

Healthwatch Darlington

# Maternity Report

A snapshot of maternity experiences in the last 12 months capturing antenatal, perinatal, and post-natal care.

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November 2021

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## Executive summary

This report provides insight into the experiences of those who use maternity services in Darlington.

Healthwatch Darlington engaged sixteen new mothers who have recently used the maternity services. The information provided was reviewed alongside recent engagement exercises by County Durham and Darlington Maternity Voices in Partnership, and local media articles to gain a rounded picture of current maternity services in Darlington.

It was uplifting to read the comments some respondents made about excellent care received before, during and after birth of their babies. This first-rate level of care however was not consistent and many reported poor attitudes and lack of effective communication to pregnant women and new mothers at this pivotal time in their lives.

It was disappointing to see that the high levels of satisfaction seen during a similar exercise in 2017 was significantly reduced. Unfortunately, due to COVID-19 restrictions, we were not able to reach as many people as we would have liked, but the quality and richness of the feedback we did receive is valuable.

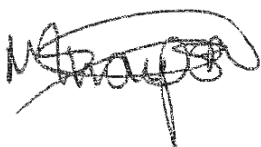
One of the recommendations of our 2017 report is still an issue for many women using maternity services. We recommended ‘closer monitoring of nursing and midwifery staff by line managers and issues of negative attitude directly challenged and corrected,’ and several respondents in our 2021 survey cited poor attitude of staff as a concern.

The recommendations within this report are critical to ensure the highest level of care is available to all. Three key areas which require focus are:

- Effective and timely person-centred communication pathways; letting patients know what will happen, when and how, in the various stages of pregnancy, labour and after the birth of their baby.
- Effective planning and communication of business continuity scenarios such as encountered with lack of shower facilities.
- Attention to staff attitudes and recognising when staff need support to give supportive, empathetic, and understanding levels of care.

Healthwatch Darlington thanks those who took part in our survey and the support of County Durham and Darlington Maternity Voices in Partnership for their insight.

We shared the outcomes and recommendations with Tees Valley Clinical Commissioning Group and County Durham and Darlington NHS Foundation Trust and we would like to extend our thanks and appreciation for their responses.



**Michelle Thompson BEM**  
Chief Executive Officer, Healthwatch Darlington

## Background

In **2016**, following concerns raised over interpersonal behaviours, a series of serious incidents, never events, and adherence to clinical guidelines, an external review of Maternity Services was commissioned by County Durham and Darlington Foundation Trust.

Elizabeth Ross, Head of Midwifery, and James Dwyer, Consultant Obstetrician & Gynaecologist at York Teaching Hospitals NHS Foundation Trust, led the review. It considered the views of members of staff, anonymous comments, a review of incident reports, and explored the culture and provision of services in units at Darlington Memorial Hospital and the University Hospital of North Durham. The review sought assurances on safety and identified areas where improvements could be made.

The final report concluded that the maternity services were safe, but staff attitudes and behaviour could be improved along with further quality improvements regarding the maternity care for twin pregnancies and deliveries. Due to this recommendation, twin deliveries were moved to James Cook Hospital as an interim measure.

Shortly after receiving the report, Healthwatch Darlington were disappointed to learn that maternity services, including single births, at Darlington Memorial Hospital were once again under threat due to pressures within the system. In addition, worrying feedback from three separate families on three separate occasions regarding staff attitudes, was brought to our attention.

In **2017**, to achieve a better understanding of what patients and their families thought about maternity services in Darlington Memorial Hospital, Healthwatch Darlington carried out a brief survey, exploring the patient journey throughout antenatal, perinatal, and postnatal care.

Healthwatch Darlington were reassured at the snapshot of experiences we received. The majority of women told us about a dedicated workforce who were committed to providing them, their babies and their families with good quality care and compassion.

Recommendations for areas of improvement were made, which included reviewing discharge procedures, closer monitoring of nursing and midwifery staff by line managers so that issues of negative attitude were directly challenged and corrected, and reassurance that women, babies, and their families would receive the midwifery care they need, regardless of the time of the day or the day of the week.

In Spring **2021**, a patient brought their experience of using maternity services in Darlington Memorial Hospital to the attention of Healthwatch Darlington. They also shared an article published in the local paper (Northern Echo).

This prompted our team to review the insight and recommendations from our report in 2017 and discover whether it had brought about change within the maternity unit of Darlington Memorial Hospital.

## Methodology

We wanted to discover if patients who have used maternity services in the last twelve months are satisfied with the current care and treatment offered.

We used our 2017 survey as a basis for this report to enable us to make comparisons, adding a question to understand if participants felt listened to by professionals.

We distributed the survey via Healthwatch Darlington's e-bulletin, social media posts and through 'Darlington Organisations Together' (DOT) network which reaches over two hundred local organisations.

The survey was open from the end of June 2021 to the beginning of August 2021.

County Durham and Darlington Maternity Voices in Partnership (MVP) was a key partner in this engagement. Cathy Harvey, the Chair of MVP, shared findings from surveys and research they have conducted during 2020 and 2021 to give a wider perspective to the information we gathered. Their data covers more maternity services than those at Darlington Memorial Hospital. Full details are in Appendix Two.

Local information obtained through the Northern Echo newspaper and secondary comments left on their website is also in Appendix Two.

The report findings will be shared with commissioners and providers to ensure we can highlight good practice and to bring attention to any areas of improvement.

## Restrictions

This report is a snapshot of information gathered during 2020 to 2021 while dealing with the health pandemic of COVID-19.

We were unable to conduct face to face interviews because of the restrictions of the pandemic, and all information has been survey led. This has had an adverse impact upon the numbers of people we spoke to but does not diminish the importance of their experiences.

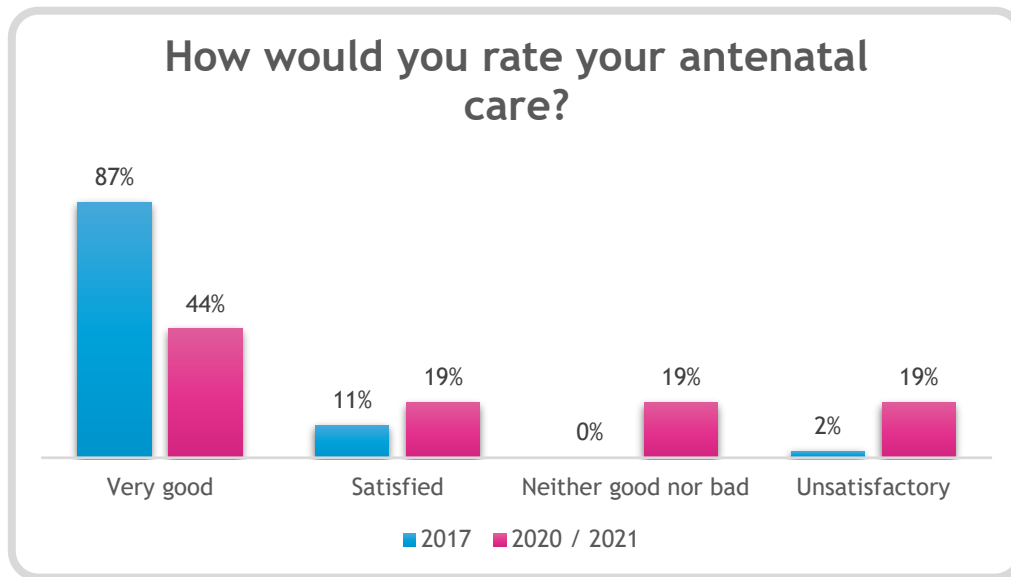


## Findings

Sixteen people completed Healthwatch Darlington’s brief survey. All respondents used maternity services at Darlington Memorial Hospital.

