was a huge bonus”*

*“Actually, it let me to relax more and get ready for the labour. I was not distracted by anyone and was able to pay full attention to all the conversations with medical and nursing staff.”*

For most however these comments were often briefly worded and factual. This limits the extent to which we can claim that a quieter environment is significantly valuable:

*“It was quiet”*

*“The ward was quite”*

Despite these positive experiences some people still found the antenatal ward not to be restful even without visitors:

*The antenatal ward was extremely noisy. With all the heart monitors set on loud and doctors coming in and out. Impossible to relax. Light on throughout the night. Not a good environment. I experienced is as traumatic.*

### Negative experiences

A further 4 people used the opportunity to express concern about an aspect of care. These themes are aligned to themes that arise in relation to postnatal care but not as widely or as strongly expressed:

*“Nothing positive at all night staff are rude and in helpful”*

*“Should really look at night staff and how they should support people”*

*“I was admitted in the evening, I had missed dinner so I was hungry. If I had known I would have brought a snack.”*

*“Had to pay for a private room even though I was alone and no one could stay with me. No one really looked after me and they made me pay for the room even though they were all empty”*

## Postnatal ward experiences

Those people who had experienced postnatal wards shared 200 narrative experiences. These were evenly split between those who welcomed the quieter environment and lower risk from visitors and those who felt that having visitors was an overall negative. The latter were particularly strongly voiced.

### Quieter environment

The most common response, mentioned by 24% of respondents was about the benefit of quieter environments on the ward:

*“Allowed to breast feed in peace”*

*“I probably bonded with my baby more / better because I let them sleep on me, but meant I didn’t get any sleep!”*

### The importance of partners on postnatal wards

It is clear from the quantitative data that 75% of respondents said that the impact of not having visitors on the ward was highly significant. This number is all the more significant because many women will not have been in the postnatal ward whilst partners were unable to visit.

The qualitative data supports not just how many women were impacted by restrictions to partners visiting, but also demonstrates the impact on those who had been on the postnatal ward. Around 40% of those who provided a comment described the challenge and the sense of loss that came from their partner being unable to visit them on the postnatal ward. In many cases the accounts provided were highly emotive.

People spoke about the practical support that they missed from not having a partner present to help them to look after their new child in the first few hours and days after giving birth. These accounts were especially significant where women had experienced traumatic births, births by caesarean section and for first time mums.

*“I had a C section and could not really get things from my bag to change and take care of my baby. I did not have enough food or drink for myself and staff did not tell me that there was breakfast that you have to get for yourself. This was not clear on the ward. The ward was boiling hot and I felt very alone. Staff were busy and doing the best they could so I did not want to keep asking for water.”*

*“Because we weren’t allowed visitors it wasn’t possible for me to wash or go for a bowel movement during my stay. When I asked for support to do these things it was refused. I felt that although the care for my newborn daughter was adequate, there was a lack of understanding that I had undergone labour and surgery 48 hours previously. I was expected to fend for myself without support.”*

*“Left without water for a period of time. No one to advocate for me when I was extremely tired and couldn’t walk. Alone with my baby when I couldn’t pick her up. Didn’t feel supported by busy staff. Was not fed as person assumed I could walk when I couldn’t and I was sick post birth so didn’t [eat].”*

*“Also going home was hard with no one to help you get everything ready and had to seek help to get downstairs an outside building with baby and my belongings which is hard after a c section.”*

*“No partner on post natal ward had a significant impact on me; felt frightened to leave newborn alone to get food in shared canteen, go to the loo. Wasn't able to rest fully as too concerned about newborn.”*

Many of those who had stayed for only a short time on the postnatal ward recognised that not having a partner present would have been a significant challenge for them had they needed to stay longer.

*“I was only a few hours in the birth centre recovery area. So not over night. If it had been longer the impact of not having a partner there would have been greater”*

*“I was only there for a couple of hours so it really didn't affect me at all.”*

*“It is truly horrible not being able to have my partner with me, only positive was i stayed in hospital for just over 24 hours”*

As well as not having practical support from their partners, many women spoke about the importance of the emotional support that they felt they missed as a result of not having their partners on the ward:

*“I believe mothers who had just given birth would feel more emotionally supported had partners or a support person be allowed to stay for the first night or allowed visiting hours. Especially for a first time mother who lacked experience, had antenatal classes cancelled, was sleep deprived and suffered large amount of blood loss from child birth.”*

*“I found it very difficult not having my husband around to support me and he found it very difficult missing our son's first few days of life. I was a second time mum, which did make it easier, although I did struggle (feeling isolated/low/crying). I cannot imagine how tough it was for first time mums.”*

*“It was truly awful staying on the post natal ward for 5 nights without my husband being allowed to visit. I had no practical or emotional support during my stay (post Caesarian) and it was a very distressing experience. My husband did not see me or my daughter from the operating theatre until when we were discharged 6 days later. I would not have minded visiting being restricted to partners only (ie no extended family or friends allowed) but to not see my husband at all during this time was extremely upsetting.”*

*“It really affected me mentally having no support after an emergency c section and my partner has since struggled to bond with our daughter because he missed out at the beginning.”*

The impact of this loss of practical and emotional support on women and families is clear from many of the narratives provided. For some however, the impact was particularly significant.

