NOTTINGHAM & NOTTINGHAMSHIRE
Maternity Voices
Working in partnership to improve maternity services

healthwatch
Nottingham & Nottinghamshire

Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic

December 2021

Commissioned by

Nottingham and Nottinghamshire
Clinical Commissioning Group

Absolutely allow partners to all appointments if they are part of the same household bubble. Not having a partner at any appointments or scans was at times terrifying and scary. We both live together so risk was minimal

Comment from respondent

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Who we are

Healthwatch Nottingham and Nottinghamshire

Healthwatch Nottingham & Nottinghamshire is the independent patient and public champion that holds health and social care services more accountable to their communities for the services they commission and provide.

We have 3 key roles:

Scrutiny of local health and care commissioners to ensure that they: listen to the public, provide excellent care, provide quality signposting and are totally transparent.

Make a difference: We collect & provide insight from patients & communities, and use these to make recommendations to improve services for the public. We will then scrutinise how this insight helps to influence improvements.

To work in partnership across local, regional and national networks of Healthwatch and the CQC to ensure big issues/opportunities are acted upon & best practice is shared, whilst ensuring that our independence is maintained.

Nottingham and Nottinghamshire Maternity Voices Partnership

Maternity Voices Partnerships (MVP) are NHS working groups that aim to review and improve maternity services by putting the experiences of women and their families at the centre. The Nottingham and Nottinghamshire Maternity Voices Partnership is multidisciplinary in nature and our aim is to bring together representatives from organisations involved in maternity care and local women and their families.

Professional members of the group include midwives from both Nottingham University Hospitals Trust and Sherwood Forest Hospitals Foundation Trust, representatives from the Clinical Commissioning Groups in our area, as well as representatives from City and County Council. Our MVP is also linked into local charities such as Zephyr's and The Emily Harris Foundation, who support local families.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

Executive summary

This report presents the experiences of women who used maternity services in Nottingham and Nottinghamshire during the COVID-19 pandemic. The Nottingham and Nottinghamshire Maternity Voices Partnership (MVP) organised a focus group in January 2021 and a survey in February 2021, to find out how the COVID-19 pandemic and associated restrictions in maternity care impacted on pregnancy, birth and the postnatal period. The survey was of women who used maternity services at Queens Medical Centre hospital and City Hospital in Nottingham and King's Mill Hospital in Sutton-in-Ashfield between March 2020 and February 2021, and of their partners and families.

During the first wave of the COVID-19 pandemic, changes were made to maternity services in accordance with government guidance, with the aim of reducing transmission. During April 2020, most units brought in changes i.e. reduced antenatal and postnatal appointments, restrictions on partners attending appointments, more telephone and virtual consultations, restrictions on access to midwifery-led birth settings or home births, and different methods of screening. These all started to be lifted in a phased way after June 2020.

An MVP online focus group of four women was held in January 2020.The MVP survey in February 2021 collected responses from 364 people. The questions asked were on:

- Pregnancy
- Labour and Birth
- Postnatal care in Hospital
- Postnatal care at Home

People told the MVP that COVID-19 restrictions on appointments for routine check-ups, partners not being able to attend appointments, partners not being present throughout the whole process of labour and, finally, very limited visiting hours all had a negative impact on women's experiences of maternity care. Women and their families acknowledged that, in general, staff worked very hard under unprecedented circumstances; this report includes evidence of the care given by staff to patients. Over 75% of women in the focus group and online survey did not have to change their birth plan or place of birth due to COVID-19 restrictions at the three hospitals, with over 65% of women reporting that the care they received was very good or good.

The primary concerns for women were the restrictions on partners attending appointments, partners unable to be present during labour, and very limited visiting allowed on wards. Lack of clear information on what was and was not allowed, as well as constantly changing guidelines, compounded what was already a stressful experience for every family. These factors resulted in higher levels of anxiety during pregnancy, especially where women had had a previous miscarriage or complications, or where this was their first baby.

'Everything was great apart from my husband not being allowed to attend scans...it was especially bad for me because I lost my previous pregnancy in silent miscarriage, so I was terrified to attend my scans alone.'

There were fewer face-to-face appointments either during pregnancy or postnatally. Women told us that their appointments were sometimes too short, a tick-box exercise, with no real opportunity to discuss issues or be listened to. Replacement telephone calls often did not meet women's requirements, resulting in mental and physical needs being missed. Some women also said they saw several different midwives over the course of their pregnancy, leading to a lack of continuity of care. The combination of these factors meant that women and their partners did not always receive the support and reassurance they needed, both before and after birth, including antenatal classes, breastfeeding support, baby weighing and mothers' physical examinations.

Staffing levels and over-stretched staff were noticed and reported by women, particularly in post-delivery wards; at times women felt isolated and stressed, were left without appropriate levels of personal care post-C-sections (Caesarian sections), or felt that recovering from labour and looking after a new-born alone was too much for them. Women also reported negatively on the impact of very short visiting hours on both their own mental health and on their partner's bonding with the new-born.