The following graphs include comparative data with the responses to Healthwatch Darlington’s 2017 report. All comments relate to responses in the 2021 survey unless otherwise stated.

### Antenatal care

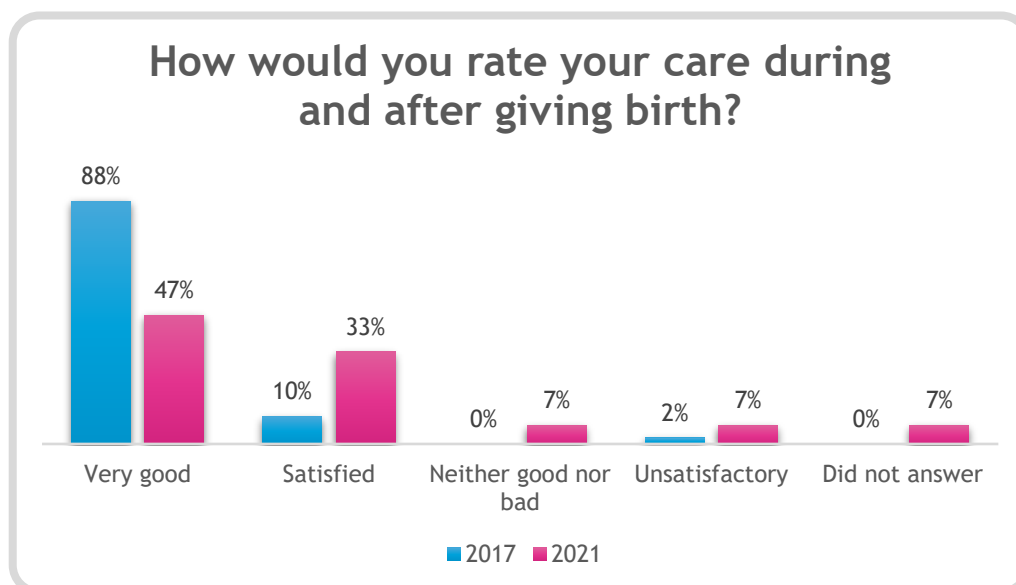


Those who rated the service ‘very good’ dropped by 50% to less than half of total respondents. Comments ranged between:

*“My midwife was wonderful.”*

*“Consultant had dreadful communication and my care needs were rarely met.”*

### Care during giving birth



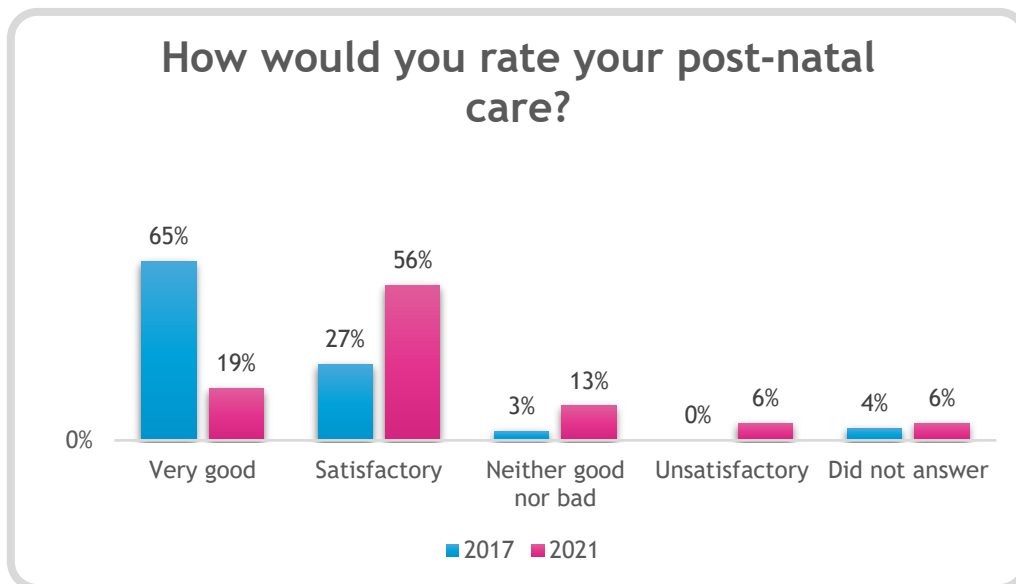
*(The question asked in the 2017 survey was “How would you rate care in labour and giving birth?”)*

Those who rated the service ‘very good’ dropped by 46% to less than half of total respondents. Comments included:

“Good care. Good communication. Easy to contact when at home.”

“I had four sets of midwives throughout my labour which made it a little difficult for me personally because it was like someone learning about you all over again when the shift change happened. Other than that, they were all amazing.”

### Post-natal care

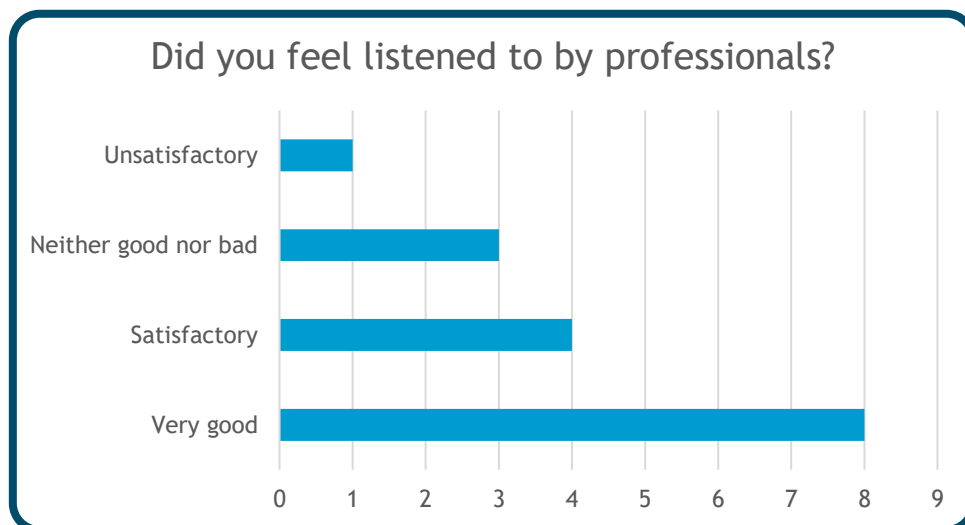


Only one in five rated their post-natal care as ‘very good,’ in comparison to two out of three in 2017. Comments included:

“My midwife and health visitors were incredible.”