*“Having no partner there post c section ruined the first two nights of what should have been the best experience in my life”*

*“It was truly horrendous my first days as new mum were ruined sadly”*

*“Destroyed me as a vulnerable first time mother on my own.”*

*“I still feel I was robbed of that post birth enjoyment of having your partner with u on the ward (birth in April, comment provided in July).”*

Where people spoke about missing the support of their partners the views they provided about staff were generally more negative than those seen in the wider report. There is some indication that these views may be grounded in people not receiving the support that they needed and a clear link with the negative experiences of staff described below. In some cases patients felt that staff were not sufficiently supportive and that this compounded their needs. Where negative reports of staff were made they were described as busy, unhelpful or uncompassionate.

*“I was exhausted from labour, recovering from a haemorrhage and suddenly alone looking after a baby. I had no idea what I was doing, alone and tired. The ward had other babies crying, the midwives were busy and did not approach to help me. It was awful.”*

*“There was not positive experience. I had very bad experience in this hospital. Staff was not helpful at all . I had done everything by my self. My stitches was broken because i have to look after my self and the baby. 5 days in hospital without any help was nightmare.”*

*“I hated my time on the ward. At one point I was asked bluntly 'why are you crying'. I felt alone and scared, and the care just wasn't there.”*

*“Nobody was checking my bags (drainage and urine) and getting baby in and out of cot and changed was hard on my own with reduced mobility. I managed but felt I was pulling favours from midwives to fill my water bottle even if doctors had said I shouldn't get up.”*

*“I had a baby 2 years ago at C&W as well as in April 2020 and the impact of not having partners on the postnatal ward made the experience so much harder. The midwives were over stretched and could only help those in desperate need of assistance. There was no care and I generally ignored for the 18 hours I was there. The only contact was for the new baby checks. I am very thankful that I was not a first time mum as the I could imagine the experience would have been terrifying to have absolutely no support whilst feeling so vulnerable after giving birth.”*

Amongst the more positive views shared was a theme of staff providing additional support to make up for partners not being present but being overstretched as a result.

*“The midwives really stepped up to go above and beyond what wouldn't normally be expected and they checked in often during the four days I was recovering in the ward from my c-section with some minor complications for baby. They were more supportive during this experience than with my first birth 3 years ago when partners were allowed and all seemed to understand that this was such a different experience for mothers without partners or visitors to help.”*

*“By not allowing partners onto wards it meant staff were unable to care properly for patients as they were having to do things, like help women get changed, got to the toilet etc, that partners would normally do. The staff were run off their feet and care was therefore below the standard expected”*

*“It's difficult to pick out positive points for this section as a first time mother, but a handful of nurses and midwives in the postnatal ward were very helpful and kind during this sensitive time.”*

*“I had a c-section, being without support from my partner was incredibly difficult. The staff were very capable but they can't do everything.”*

As well as missing support from partners, some women also expressed disappointment that existing children could not visit their mums and new siblings after the birth.

*“I would have wanted my first to come and see me and baby in hospital tho. A missed experience due to Covid.”*

*“I have a 1 year old son which i really wanted to see after delivering the baby which was not possible”*

*“Made me sad my children could not come to meet their new sibling”*

## **Staff**

### **Positive experiences of staff**

As reported above staff were frequently mentioned positively in comments (1 in 5 responses). Where staff were reported positively they had time to care, were described as supportive, helpful and positive and their care was valued.

*The midwives are incredible. They are helpful, patient and caring. I could not have had better care from them and I am truly grateful for the support that I got.*

*The midwives, doctors and staff were very supportive*

*Staff were helpful. Less busy*

*All staff were keen to help however they could and very supportive.*

*The care received from the midwives and how attentive they were made a difference*

The difference between these positive descriptions of staff and those descriptions of staff from people who also referenced missing the support of their partner is stark.

Positive comments about staff largely did not reference a lack of support from not having a partner present and negative experiences of not having a partner present largely did not reference positive experiences of staff.

There is a clear correlation between the ability of staff to support those without partners present and the impact on those who did not have a partner present.



### Negative experiences of staff

Whilst there were positive comments about staff on postnatal wards, the most frequent comments arising from responses, and therefore the most significant finding in this report are the substantial number of negative comments were made about staff on postnatal wards across both sites (66 comments). In reading this it should be noted that comments often covered more than one of the closely interlinked themes that emerged from the data.