The mental health and wellbeing of women accessing maternity services during the pandemic and the restrictions due to COVID-19 are well documented in this report. Women with existing mental health conditions felt unsupported, reporting a lack of provision of appropriate services for them. First-time mothers reported feeling more isolated, lonely and anxious as they had to face everything alone. Bereaved parents reported that support was not always available for them and that the response at the time from Trusts was not always sufficient or consistent.

Recommendations

Nottingham City Hospital

Restrictions on Partners:

- Allow one partner to attend appointments and scans. (National policy was initially to exclude them.) Where this is not possible, e.g. if they have COVID-19 symptoms, consider enabling virtual or telephone communication. (City/Antenatal services)
- Allow partners to support women in hospital throughout labour, including during induction. (City Maternity)
- Extend the postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or the mother and/or the baby have additional needs. (City Maternity Inpatients)
- Inform and support partners during pregnancy, labour and postnatally so that they, in turn, can support their partner emotionally and physically

Mental health:

- Ensure women receive the mental health support they need throughout their pregnancy, labour and postnatally. (City Maternity/Nottinghamshire Healthcare Trust)
- Listen to the effect not having their partners present throughout their maternity experience has had on women's mental health and ensure that partners are present and are supported.

Care on wards:

- Provide personalised care for women with disabilities and for COVID-19-positive patients. (City Maternity)
- Ensure that women who are COVID-19-positive or who are isolating due to exposure to COVID-19 while they are in wards postnatally receive appropriate levels of physical health care.
- Ensure that women with pre-existing mental health conditions receive appropriate levels of mental health support postnatally. (City Maternity)

Appointments:

- Ensure appointments are of an appropriate length, preferably face-to-face, and that all women receive the same consistent information. (City/Antenatal services)
- Ensure in-person postnatal appointments are an option where physical examinations are required. Where appointments cannot be in person, where possible offer the option of virtual appointments as well as phone calls. (Health Visitors)

Guidelines:

- Ensure the COVID-19 guidelines are communicated clearly, are understood by staff and are applied consistently. Work more closely with the MVP to develop the guidelines. For instance, communicate to women before labour what will happen if they test positive for COVID-19 or are in contact with someone who has tested positive. (City Maternity Services/MVP)

Queens Medical Centre (QMC)

Restrictions on partners:

- Provide a consistent approach to and communication with all maternity service users, based on their individual needs, about allowing a partner to attend appointments and scans. (National policy was initially to exclude partners.) (QMC Maternity)
- Ensure COVID-19 guidelines are clear, are understood by staff, are applied consistently, and are promoted through social media. Work more closely with the MVP to develop the guidelines. (QMC Maternity services/MVP/Health Visitors)

- Extend the pre and postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or have had twins, or who for other reasons are struggling to care for their baby. (QMC Maternity Inpatients)

Mental health:

- Do not withdraw postnatal support e.g. health visitor or midwife visits, breastfeeding support, physical examinations and baby weighing clinics, as this impacts negatively on women's mental health. (QMC Maternity/Nottinghamshire Healthcare Trust)

Care on wards:

- Ensure that women receive adequate personal care postnatally, especially if there are care needs as a result of a C-section or other procedures, a physical disability or a mental health condition.
- Ensure that women have a timely discharge and do not go home prematurely due to lack of support on the wards.

Appointments:

- Ensure appointments, especially for first time mothers, are of an appropriate length to enable information to be shared and questions to be asked and answered. (QMC/Antenatal services/Postnatal services/Health visitor service)
- Be sensitive about assuming partners are 'Dad' as this is not always the case and the partners may be same sex. (QMC Maternity services)

King's Mill Hospital

Restrictions on partners:

- Allow one partner to attend appointments and scans. (National policy was initially to exclude partners.)
- Make sure the COVID-19 guidelines are clear, are understood by staff and are applied consistently. (SFHT Maternity services/MVP)
- Extend the postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or who for other reasons are struggling to care for their baby. (SFHT Maternity Inpatients)
- Talk to partners in order to answer any questions they may have. (SFHT Maternity)

Mental health:

- Ensure that women with existing mental health conditions are supported throughout their maternity experience and that appropriate provision for care and support is made, especially if there are restrictions on visits by partners or carers while women are in hospital. (SFHT Maternity and Health Visitors)
- Ensure that all staff have mandatory training in mental health in order to work with and identify and provide appropriate support for women with mental health conditions, for first time mothers and for mothers dealing with bereavement.

Care on wards:

- Ensure that mothers receive full support with breastfeeding.
- Recognise that not having partners on the ward with them is very hard for new mothers. Make appropriate provision for personal care for women who have undergone a C-section, who have a physical disability or have a baby needing NICU (Neo-natal Intensive Care Unit) intervention.

Appointments:

- Provide video links for partners to attend scans virtually and to enable them to ask questions. (SFHT Maternity)
- Provide online antenatal classes. (SFHT Maternity)

Introduction

Nottingham and Nottinghamshire Maternity Voices Partnership (MVP) collected the views of women who were pregnant or who had a baby between March 2020 and February 2021. The MVP wanted to find out about the effect of the COVID-19 pandemic on the delivery of maternity services. This report presents the experiences of women who used maternity services in Nottingham and Nottinghamshire during the COVID-19 pandemic, and the experiences of their families. These experiences were collected through:

- An online focus group with four women;
- An individually completed online survey or telephone interviews with a total of 364 people.