“Nurse on maternity unit were very busy and stretched. Unable to give support when needed.”

### Professionals



We did not ask this question in the 2017 survey. Comments in the 2021 survey included:

“Ward staff were fantastic. I felt they couldn’t have better cared for me, and I was in very good hands.”

“Everyone bar one doctor was amazing. One doctor was rude, and I felt he did not listen to my concerns and wishes for my little girl.”

## General feedback

When asked their general thoughts likes, dislikes, comments included:

“I had a c-section and the staff kept me up to date throughout. I was spoken to with respect and dignity but most of all listened too attentively also. On the day of my birth every person was fabulous from start to finish and my aftercare on the ward was impeccable. Fantastic service that this team should be proud of. Thank you.”

“The unit is outdated; my friend had her baby in Durham, and it seems that’s much nicer. Darlington’s maternity needs moving to a different place in the hospital, I was in labour in a lift with ten people getting in and out on every floor. No privacy and everyone in the lift observing my need to push.”

## County Durham and Darlington Maternity Voices in Partnership (MVP)

The data we received from MVP highlighted the importance of good communications. COVID-19 exacerbated the concerns and anxieties of many of the people they spoke to. Preparation of birth plans, worries about not being able to have their husband / partner / birthing partner with them at every step of the journey, lack of antenatal classes, and general fear of the unknown was distressing for many.

MVP also gathered information from birthing partners concerning what was important to them during this important period in their lives. The results can be found in Appendix Two, and whilst they are not specific to Darlington Memorial Hospital offer useful insight to any maternity service.

MVP have also produced a post birth report. The results support the importance of good communication pathways for pregnant women and new parents in helping parents adjust to their new life position.

## Local media

An article in the Norther Echo on 21<sup>st</sup> July 2021 “**Women share views on lack of showers on Darlington maternity unit**” highlighted the disturbing conditions regarding the inability to get a shower on the maternity ward in Darlington Memorial Hospital. Appendix Two includes full details of comments as a result of the article.

Some public responses highlighted other important areas of care which they believed would benefit from attention. The provision of basic hygiene care was mentioned within responses to the Healthwatch Darlington survey as well as public responses to this article and it is a basic need to be addressed within CDDFT.

<https://www.thenorthernecho.co.uk/news/19458203.women-share-views-lack-showers-darlington-maternity-unit/>



## Local Recommendations

Based on the insight provided within this report, Healthwatch Darlington propose the following recommendations to inform improved maternity services within Darlington.

1. Refresh of effective and timely person-centred communication pathways which clearly outline what will happen, when and how, in the various stages of pregnancy, labour and after the birth of their baby.
2. Effective planning and communication of business continuity scenarios. There have been reports in local media and shared with Healthwatch Darlington around operational issues such as lack of shower facilities. These are issues that can be planned for, and the dignity of patients should be uppermost in those plans.
3. Assurances provided that greater attention to staff attitudes and recognising when staff need support to allow them to give supportive, empathetic, and an understanding in their levels of care. This was raised by Healthwatch Darlington in 2017, and we need to see tangible action taken to address this issue.

## County Durham & Darlington Maternity Voices

### Partnership Response

*'The issues around communication and women being centre of care is something that is so important in maternity services and since the Better Births report in 2016 personalised care and support in women's choices is central to midwifery. There is a lot of work going on to introduce the Continuity of Carer model for women and as a Maternity Voices Partnership we are kept informed and involved with implementations and outcomes. County Durham and Darlington are still in the early stages of developing their Continuity of Carer teams called Infinity Teams. There are currently 3, one in Stanley, one in Ferryhill and one in Bishop Auckland. Infinity Teams have not reached Darlington yet but Darlington community midwives manage Ferryhill so they will be gaining experience. So a bit of a transition time going on in maternity.*

*The idea of the Continuity of Carer will avoid women seeing a different midwife at every appointment time. A mother will have her own named midwife and get to know the other midwives on a smaller team. The Continuity of Carer model will mean that a mum will have a 75% chance of knowing her midwife when she has her baby because the model enables midwives to work on a delivery suite rota. It's been known for years that Continuity of Carer is what women want and is now being implemented with plenty of evidence to support as it is safer for mum and baby with better outcomes and higher rates of satisfaction. Continuity of Carer will hopefully reduce the incidents of women experiencing poor attitudes and communication. More info re Continuity of Carer [County Durham and Darlington - Continuity of Carer \(cddft.nhs.uk\)](http://cddft.nhs.uk)*

*In terms of the environment, it's been really difficult for mums to be without showers on the 6<sup>th</sup> floor. I've spoken to some women who were enabled to have a shower on another floor in the hospital accompanied by maternity care assistant, we were told as an alternative there is a bath on the labour ward. The shower issue is now resolved with*

appropriate point of contact filters in place to enable the showers to work. Another issue raised by a mum in your survey was being in a public lift on way to theatre. Sounds appalling and shouldn't have happened. This situation probably came about because Darlington Memorial Hospital obstetric theatre was closed earlier in the summer for upgrade and women had to be transferred to Darlington Memorial Hospital main theatres. Difficult to know the full story as there may have been a crisis with lifts available. Darlington Memorial Hospital obstetric theatre is now upgraded and in use again.

As a Maternity Voices Partnership we have asked for better communication on the current situation at Darlington Memorial Hospital. There was a press release following our last meeting explaining the current situation such as home births and water supply in Darlington, the release also described the choices on offer to women such as using the University Hospital of North Durham as a choice of place of birth if they would like to use a birth pool.

In terms of the perinatal care and the 'Birth Reflections' service. A year ago the service had been under review within the region. Women find it a very helpful opportunity to reflect and understand their birth experience with a midwife who has had training to deliver this service. The information about the service can be found on the trust's maternity website [County Durham and Darlington - Birth Reflections \(cddft.nhs.uk\)](http://cddft.nhs.uk) this is also available on a women's BadgerNet digital notes. We have requested a poster to be available as a reminder this service is available at whatever time suits a woman. We regularly have perinatal mental health on our agenda to raise awareness. This is ongoing with community developments hopefully going to be implemented in our area.