The additional pressure on staff arising from the pandemic and new mums not having support from partners is clearly a contributing factor to the level of negative experiences. The extent of these however is concerning and we are not assured that the impact of the pandemic alone fully explains this level of negative feedback.

*“Both times I have given birth in 2019 and 2020 I have felt a significant difference from pre to post natal wards and so have others who have given birth at West Middlesex Hospital.”*

### Staff attitudes and behaviour

Most of these comments relate directly to staff behaviour. Staff in these comments are described in strong language that suggests that they were not sufficiently caring or compassionate and certainly not behaving in the manner that we, patients or the hospital would expect.

*“terrible experience.. staff members were not nice”*

*“Most of the staff not supporting at all they made horrible comments knowing that is a vulnerable time for a woman”*

*“Care in Post natal ward was not good. Nurses were rude.”*

*“While I was in the postnatal ward, I found midwives were not that helpful.. As a new mum I expected them to be more polite and helpful towards me.”*

*“One nurse came in the room and told me to stop crying because “it wasn’t that bad” and People’s baby’s are more ill than mine and I should stop crying”*

*“Listening to a poor woman being chastised by a midwife for not breastfeeding. The poor woman was sobbing and the midwife continued on her rant.”*

*“I found the majority of the staff on the post labour ward extremely patronising.”*

### Night staff

Staff at night time were identified in many of the comments as an area of concern. The strength of feeling in these comments is self-evident however and they appear frequently and extensively within the comments (around 40 comments).

*“The aftercare/overnight staff was a horrible evil woman who I pray karma hits one day. Destroyed me as a vulnerable first time mother on my own. Abhorrent woman.”*

*“Night-time staff were awful and gave no support at all.”*

*“Nothing positive. Horrendous overnight treatment.”*

*“midwives that night were not helpful at all and I felt so helpless cause with the c section and the caterer I could barely move and they didn’t help me a lot.  
Horrible experience”*

*“Night shift midwives are crap, rude, slow and incompetent. Made the entire experience horrendous especially as support partners were not allowed to stay over night. I was at the Kensington wing and still experienced this.”*

*“At c&w the midwives during the day we’re fantastic and could not be faulted. The evening staff were extremely unhelpful and being a first time mum after having a c section you received very limited help. In addition, the ward after coming out of surgery was terrible. The staff were rude and having an emergency c section were unsympathetic or helpful. The student nurses did their best to try and help but there was very little help throughout the night with feeding and getting baby in and out of cot”*

### **Needing extra help**

Women who needed additional help following a traumatic birth or C-section frequently spoke about not receiving that help. These experiences are strongly felt and appear frequently in the data (around 50 comments) suggesting that they are widely experienced.

*“Having had an epidural I had a colostomy bag and was bleeding heavily so was unable to get out of bed to unpack my bag to get the essentials like a nappy and some clothes for my baby. I also kept having to call for my colostomy bag to be emptied. My son was placed in a cot next to me but I was unable to even lift him out to comfort or feed him during the night. The first night alone with my baby was really quite traumatic and something I'd rather forget.”*

*“After just having an emergency c section I was left mainly on my own with my child, you would press the button to call for one of the midwives and they would take a considerable amount of time to come to you. At one point I needed milk for my child and for him to be passed to me and I asked one of the midwives and they said give them a moment and they never came back for at least 30 minutes then to get told most of the midwives are on their breaks so nobody could come. Overall the whole experience on the postnatal ward wasn’t very good at all.”*

*“The postnatal ward wasn’t a good experience for me. After a difficult delivery no midwife or health care was there to help with the baby in the first few hours because there was “short staff” no mother should be left alone with a baby not even clothed when you cannot even stand and are very weak due to blood loss. I had to ask several times for someone to help me with breastfeeding but was told to “wait” for hours. This is a very emotional moment as a new mom and I did not feel supported in any way by the staff for our first night.”*



## The environment

### A calmer and quieter environment

When asked about the positives of having fewer visitors 40 women spoke about the environment. For most (33), having fewer visitors led to a quieter environment and more time to bond with their baby. This calmer environment was also associated with more positive experiences of staff having time to answer questions and provide advice and practical support.

*“Space to establish breastfeeding and recover bonding with newborn”*

*“Could focus on my newborn by myself”*

*“It allowed me time to rest with baby and bond. Midwives were amazing and explained everything clearly.”*

People frequently reported benefits of not having other people’s visitors present.

*“Compare with the first postnatal experience where it was a chaos and could not rest one minute.”*

*“Fewer people around meant that it was easier to move around the ward”*

*“No other visitors belonging to other patients in postnatal ward was fantastic - just mothers and babies. Felt safe and as it’s a very busy ward I can’t imagine how awful it would be were multiple visitors per mother are allowed”*

*“The ward was so calm compared to our first baby as there were no visitors. I had all the support I needed from the staff and I couldn’t fault anything from my stay.”*

*“One to one time with my baby. More privacy not being surrounded or disturbed by other people’s visitors.”*

### A noisy and busy environment

Experiences of the environment were not however universally positive and around 1 in 8 people who spoke about the environment made negative comments. Negative comments related to the behaviour of other patients and staff and the noise of a ward environment.