Earlier this year we were informed County Durham and Darlington maternity matrons have developed a proposal to introduce a 'meet the matrons' clinic'. The aim would be for women who want to discuss their birth choices or their care in more detail or feedback experiences direct, one of the matrons would help the women and help maternity services deliver the care that meets women's choices and needs.

I hope the above helps with our Maternity Voices Partnership overview of the current maternity situation at Darlington Memorial Hospital.'

Cathy Harvey on behalf of County Durham & Darlington Maternity Voices Partnership

## Tees Valley Clinical Commissioning Group

### Response

'Every woman using maternity services should receive timely, person-centred communication. In addition, all women should be treated with dignity and respect and receive the necessary support and empathy from staff to help them through their maternity experience.'

We were pleased to hear the positive feedback from some of the women surveyed in relation to their experience at Darlington Memorial Hospital before, during and after

giving birth; however, were also concerned to hear about the situations experienced by some women using their maternity services.

We acknowledge, due to Covid restrictions, there were a limited number of respondents to the 2021 survey, however some respondents to the 2021 survey cited poor staff attitude as a concern following a recommendation by Healthwatch in their 2017 survey relating to managers challenging and addressing negative staff attitudes. We also note however many of the interactions with staff in the 2021 survey were extremely positive, demonstrating an inconsistency that needs to be explored further.

We will continue to work closely with the maternity team at County Durham and Darlington Foundation Trust and County Durham & Darlington Maternity Voices Partnership to deliver maternity priorities including implementing the 'Continuity of Carer' model, 'Saving Babies Lives Bundle' and the recommendations in the 'Better Births' and Ockenden reports; however, in addition, we will also seek assurances on the areas highlighted in this Healthwatch report via our Quality Committee.'

Alex Sinclair, Director of Commissioning, Strategy and Delivery - Children Young People and Maternity, Tees Valley Clinical Commissioning Group.

## County Durham and Darlington NHS Foundation

### Trust Response

*'Thank you for the report based on a snapshot survey of maternity services during the COVID pandemic.*

*The report was based on 16 women over a 16 month period between Jan 20 and June 21, other than 1 woman that delivered in 2018. Much of the report was based on comparisons against a similar survey in 2017. During that period 2727 babies were born in Darlington. The report presented many comments verbatim, which were both positive and negative.*

*Acknowledging that it is always helpful to hear direct experiences reflected, the report, and our response will be shared to allow the staff to recognise good examples of care and also in respect of areas for development.*

*The service has aimed to maintain the care provided to women and their families throughout the pandemic as close to the pre-existing care package as possible, but clearly a level of change has been necessary.*

***The main challenges arising from COVID have been the following:***

*One of the early challenges we faced was, in response to the central advice, to remove all non-essential face to face contact between women and professionals as far as possible to reduce exposure.*

- *Supporting women with antenatal appointments through electronic appointments and socially distanced face to face: It was very hard initially to bring women into the service i.e. clinic areas whilst ensuring social distancing precautions. This challenge was compounded further with the need to support partners' access also. Many GP*

surgeries have not allowed midwifery clinics within the surgeries and this has increased the demand on our hospital sites.

- Antenatal education - group sessions were stopped during lockdown but filmed sessions by our own teams were developed and shared, in addition to online access to sessions. More recently our staff have delivered sessions on the Teams platform. The midwives have strived to support individual families throughout in order to meet individual needs.
- Care within the hospital - the service has always allowed a birthing partner to come into the hospital when a woman is in labour and we have not had woman birthing alone at any point. We recognise that for women on the antenatal / postnatal ward in the early stages of the pandemic, it was hard for our families as we could not support partners on the wards after transfer from the delivery suite. This was again to ensure our families and staff were kept safe during the lockdown. We did however, as seen in this report, provide intensive compassionate care on the ward areas and made every attempt to discharge women and their babies to the safety of their homes as soon as clinically possible.
- Postnatal Care - this was also compromised by the inability to visit women in their homes in the same way as we did prior to the pandemic, although midwives have never stopped entering homes even during isolation for visits.
- Changing national guidance - The service has continually had to review pathways of care as the national guidance matured and transformed its advice not only to the NHS but the wider population.

As guidance changes, vaccinations / boosters increase and precautions are reduced, we aim to maximise our visibility with face to face support for women during their pregnancy including antenatal education. The Trust has, over the last few months, developed a schedule to safely provide access for partners to visit the postnatal areas. The next challenge for the Trust is to support 2 birthing partners into the delivery suite and more access to women and babies postnatally.

### **The Environment at Darlington Memorial Hospital.**

The report has demonstrated that the women feel the estate is outdated and requires modernising. The service also has aspirations to improve the estate and this is being discussed within Trust and improvements have been made in part. I note the issue of accessing the department via a lift and the privacy and dignity challenge that is relevant to this. This is slightly harder to address and is not uncommon in general hospitals.

The service has over the last year made several improvement to the unit with investment being made through charitable funds into the provision of new lighting and birthing couches in the low risk rooms and redecoration in other rooms. There has been recent upgrading to the maternity theatres with an anticipated new bereavement suite in 2022.

As highlighted in the report there have been challenges with the water supply and for a short period the maternity unit had to provide an alternative location for women to shower but there has never been a time where showering was unavailable. This has now been rectified and normal service is back in place.

***Attitudes, behaviours and communication.***

*The report highlights within the recommendations, that greater attention is required by staff to allow for empathetic, supportive high levels of care. The report also recognise this was recognised in 2017.*

*The staff will receive this raw data of this report allowing for reflection of where communications and behaviours can improve.*

*I would also acknowledge and celebrate the high levels of care and compassion noted in the report. The staff have maintained high levels of attendance throughout the pandemic whilst wearing, high levels of PPE and with different levels of personal risk and challenge.*

*Attitudes, behaviours and effective communication skills are always a challenge in high risk services and are well reported nationally across clinical teams. This is not a reason to be complacent and we always need to recognise, address and improve on human factors skills.*

***Future challenges which will improve services.***

*The national transformation of maternity services involves full scale transformation of the way we deliver local care. We have a strategy and we are part way through the implementation of the midwifery continuity of carer (MCoC) strategy.*

*The research and outcomes that have been presented through the MCoC model is utilising small caseloads of women (42) compared to the large caseloads traditionally (120). The teams that provide this care to these women will also come into the hospital and follow the woman to care for her in labour / delivery. This model is based on relationships and the belonging theory. This psychological model improves communications, allows women to get to know their midwives, their worries and concerns.*

*An added advantage is that this allows for levelling of the peaks and troughs in service provision and whilst delivering better care, will also support the wellbeing of midwives themselves in delivering increased job satisfaction. When midwives are more satisfied in their day to day role and they have built a relationship with women and their families, communication improves along with better experiences for women and their families.*

***Conclusion***

*There are a number of areas highlighted which will be reflected in service as highlighted above and the survey and its raw data will be shared with staff for reflection. The service is continually striving to improve the pathways in the unit to allow for families to be together at what is such a special time for them. Our challenge is during current pandemic, to balance this with keeping our staff and families safe and minimising exposure to COVID 19. Inevitably this impacts negatively on the experience of service users and should be borne in mind.*

*Improving communication skills, compassion and care are core behaviours that we continue to reflect on and build and the outputs of this report will help shape our service priorities moving forward.*

*The service aims to provide significantly improved physical and emotional outcomes of women, as well as the job satisfaction of midwives, as we move to full transformation and implementation of midwifery continuity of carer.*

*Thank you again for your report and support. Please do not hesitate to contact me if you wish to discuss this further.'*

Jo Crawford, Head of Midwifery, County Durham and Darlington NHS Foundation Trust

## Acknowledgements

Healthwatch Darlington would like to thank all those taking part in the survey as well as Durham and Darlington Maternity Voices in Partnership, Tees Valley Clinical Commissioning Group and County Durham and Darlington NHS Foundation Trust for their valued input and response to this report.



## Appendix One: Healthwatch Darlington full survey results 2021

Healthwatch Darlington conducted a patient survey and gathered the below responses from sixteen people.

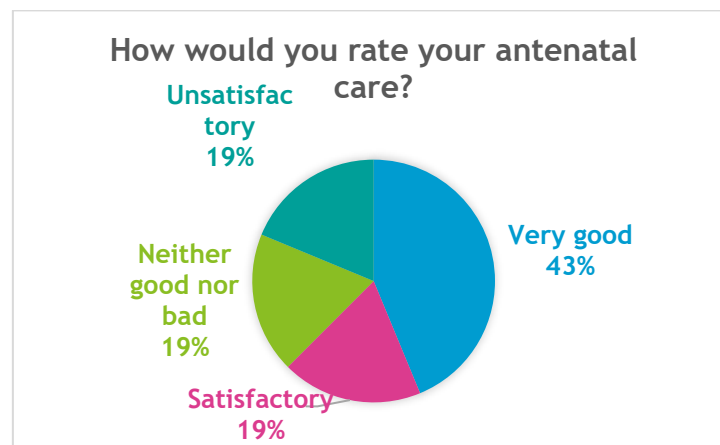
1) What month/year did you have your baby?

November 2018	1
January 2020	1
February 2020	1
March 2020	1
May 2020	2
September 2020	1
November 2020	2
December 2020	4
March 2021	1
May 2021	1
June 2021	1
Total	16

2) Where did you have your baby?

Darlington Memorial Hospital	16
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3) How would you rate your antenatal care?



Additional comments:

“My midwife was wonderful (Orchard court surgery)”

“No face-to-face appointments until 28 weeks, my mental health not taken seriously, and a different midwife at every appointment. Very disappointing”

“Community midwife very good and experienced.”

“I’d say good. I had gestational diabetes. Nobody mentioned colostrum harvesting during my pregnancy, I could not see my own community midwife because I had to attend the diabetic clinic which lasted about 3 hours! I also got asked three times if I wanted my tubes tied! No support offered with the question either. But the antenatal side and the community midwives are fantastic.”

“My midwife was amazing.”

“I had regular growth scans and ended up delivering at 29 weeks. I was well looked after and informed about everything going on.”

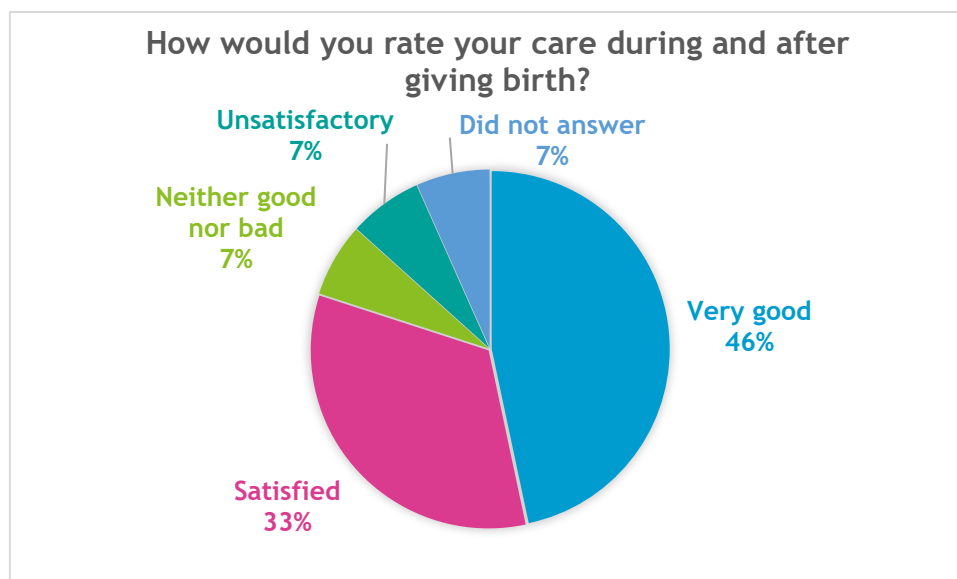
“My midwife was great, but consultant had dreadful communication and my care needs were rarely met outside of what my midwife could personally provide. XXX was also poor on account of her attitude. One day her greeting was ‘hi I’ve had three days off and now I’m back I can’t be bothered’”

“Husband unable to attend any appointments.”

“My community midwife was friendly and reliable.”

“Lack of support”

4) How would you rate the care you received during or after giving birth?



Additional comments:



“My midwife was nice, but the main support I received was from the student midwife who was so kind and understanding.”

“Good care. Good communication. Easy to contact when at home.”

“It was a full-on emergency and the staff who were with me while I was fighting my general anaesthetic were fantastic. The anaesthetic team, well they were fab. The consultant was also very good.”

“I had 4 sets of midwives throughout my Labour which made it a little difficult for me personally because it was like someone learning about you all over again when the shift change happened. Other than that, they were all amazing.”

“Emergency c section, couldn’t wait for husband to arrive so the nurses really looked after me during the prep for surgery, during and immediately after.”

“The staff are fantastic on the wards/ theatre.”

“Husband had to leave after I was moved to the postnatal ward.”

- 5) How would you rate your experience with the doctors, nurses or healthcare professionals do you feel you were listened and responded to appropriately?



Additional comments included:

“Mostly yes, with the exception of a few overnight healthcare assistants who were too hands on, and I didn’t feel comfortable with that.”

“Clear info given.”

“Everyone bar one doctor was amazing. One doctor was rude, and I felt he did not listen to my concerns and wishes for my little girl.”

“They listened until recovery.”