*“I was sharing the room with 3 other mums and it was unfortunately extremely noisy as they were having video calls with their families without headphones. Didn’t get any sleep on the postnatal ward which is a bit of a shame after the labour fatigue, couldn’t wait to go home”*

*“The postnatal ward itself was extremely challenging place. It was crowded, hot as the ventilation could not be used because of Covid and the other occupant did not follow rules on music and noise.”*

*“The alarm calling for nurses was extremely loud and audible on the whole ward during the day and during the night. There was not a single half an hour of silence. I was in a hospital for 5 days and because of all the noise had no sleep. Have never experienced anything like that. it was torture.”*

*“The noise on the postnatal ward was really a massive issue. The post-natal ward staff are very noisy at night with no regard for new mums trying to sleep.”*

### Felt safer without visitors

Only 9 comments related to safety. Given that reduced visiting was a measure intended to control infection during the height of the coronavirus pandemic this is a surprisingly low frequency. Where people spoke about safety comments were often brief and used not emotive. Certainly women felt safe but it is difficult to infer how important feeling safe was to them.

*Quieter ward with no people around. Felt safer*

*Only that it limited the risk of spreading the virus.*

*The positive thing about the restrictions was that I felt less at risk of catching Corona virus while in hospital for me and my baby.*

## Views about visiting times

|                                  | Partners visiting |         |             | Friends & family visiting |             |
|----------------------------------|-------------------|---------|-------------|---------------------------|-------------|
|                                  | 24 hour           | 8am-8pm | No visiting | 3pm-8pm                   | No visiting |
| <b>1<sup>st</sup> preference</b> | 68%               | 34%     | 2%          | 67%                       | 19%         |
| <b>2<sup>nd</sup> preference</b> | 19%               | 60%     | 7%          | 24%                       | 46%         |
| <b>3<sup>rd</sup> preference</b> | 6%                | 5%      | 40%         |                           |             |
| <b>Would not consider</b>        | 7%                | 1%      | 50%         | 9%                        | 35%         |

### Partner visiting

There was strong support for 24 hour visiting for partners with 68% giving this their first preference.

Support for restricted visiting for partners to 8-8 was limited. Although this may be accepted if it was introduced, the qualitative data warns strongly against this.

Combined with the qualitative data it is clear that not having a partner present has a significant impact on new mothers. This is particularly true for those who have experienced traumatic birth, birth by caesarean section, with mental health needs and for first time mums. The negative impact of not having partners present and the issues identified with night staff are particularly significant for this group of women. **Returning to and maintaining 24 hour visiting for partners seems to be highly desirable.**

### Friends and family visiting

There is near universal support for visiting times for family and friends (91%) although the proposed visiting times may not be ideal. The quantitative data suggests that some women experience significant impact from not seeing friends and family however this impact is much less than not seeing partners.

Further work may identify more preferable visiting hours for friends and family. If the aim is to improve the environment for new mums, consideration should be given too on how to manage the impact of other patients and staff, particularly at night.

## Communicating with patients

We asked about a range of online communication methods. 421 people responded to these questions of which 284 had used at least one of these online communications tools vs 137 who hadn't used any of the online communication tools that we asked about.

There were no significant differences between whether people English was a first language or not.

- **Website**  
250 people had used the website of whom 80% found it helpful or very helpful, and 8% found it unhelpful or very unhelpful.
- **Ask the midwives live**  
134 women used these of which 77% found them helpful or very helpful and 7% found them unhelpful or very unhelpful
- **Online antenatal videos**  
150 women had used these of which 74% found them helpful or very helpful and 13% found them unhelpful or very unhelpful
- **Maternity voices Instagram posts**  
85 women had used these of which 62% found them helpful or very helpful and 12% people found them unhelpful or very unhelpful
- **Maternity Voices facebook posts**  
133 women had used these of which 59% found them helpful of very helpful and 8% found them unhelpful or very unhelpful
- **Ask the teacher Zoom sessions**  
76 women had used these of which 58% found them helpful or very helpful and 13% found them unhelpful or very unhelpful

## Why were these helpful?

### Interactive sessions

Interactive sessions were largely seen as positive ways of sharing information with and supporting women (35 comments and many wanted to see this continue beyond the pandemic.