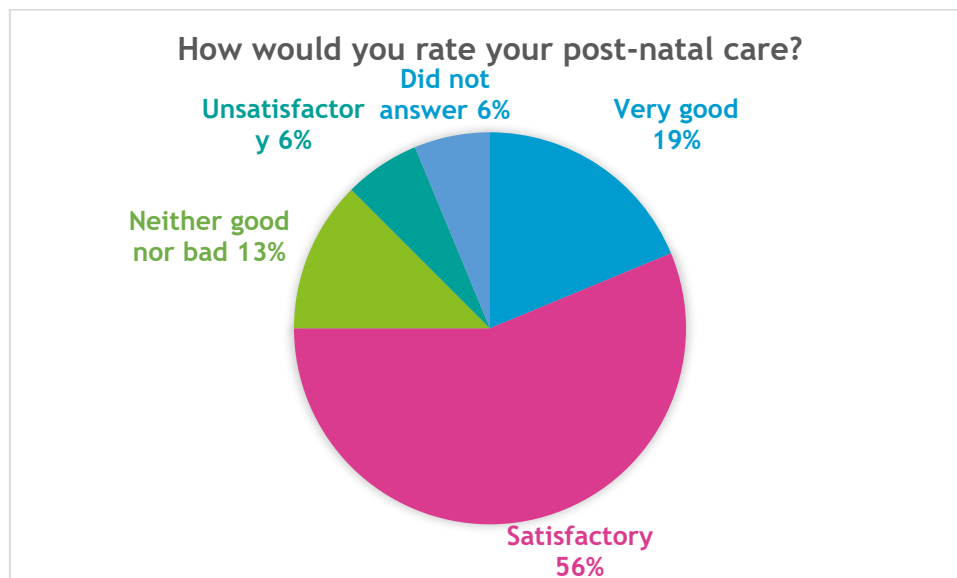
“During my pregnancy I feel like the only person who listened was my midwife, and she could only do her best and advice the doctors took up until I was 36 week pregnant to listen to my mental health problems and by then it was almost too late.”

“All staff, from the sonographers, the midwives and consultants really looked after me and kept me informed about what was happening.”

“Ward staff were fantastic. I felt they couldn’t have better cared for me, and I was in very good hands.”

“Generally, very good, was well looked after & listened to, attentive staff.”

6) How would you rate your postnatal care?



Additional comments included:

“Due to covid it was really hard to see professionals.”

“It felt a bit as though ‘oh you’ve had your baby go away now.’ Yes, the midwife came round after 3 days but i felt like i was being told off at that point. However,

my healthcare visitor was lovely and more understanding in what was working for us.”

“More consistent care, but still appointments were rushed and not person centred.”

“Nurses on maternity unit very busy and stretched. Unable to give support when needed. Wanted to keep me in hospital to establish breastfeeding further but did not have the time to support me with it. Also, showers weren’t working on ward - doctors advised me to keep stitches clean but no showering facilities post birth. Post-natal community care was however very good and thorough and kept in regular contact. Maternity care assistants rang but felt slightly like it was a box ticking exercise. Did not see my pre-natal community midwife post-natal.”

“Skin to skin at 60 hours, lack of breastfeeding support, no mental health support when I asked for it on the ward. I was in for 10 days in lockdown 1 and I still go through it all. The staff in general were given but they need a kick up the \*\*\*\* to be honest! Listen to the mums and read any birth plans.... mine was very simple....skin to skin and bf asap.... didn’t get either! And yes, I did an official complaint too, so staff know of me! No help with birth trauma or breastfeeding grief. My last baby and I’ve so many regrets. Also, general anaesthetic should not be used as an excuse not to bf a baby. I felt I’d lost my right to choose really.”

“As lockdowns began the post-natal care was affected.”

“My midwife and health visitors were incredible.”

“Left for too long without pain killers, had to wait quite a while for help getting out of bed. I was discharged too fast in my opinion too. I was very anaemic and passed out twice, causing the glue to separate on my section scar. very painful and wasn’t checked before discharge either.”

“GP check-ups we’re terrible. Long waiting list, long waits on the day despite the appointment time and felt like a tick in the box for them instead of an actual check.”

“Had to chase up initial home visit as ‘wasn’t on the list.’ Saw multiple different midwives. Difficulty getting hold of antibiotics I needed as midwife couldn’t prescribe and GP shut.”

“Again, lack of support.”

- 7) Would you like to share any general thoughts, opinions, likes, dislikes?  
This can be from the moment you arrive at hospital until you leave.

“As a first time Mum and not having a clue what to do, I was left to deal with everything on my own and felt I had been forgotten about. We were told I could be discharged at 4pm and didn't end up leaving the hospital until 11pm.”

“I remember being told to get up and have a shower a few hours after birth, however having had an epidural, i felt wobbly and numb - they didn't seem to believe me and made me get out of bed at which point i nearly fell over as i was still partly numb.

My husband also found it very hard that we were kept in for 3 days (due to feeding) and he couldn't see us very much or help at all. A side room would have been so much better for me and him and bonding with his new-born, but this was not an option.

What was so ridiculous is that the feeding wasn't going well because he had such a bad tongue tie, yet the hospital could not sort this and we had to be referred to Bishop a week later, when feeding became so much easier. This could have been addressed so much earlier, meaning we could have gone home to recover earlier.

I'm not sure if my experience will help for learning opportunities but you don't exactly get to give feedback usually so thought I'd try and give you info. Thanks.”

“In general my care was excellent start to finish, the first night in hospital with my baby I found very difficult, nobody came to check on us through the night despite my baby screaming most of it, the door was shut by staff around 9pm and that was it, I had a c-section and expected a little bit more support as a first time mother.”

“The unit is outdated; my friend had her baby in Durham, and it seems that's much nicer.

Darlington maternity needs moving to a different place in the hospital, I was in labour in a lift with 10 people getting in and out on every floor no privacy and everyone in the lift observing my need to push.”

“Was made to feel guilty for wanting to go home. Some of the nurses were lovely but other not so much. Observed nurses being very abrupt with an awkward patient rather than attempting to support. Visiting times were not adhered to- put in my bay had her husband there for 4 hours till 10:30pm when my husband could only stay 60 minutes.”

“Everyone was amazing apart from the one doctor. I was in a room alone so was grateful when the nurses and domestics took time to chat with me. All treatments

were explained to me.

It was a shame that my partner could not visit but I appreciate we need to keep everyone safe during Covid.”

“Antenatal fine apart from the diabetic clinic. Oh, I never saw a dietician either! Community midwives are fab. It just all fell apart from recovery onwards. It's an experience that I live with most days. If I hadn't already had 3 children, I'd be having another.”

“The care I received in Darlington Memorial Hospital was brilliant, I also spent time in Durham Hospital, and I felt the care was not as good as that in Darlington Memorial Hospital. I am due another baby in November 2021 and so far, I feel that care has been lacking due to the ongoing pandemic. Everything is centred around covid and appointments not taking place as they should. I feel that women having babies during this pandemic have been really let down.”

“Covid made my pregnancy extremely difficult. I was lucky enough to have my partner with me for my whole Labour but having my birthing partner there (my mam) would have made my experience just that little bit easier too!”

“Very good ante natal care, poor post-natal care. I was kept informed of how baby was doing, as she was transferred to another hospital for treatment.”

“I had a c-section and the staff kept me up to date throughout. I was spoken to with respect and dignity but lost of all listened too tentatively also. On the day of my birth every person was fabulous from start to finish and my aftercare on the ward was impeccable. Fantastic service that this team should be proud of. Thank you.”

“Lactation assistant at BAGH was excellent and daily calls with her were the only thing that kept me trying to breastfeed, otherwise would've given up.”

“All the staff on labour ward were lovely. The after care however just wasn't there and as a first-time mum it was pretty daunting. More towards the health visitor side of things.”

## Appendix Two: External data of relevance

### County Durham and Darlington Maternity Voices in Partnership

In addition to the intelligence gathered during this engagement exercise, we have included further data below captured via similar projects or in other surveys, telephone calls and meetings.

Feedback comments below from County Durham and Darlington Maternity Voices in Partnership 'Your pregnancy during Covid Survey May 2020'.

#### Q1 Is this your first pregnancy

52% Yes

47.62 No

#### Q2 How many weeks pregnant are you?

Most 30 - 40 weeks 47.62 23% 40+

19% 20 - 30 weeks

9% less than 20 weeks

#### Q3 Where are you planning to give birth?

No Home births

38% Darlington Memorial Hospital

52% University Hospital North Durham

1 RVI and 1 QE Gateshead

#### Q4 How has your mental health been affected by Covid-19?

38% said yes

57% said no

4% said don't know

'I've had some personal family problems and not to do with Covid 19 DL14'

'I wouldn't say my mental health has been affected massively but with this being our last pregnancy I do feel like we've been robbed of things we wanted to do that we couldn't with our last pregnancy. I understand it's all for the best, but it has been hard being stuck at home with my daughter and not feeling well through my pregnancy, help with her would have been a massive help DL14'

'Mental health is still ok. However, I have found it difficult not being at work / having routine. Also, hard not being able to see family and friends during this happy time (having our first baby) DL12'

'I suffer with anxiety and have it under control with medication but covid meant stress from work, being furloughed, money worries, midwife appointments being changed etc, I like structure and routine and that's completely gone in all aspects. Then on top of that there is no contact with my family who I am extremely close with and wanted to share our first pregnancy with DL16'

'I'm worried about the lack of support services available, the baby groups not being on and not being able to have my birth preferences. I'm devastated my partner can't be in hospital with me to support the onset of labour or after birth transition. I'm concerned about family and friends not being able to visit and feel guilty for not allowing grandparents to visit or hold their first grandchild. All of this is massively impacting my mental health and emotional wellbeing. Skipped PC'

'Anxiety about birth being alone for appointments and birth Feeling a bit 'left to get on with things DH2'

'More anxiety, particularly early on when lockdown happened just before my dating scan. DH1'

'Shielding restrictions playing with mental health. Advised anti-depressants in spite of me never being on them before and not wanting them to due pregnancy. Not being able to chat with a maternal mental health midwife. DL16'

'Increased stress due to worries about job security and finances. Concerned about impact of the virus on the health of myself and my baby, on top of all usual first-time parent worries. DH3'

'After suffering with awful PND with my little boy. I decided to stop taking my medication when I fell pregnant. Fast forward to March April this year I have never felt worse. The lack of being able to visit family and friends and originally only limited to one hour of exercise. My mental health deteriorated. DL1'

'More anxious. My little girl is currently home schooling so lots of mam guilt whether she's doing enough, if I'm doing it right. Feeling guilty she's missing out etc DL 1'

#### **Q5 Have your antenatal choices been affected since Covid-19 restrictions began?**

Yes 38%

No 57%

Don't know 4%

'I'm not clear what my options are, and have been told I may have to wait until i am in labour at the hospital before it is clear DL15'

'However, Husband wasn't able to attend our 20-week scan. DL12'

'I don't feel I receive or have access to the support I would have had ordinarily. All antenatal classes have been cancelled, including feeding choices and parenting support which I feel are important for first time parents. I would like a water birth or home birth, and these are both looking unlikely options due to the restrictions. Breastfeeding cafes and other groups are all unavailable so even community support is limited to online.'

‘Not seeing Dr (under consultant care) missed calls for appointments and no calls back. DH2’

‘So far not been able to have husband attend scans and appointments with me and we have been unable to attend our antenatal classes.’ ‘However, we fully understand the reasons behind these policies and why they are necessary. DL14’

‘Missed a lot of antenatal classes. Bonding with other new mums. Discussing fears and worries in a safe environment without the added pressure of a time allocation i.e., 20 mins appointments with community midwives not long enough. DL16’

‘Not sure what would be ‘normal’ as this is my first pregnancy although would have preferred face to face appointments instead of over the phone and upset at having to attend scans alone, though I understand why. DH5’

### Q6 How were you informed of any changes?

80% said Midwife told me

30% said Communications from Hospital

2 % said County Durham and Darlington Website

1% said GP surgery

10% said Maternity Voices Facebook page

5% said LMS website

20% said other websites

20% said TV media

10% said Family Friends

10 said Other - Government publications DL15

‘I called the hospital and doctors to ask of changes and restrictions DL16’

‘I asked midwife DH1’

‘Found out through social media that I would have to attend appointments alone. Turned up to an appointment, to be told that the appointment had been cancelled and that I had fallen through the cracks. DL12’

### Q7 Have these changes altered your birth plan?

Yes 33%

No 38%

No birth plan 28%

‘Would have had my husband and my mam in for birth but now just husband DL14’

‘Home birth not an option DL4 40+ weeks’

‘Don’t have a birth plan as yet but hoping for a water birth DL16’



'I would have liked a water birth but was informed by a midwife that the birthing pool is currently unavailable as it's being used for covid patients. I would also have considered a home birth rather than hospital but have been told these have all been cancelled for the time being due to needing an ambulance. No postcode'

'The need to have a back up birth partner DH1'

'No birth plan was in place - but instantly ruled out home birth which would have been nice to have as an option DL16'

'Changes to the number of birth partners and visit from partner after birth DL3'

'Don't have a birth plan yet but hopefully will give birth in UHND and this would remain unchanged. DH3'

'I am really against having a c section this time around. I want to try do everything as naturally as possible to ensure I am home sooner to be with my family DL1'

### Q8 Have you any concerns around your pregnancy and Covid-19?

47% Yes

38% No

14% Don't know

'XXX has alleviated all the concerns I had skipped PC'