*“Great to hear questions being answered live on Facebook- reassuring as they are things I have wondered but not asked.”*

*“The weekly Thursday Q&A sessions were fantastic! Definitely recommend that they continue post covid restrictions”*

*“Questions were answered from members of public so most of time you hear the answers you wanted to know about”*

*“The videos on Thursdays were the best. This good to have answers to the questions and see what has been asked by others as it's a learning opportunity.”*

*“Relevant real time information from an excellent midwife (Natalie Carter) - very reassuring. Ability to ask questions and get immediate answers in a fast changing situation with Covid. But I can see this would be v helpful even when not in midst of a global pandemic.”*

Whilst most of these were strongly positive there was also a sense that many people found out about these ad hoc rather than via direct communication. More could be done to ensure that women don't miss out on them.

*“The only one I heard of was lactation zoom call. I was not informed of any other service. Signposting to these services was non existent and very poor. Once I got told about the zoom call it was brilliant service and very helpful.”*

### Quality of information

74 people commented positively on the quality of information provided. It was often difficult to determine the format of information that they were referencing - or indeed whether they were referencing the quality of information across all formats.

Being able to find up to date policies relating to the changing covid-19 restrictions was frequently referenced.

*“There was a statement on the website about Covid and how the hospital was dealing with it which was helpful”*

*“Facebook page was helpful for finding out visiting restrictions at certain times of lockdown”*

*“Had full details of Covid 19 restrictions and new maternity rules”*

People also spoke positively about the ease of accessing the information.

“Padlets” were referenced by 4 women who found them useful. This is noted because it was not included in the survey and their value may be under reported.

*“Padlets and videos are also good and informative nicely organized and comprehensive. Thank you!!!”*

*“A lot of information was made available on the website in the padlets”*

*“The online padlet with links to resources which was shared during the birth preparation classes we attended at the Chelsea and Westminster hospital before birth were very helpful because they were very detailed and covered the first days with your newborn.”*

*“I've also appreciated the breadth of info available on the padlets which I've been able to go through at my own pace.”*

### How can information and communication be improved?

54 women provided narrative responses to this question. The majority of respondents who gave negative feedback had struggled to access the services because:

- they were not aware of them (20)

*“I haven't even heard of any of these - it would have been great to have known about them before we gave birth!”*

- the support was not available when they needed it (4)

*“Clearly I was in the 8/10 week block where you hadn’t thought to offer classes/support online.”*

- or because of operational problems with using them (4)

*“The Facebook page events didn’t send you to the link automatically for the video. We sat 20 mins once waiting for it to start. Questions asked were not always relevant”*

*“All the classes were fully booked so couldn’t book on. Only 25 spaces per class wasn’t enough and should have given priority to women much later in pregnancy rather than people in first trimester”*

Some respondents (12) said that said that the website was not updated often enough, that they would have welcomed receiving updates when things changed or that the information available was insufficient for their needs.

*“Better communication re updates on the website”*

*“It felt like the website was not updated often enough to share up to date information.”*

*“The website is sometimes confusing / contradictory (e.g. dates of online classes). The info could be better structured”*

*“Navigation on website is not easy. It would be easier to have for example breastfeeding information broken down into sections i.e. latching, supply, nipple soreness etc.”*

Some women (4) said that the support was not able to replace what had been lost from face to face sessions.

*“As a first time mom everything was hard, I couldn’t get the support I needed. I don’t think online sessions are as successful as face to face.”*

*“I think nothing can replace the real person-midwife, HCA, Doctor, nurse. I find talking to real people is more effective and very educational.”*

## Mum and Baby App

276 women had downloaded the Mum & Baby App. Responses regarding the App were by far the least favourable of all of the communication methods with 33% reporting that the app was unhelpful or very unhelpful and only 30% reporting that the app was helpful.

| How helpful did you find the Mum & Baby App | %    |
|---|------|
| 1 - Very helpful                            | 14%  |
| 2 - Helpful                                 | 16%  |
| 3 - Neither helpful nor unhelpful           | 37%  |
| 4 - Unhelpful                               | 24%  |
| 5 - Very unhelpful                          | 9%   |
| Grand Total                                 | 100% |

This was also reflected in the qualitative data. Of the 114 respondents who provided narrative, 93 (81%) gave negative comments about the app not being useful or of not being sufficiently high quality.

*“I haven’t found much in the app of use other than it directing me back to the website”*

*“There wasn’t as much information than I thought there would be. The hospital webpages seemed to have more info. Links to other sites was fairly useful but could be found easily via google.”*

*“I only used it for phone numbers. Doesn’t seem to be rich of information / tips”*

*“wasn’t very good didnt really use it i used baby centre app instead”*

*“It’s not specific enough. Feels just like a more limited version of other commercial apps. Wasn’t updated with covid 19 changes quickly enough”*

Where positive comments were made they related to the sections on birth planning (4 comments), that the app was generally useful (10 comments) or that the reminders section was useful (13 comments). These were rarely strongly expressed however.

*“Some good tips for pregnancy, labour and birth but not more useful than other articles online”*

*“Articles were good. I think it seems like a young clunky app that may get better with more development.”*

*“Helpful diary with all of my appointments listed, helpful reading information”*

*“Helpful numbers”*

*“Some material is helpful, but doesn’t cover everything needed.”*

*“Appointments aren’t automatically there. Just another thing to update.”*

## Text message reminders

278 respondents had received text message reminders about appointments of which:

- 117 said that the text message told them whether the appointment was going to be face to face
- 73 said it did not say
- 88 were unsure whether or not it contained this information.

| Did the message say whether the appointment would be face to face or virtual? | How easy was it to understand how to prepare for the appointment?<br>(1= very easy - 5= very difficult) |            |            |           |           | Total      |
|---|---|------------|------------|-----------|-----------|------------|
|   | 1   | 2          | 3          | 4         | 5         |            |
| No  | 19%   | 29%        | 34%        | 14%       | 4%        | 73         |
| Unsure  | 30%   | 28%        | 35%        | 6%        | 1%        | 88         |
| Yes   | 53%   | 21%        | 20%        | 4%        | 2%        | 117        |
| <b>Grand Total</b>  | <b>37%</b>  | <b>25%</b> | <b>28%</b> | <b>7%</b> | <b>2%</b> | <b>278</b> |

Whether or not the text message was explicit about the nature of the appointment had significant implications for how well people felt they were able to prepare for an appointment. Of those who said that the text message was clear about the nature of the appointment 74% said that they felt able to prepare. This contrasts strongly with the 48% of those who reported that the text message did not say whether or not the appointment would be virtual.

The 65 narrative responses that were provided clearly align with the ratings and explain that, where the text messages are provided consistently and with full information that they are helpful in enabling people to prepare. For a significant number of people however these text messages are inconsistent or provide incomplete information which this causes confusion and limits the benefit of text message reminders.

28 people said that the text messages were helpful and useful. These comments all related to people who had consistently received all of the information that they needed ahead of the appointment:

*“Helpfully confirmed date, time and location of appointments and what was expected of you”*

*“Good messages with all key information”*

*“Text messages are excellent, I think it is really helpful to get a reminder and also understand whether appointment are video or face to face”*

23 people said that the messages didn’t provide all of the necessary information

*“The text messages are useful in that format but I would like to know if the appointment is face to face or via phone.”*

*“Especially for my first midwife appointment where I had no idea it would happen over the phone, it was stressful to find out about it only the day before through a text message”*



*“I wasn’t advised for my booking appointment that my glucose would be tested and I should avoid food immediately beforehand. Having had some food just before, it meant I had a high glucose level and was required to have a full blood sugar test which was a significant extra trip to the hospital and could have been avoided if I’d known to avoid food for a period beforehand”*

*“The texts were literally just a reminder of date and time but with no info about the appointment itself.”*

For 14 other people there were inconsistencies in whether they received the text messages or in the messages themselves. This inconsistency led people to wonder if appointments had been changed or cancelled and to make unnecessary contact with the hospital

*“The messages are useful. However they were inconsistent. I received texts for some appointments not others. I also received texts for cancelled appointments and had to call to make sure the appointment was cancelled”*

*“Only getting them for some appointments was unhelpful. It made me think appointments may have been cancelled or not booked in properly if I didn’t get one”*

*“There was a mix up for my consultant appointment. I got a call to confirm appointment then a text to say it was virtual meeting and this caused me to almost miss my appointment because of this error”*

*“The text message was not accurate and insinuated that I needed to go to the hospital of which I needn’t and had a phone consultation instead. There was no information as to what the appointment was regarding and what I needed to prepare”*

*“I got a text that cancelled my appointment and after calling no one could tell why I got it as the appointment was not cancelled”*

## Other comments

We invited women to provide us with any other comments that they would like to make about their experience. 190 women provided narrative over 8,000 words of narrative between them.

The key themes from this section have been fed back into the report where appropriate however it is notable.

Negative experiences of postnatal care accounted for 51 of these comments and are picked up within the postnatal section of this report accordingly.

Positive experiences about staff and care accounted for 49 of these comments. Where these clearly related to a section of the report these were fed back into the analysis. Often however these did not contain sufficient information to ascribe them to a section. This is not to diminish from their importance and a short selection are presented below:

*“Staff at west mid were amazing and I’m so grateful.”*

*“Staff were amazing and overall impact of COVID was far less than I expected.”*

*“At a time of such confusion all the midwives were amazing, they were honest, open and understanding”*

*“Overall very positive experience”*

The other 90 comments covered a wide range of experiences and views with few themes emerging. There was insufficient strength within these to include these themes within this report and, given that they were largely outside of the survey, analysis of them is unlikely to be representative of wider patient experiences.

# Conclusions and recommendations

## Involving partners

The data strongly demonstrates the importance of partners' involvement throughout pregnancy.