'Contracting Covid-19 whilst in hospital DL4'

'My daughter had Kawasaki disease at 18 months old and I know that was because of a genetic predisposition, I'm worried that this baby could have the same genetic predisposition and be affected by COVID-19 DL14'

'The unknown of the virus and its effect on baby. DL12'

'Giving birth without my partner being there through all of it, and it not being how I imaged, people in mask and limited contact etc DL16'

'Worried as now 36 weeks what would happen if I became sick DH2'

'The lack of antenatal classes and preparation for birth opportunities that would normally exist, particularly as a first-time mum concerns me. Having an online slideshow-based class is not the same - and not being able to see the unit or speak to the team means I don't feel I can plan as well DH1'

'More so with regards to labour - I was extremely worried at first that I would not be allowed a birth partner and was terrified at the thought of having to give birth alone without their support. I now know that my husband will be able to stay with me during established labour and for 4 hours after birth, which is extremely important to me. I would feel happier and more supported if my husband were able to visit on post-natal ward should I need to stay in after birth, and so still feel quite anxious about that. However, I also understand why that restriction is in place. DL14'

'I don't fully understand the level of risk to me and my baby. I find it hard to determine sensible precautions to take, and I find the government's guidance to be pretty vague in this regard. DH1'

'Lockdown lifting once baby arrives - being harsh to family in making them stay away or isolated prior to visiting us. Husband not being able to attend scans and appointments. FT parents and he's missing out. Attending hospital to give birth - when there will be covid patients there DH16,

'Worried about impact on myself and my baby's health, fear of the unknown. Though I am normally fit and well with no known underlying health problems, I feel more vulnerable and scared than I would if I were not pregnant during this. DH3'

'Yes, would like to send my little girl back to school we think it would improve her moods but worry about doing so due to pregnancy. Also feel there hadn't been clear guidelines for pregnant women regarding working, social distancing etc DL1'

#### **Q9. Did any changes improve your maternity experience during pregnancy?**

Yes 9%

No 71%

Don't know 19%

'Professionalism of my midwife'

'My appts are being split rather than grouped e.g., scan and consultant 2 separate appts DL15'

'I was pleased that my midwife was able to see me at the GP surgery rather than the hospital during covid-19. DL15'

'Appointments split rather than grouped. Eg scan and consultant 2 separate appointments.'

County Durham and Darlington Maternity Voices in Partnership during discussions spoke about Mental Health during and after pregnancy.

One of their huge areas of concern is 'post-natal' care with this often being referred to as a 'Cinderella service.' One thing we discussed was that negative experiences of 'post-natal care' can have a lasting impact on parents resulting in poor mental wellbeing. There a service provided to parents who may need to time to reflect on their experience, this provides them with a chance to talk through things that happened and also help them deal with emotions. We discussed the possibility of women falling through the net and not being able to take advantage of this service if it isn't readily offered to them because they have indicated a need. County Durham and Darlington Maternity Voices in Partnership were unsure if there was a leaflet handed over to parents and all maternity records have now moved online (badger.net) is the online provider for maternity records.

County Durham and Darlington Maternity Voices in Partnership findings for birth partner experience during covid April/May 2021.



MVP Birth Partner  
Experience during C

County Durham and Darlington Maternity Voices in Partnership findings for Post birth contraception February 2021



MVP post birth  
contraception repor

## Maternity experiences: Northern Echo article

<https://www.thenorthernecho.co.uk/news/19458203.women-share-views-lack-showers-darlington-maternity-unit/>

### Public responses to the Northern Echo article above.

“If it wasn't for Darlington Memorial Hospital team I wouldn't be here now after the birth of my son. I was in intensive care, and they bed bathed me. I was clean, surely that's enough temporarily? Would we say this was a 1st World problem? "A glass half full" attitude would be a good trait.”

P1 “It's the leaving 1st time mothers 4 days in dry labour then having an emergency c section on day 5 which should be discussed. 2 women I know had this experience not that long ago and it's caused all sorts of trauma, having a bath is the least traumatic issue.”

Reply to P1 I had my 5<sup>th</sup> baby 9 weeks ago. I was nearly 2 weeks 3 days of trying to start labour then emergency c section on day 4. Then having to stay in after and no showers. I agree though it definitely had a massive effect on my mental health.”

Reply to P1 “The same happened to me.”

Reply to P1 “urgh I went 3 days before they gave me any help perhaps best for the baby but torture for the mother. I lost the plot by the end this was nearly 6 years ago though.”

“My daughter, who's 15 gave birth by c section 4 months ago, unsure if the problem was happening then, she could have a shower and the midwives done all they could to help her. maybe the hospital should be warning mothers to be, so they could change their mind on which hospital they want to give birth in.”

“My daughter is currently in hospital has been in a week and although there are no showers, she has been having baths and the nurses are doing all they can for her.”

“I had a c-section there 9 weeks ago and was unable to have a shower or bath. If I had known I would have gone to a different hospital. The staff are ran off their feet.”

“I was in for two weeks and have a traumatic time.”

“I’ve moved my care to Durham now after reading about the water issue its shocking.”

“I’m going in on Monday to have my baby by caesarean and I’m dreading not being able to get up the next day and bathe myself properly. You go into hospital expecting that basic hygiene needs can be met especially for mothers who give birth. It is also disgusting that midwives aren’t making mums aware of this situation especially as it’s been going on for a while. I only found out a couple days ago which is too short notice to be booked in somewhere else for my caesarean.”

“4 out of 5 mothers are able to go home the same or next day, a bath is available for those on longer stays and you can always get a good wash in a sink if you don’t want to.

## About us

Healthwatch Darlington is your local independent health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences. As an independent organisation delivering statutory duties, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers locally to make sure your experiences improve health and care services for everyone. We can also help you to get the information you need to make the right decisions for you and to get the support you deserve.

It's really important that you share your experiences - whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So if you need support, or you're ready to tell your story - we're here to listen.

We're entirely independent and impartial, and any information you share with us is confidential.

### Contact information

Healthwatch Darlington Limited

Jubilee House, 1 Chancery Lane,

Darlington, DL1 5QP

Tel/Text: 01325 380145 / 07525 237723

Email: [info@healthwatchdarlington.co.uk](mailto:info@healthwatchdarlington.co.uk)

Website: [www.healthwatchdarlington.co.uk](http://www.healthwatchdarlington.co.uk)

Facebook: [@HealthwatchDarlington](https://www.facebook.com/HealthwatchDarlington)

[@youthwatchdarlo](https://www.facebook.com/youthwatchdarlo)

Twitter: [@healthwatchDton](https://twitter.com/healthwatchDton)

Instagram: [@healthwatchdarlington](https://www.instagram.com/healthwatchdarlington)

[@youthwatchdarlington](https://www.instagram.com/youthwatchdarlington)