For those earliest in their pregnancy, this is important at scans where their support is valuable in managing anxiety about adverse results and news. Whilst fortunately few women reported receiving bad news without their partner present, anxieties about facing this prospect were widely held and unfortunately well founded.

For those in postnatal care the practical support provided by partners is missed and is closely correlated with the extensive and strongly negative experiences of care postnatal, particularly at night. Those who have had C-sections or traumatic births are disproportionately impacted by this.

The lost support from partners not being present at night seems to heavily outweigh the benefits of the quieter and more peaceful environment at night. It is therefore difficult to understand the benefit of restricting partner visiting to 8am - 8pm. This review concludes that the service should return to and maintain 24-hour partner visiting wherever possible.

### Recommendation 1

Returning to and maintaining 24 hour partner visiting wherever possible with particular priority given to postnatal care, those with additional need resulting from manner of birth and to provide additional support at night.

### Recommendation 2

Partners involvement in appointments, whether in person or virtually, should be set up restarted and maintained where possible to mitigate against the risk of women receiving adverse news without support and associated worry.

## Postnatal care

Whilst we did not set out to explore the quality of postnatal care, significant concerns have emerged from patient experiences. These are clearly focussed on staff at night time, and on staff not being suitably compassionate and caring.

It is possible that increasing visiting hours may reduce the impact of these problems however the experiences remain concerning, not least when compared to the largely favourable experiences of staff found more generally in this review.

### Recommendation 3

The Trust should act quickly to engage their staff and patients over the negative experiences contained in this report and swiftly ensure that patient experience in this area is improved and robustly monitored.

## Virtual appointments

Support for virtual appointment was not strong however there are some clear benefits. With further development and streamlining, video appointments may be more convenient and time efficient for staff and patients alike.

An option to have face to face appointments is clearly welcomed by many and should be maintained with possible with virtual appointments being an option for those who prefer them.

## Communication

The Trust has developed and provided some valuable support during the coronavirus period which is well received by those that use it. Better and more consistent communication of what is offered would enable more women to benefit from this.

The interactive nature of these sessions was strongly appreciated during the pandemic and is likely to remain valuable going forward.

This should be viewed as an opportunity to develop the excellent work that was begun during the pandemic rather than as a criticism. Communicating, both with staff and with patients would have been far more difficult during the pandemic.

## The opportunities of text message reminders

Text message reminders present significant opportunities that are not yet realised due to the inconsistency in their use. This system was well received when it worked consistently and provided full accurate information.

If there are opportunities to use it to improve communication and to strengthen the collection of patient experience to monitor performance these may be valuable to explore.

## Family visiting

There was support for maintaining some restrictions on family visiting. It is not clear from this review what the ideal restrictions would be. Further work may identify optimum visiting times.

## Labour

There are significant differences in experience between differing types of induction and different settings. For more invasive methods allowing partners to be present may be beneficial and would certainly be welcomed.

## Overall a good quality of care

This report set out to understand the impact of the changes caused by coronavirus on women. Whilst the specific negative aspects of care and constructive feedback that women offered are rightly prominent in this report, it is important to recognise the context. This report covers a period of rapidly developing and substantial challenges through which maternity services continued to provide care that lives up to the trust's values:

- Putting patients first
- Responsive to patients and staff
- Open and honest
- Unfailingly kind
- Determined to develop

Patients rated their care positively and provided positive feedback about the staff that cared for them across all aspects of care.

Much of the feedback that was received is strongly worded praise for staff and is testament to excellent care that many received. In many cases people patients recognised staff that went the extra mile to support them.

*“Giving birth, the labour team were amazing, I could not have wished for any thing better. Gerry Chou, the fabulous Chloe and Mike Orsen were all totally super.”*

*“Our midwife Amy Donukar was incredible, she listened to my wishes and even though it was not the homebirth planned, my memory of my labour is great due to her amazing care and guidance”*

*“The midwife Mary Brooks was very patient And motivating. She boost my spirit and helped me give a Normal birth”*

*“I had two wonderful midwives. Charlotte saw me through the end and her mannerisms and supportive statements were always comforting. She’s positive and professional. I thank her for a safe birth.”*

*“My midwife Claire who did my induction, she was also my midwife when I went back 24 hours later to have the balloon taken out. She was amazing. The best midwife of my experience out of the whole induction/birth process. She took Care of me and made me feel calm. she was very experienced which gave me lots of confidence in her.”*

## Provider response

Before publishing this report we shared it with Chelsea and Westminster NHS Trust and invited them to review the findings and provide a response. Providers are required to respond to Healthwatch reports within 20 working days. This requirement was met but more importantly we discussed the report with the provider in detail and received assurance that the findings had been welcomed and commitment to action on the recommendations.

Their response as received recognises the collaborative approach that was taken through this work, accepts its findings and commits to making improvements in relation to the recommendations.

*“We want to thank Healthwatch Richmond for their support and energy in helping us produce this piece of work, from the development right through to the conclusion. This has been a great collaborative piece of teamwork and we welcome the findings to help us drive any improvements we may need to make.*

*The final document has been reviewed by us and we have not found any factual inaccuracies. This report was compiled by an external agency to reduce bias by ourselves and having read the report we were reassured that the findings matched our expectations of internal feedback that has been received.*

*We acknowledge that this is an unprecedented time in relation to the COVID 19 pandemic and therefore feedback received is not representative of normal practice. Our COVID 19 response has partly been developed in line with national directives, local partnerships across the local maternity system and with co-production of our MVP. From this report we recognise the recommendations for consideration are, visitor restriction policies, experiences of postnatal care particularly on the ward, virtual appointments and communication especially that being offered online*

*The leadership team within the maternity services are committed to reviewing all of these in order to enhance the quality of care given to women, in particular the postnatal period, in preparation for current and future planning.*

*We would like to take this opportunity to thank all of the staff across the maternity service for their hard work and dedication and the women and their families for their understanding and on-going support.”*

**Chelsea and Westminster NHS Trust**

## Acknowledgements

This report arises from the desire of the maternity teams at West Middlesex and Chelsea and Westminster Hospitals to understand the experiences of their patients and to enable them to continually improve.

The expertise and support of those teams to steer the project and to support its delivery were vital to this project. The high numbers of respondents are a testament to the support that they and the Maternity Voices Partnership gave in the design of the project and in supporting the data collection.

Particular thanks to Natalie Carter, Victoria Cochrane and Sarah Espenhahn for their regular and ongoing support to the project. Their passion for driving the quality of care at our local hospitals, for their staff, patients and for continual improvement is inspiring.

Before moving on to further career opportunities, Jessica Beeson's diligent work laid the foundations for this project.

Finally, our thanks to those staff who worked through the pandemic to support mothers, babies and families in the most difficult of times, providing quality care, for which they should be rightly proud of and recognised, under the most challenging of conditions.



# Appendix 1

## Languages spoken by respondents

| 1 <sup>st</sup> Language | Chelsea and Westminster Hospital | West Middlesex Hospital | Total          |
|--------------------------|----------------------------------|-------------------------|----------------|
| English                  | 77.89%                           | 79.44%                  | 79.30%         |
| Spanish                  | 6.03%                            | 0.93%                   | 3.26%          |
| French                   | 3.52%                            | 0.93%                   | 2.09%          |
| Italian                  | 2.51%                            | 1.40%                   | 1.86%          |
| Portuguese               | 0.00%                            | 3.27%                   | 1.63%          |
| Urdu                     | 0.00%                            | 2.34%                   | 1.16%          |
| Romanian                 | 0.50%                            | 1.87%                   | 1.16%          |
| Arabic                   | 2.51%                            | 0.00%                   | 1.16%          |
| Punjabi                  | 0.50%                            | 1.87%                   | 1.16%          |
| Slovak                   | 2.01%                            | 0.00%                   | 0.93%          |
| Polish                   | 0.00%                            | 0.93%                   | 0.47%          |
| Tamil                    | 0.00%                            | 0.93%                   | 0.47%          |
| Russian                  | 1.01%                            | 0.00%                   | 0.47%          |
| Hindi                    | 0.00%                            | 0.93%                   | 0.47%          |
| Bulgarian                | 0.00%                            | 0.93%                   | 0.47%          |
| Hungarian                | 0.00%                            | 0.47%                   | 0.23%          |
| Greek                    | 0.00%                            | 0.47%                   | 0.23%          |
| German                   | 0.50%                            | 0.00%                   | 0.23%          |
| Latvian                  | 0.50%                            | 0.00%                   | 0.23%          |
| Gujarati                 | 0.00%                            | 0.47%                   | 0.23%          |
| Vietnamese               | 0.00%                            | 0.47%                   | 0.23%          |
| Pushto                   | 0.00%                            | 0.47%                   | 0.23%          |
| N/A                      | 0.50%                            | 0.00%                   | 0.23%          |
| Greek                    | 0.00%                            | 0.00%                   | 0.23%          |
| Persian                  | 0.50%                            | 0.00%                   | 0.23%          |
| Albanian                 | 0.00%                            | 0.47%                   | 0.23%          |
| Dari                     | 0.00%                            | 0.47%                   | 0.23%          |
| Chinese                  | 0.50%                            | 0.00%                   | 0.23%          |
| Dutch                    | 0.50%                            | 0.00%                   | 0.23%          |
| Afrikaans                | 0.50%                            | 0.00%                   | 0.23%          |
| Akan                     | 0.00%                            | 0.47%                   | 0.23%          |
| Lithuanian               | 0.00%                            | 0.47%                   | 0.23%          |
| <b>Grand Total</b>       | <b>100.00%</b>                   | <b>100.00%</b>          | <b>100.00%</b> |