During 2020-2021, due to lockdown restrictions, The MVP has not been able to 'walk the patch'; all engagement has been through email, the MVP Facebook page, the MVP webpage or by telephone.

The previous 2019-2020 report, Walking the Patch and Postnatal Surveys, can be found at https://hwnn.co.uk/wp-content/uploads/2020/08/HWNN-MVP-WTP-PN-support-FINAL-Version.pdf

Better Births, the report of the National Maternity Review, was published in February 2016. It set out a clear vision for maternity services across England which included setting up service user co-production through local Maternity Voices Partnerships. (Implementing Better Births)

The MVP is a team of women and families, commissioners and maternity staff who collaborate to review and improve local maternity care. The Nottingham and Nottinghamshire MVP covers Nottingham University Hospitals NHS Trust (QMC and City Hospitals) and Sherwood Forest Hospitals Trust (Kings Mill Hospital). The MVP conducted the present survey of Maternity Services during the COVID-19 Pandemic.

Maternity services and COVID

The Chief Medical Officer placed pregnant women in the moderate risk (clinically vulnerable) group as a precaution on 16th March 2020. The Royal College of Obstetricians and Gynaecologists (RCOG) provided further advice on this in their early Coronavirus Infection in Pregnancy Guide (March 2020). The link to their website and the current version of this guidance is:

https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/ (June 2021)

Information for pregnant women and their families is available in question-and-answer format, in some cases with accompanying videos, on the Royal College of Gynaecologists (RCOG) and Royal College of Midwives (RCM) COVID-19 hubs. The RCM website below gives further information for birth partners and visitors:

https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/https://www.rcm.org.uk/coronavirus/

Throughout the pandemic, the key principles set out in the RCOG guidance for antenatal and postnatal services have been:

- Maintaining essential monitoring of, for example, blood pressure, foetal growth and blood tests. The RCOG recommends a minimum of **six in-person** antenatal consultations.
- Where appropriate, building remote care support capacity, in addition to in-person consultations.
- Using home appointments where appropriate.
- Ensuring adequate staffing provision.

The link to the current version of this guidance is: 2020-10-21-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-v3.pdf (rcog.org.uk)

In April 2020, the NHS issued a Clinical Guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic. The guide states that women can have a birth partner of their choice during labour and the birth, provided they are free of Coronavirus. The guide envisages that some midwifery options may be suspended but suggests that, wherever possible, Trusts offer at least one midwifery care option. It also recommends that Trusts work with their local MVP Chair to develop plans and to communicate with women and families.

Local Trusts have had to respond to an urgent and evolving situation and communicate the latest service changes to women and families, as well as to staff. The MVP observed that this was done through letters, phone calls and by using social media. The MVP was invited to comment only on the wording of draft versions, rather than on their content.

Our approach

Nottingham and Nottinghamshire MVP has collected views from women and families who used maternity services during the COVID-19 pandemic, to find out how the pandemic and the associated restrictions in maternity care service impacted on pregnancy, birth and the postnatal period. The views collected were from families who had used services at both Nottingham University Hospitals Trust (QMC and City Hospitals) and Sherwood Forest Hospitals Foundation Trust (Kings Mill Hospital) between March 2020 and February 2021.

The MVP collected experiences through:

- An online focus group with four women held in January 2021;
- A survey conducted online (348 responses) and by telephone (16 responses) in February 2021.

Tables showing the demographics of the respondents in the survey are included at the end of the report, in Appendix 1. Respondents had either given birth since March 2020 or were still pregnant at the time of completing the survey, or were family members. Of the 364 respondents, 72.1% (n=263) were from Nottinghamshire, 14.8% (n=54) were from Nottingham City, 12.4% (n=45) were from outside Nottingham City and Nottinghamshire but used services in this area, while two respondents did not specify where they were from.

Summary of Findings

The report is ordered by hospital: City Hospital, Queens Medical Centre (QMC) and King's Mill Hospital. Within the section on each hospital the findings are ordered by stage of care: pregnancy, labour and birth, postnatal care in hospital and postnatal care at home.

There were many examples of good care across all three hospitals and women and families were generally understanding of the difficulties for staff working under COVID-19 restrictions. However, the consequences of COVID-19 restrictions on women needing maternity services, and on their families, were significant, affecting every stage of women's pregnancy, the birth and postnatal care.


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Findings by hospital – City hospital

In total 150 survey respondents received care from City Hospital, including those who had given birth at this hospital and those planning to give birth there. Maternity services at City Hospital are provided by Nottingham University Hospitals NHS Trust (NUH). City Hospital offers three choices for the birth: Home, the Labour Suite or the midwifery-led Sanctuary Birth Centre.

Pregnancy

Planning the birth:

Government guidance had foreseen that the temporary closure of some hospital units would be necessary, for example, to allow their use by women with COVID-19 symptoms. At City Hospital the Sanctuary was temporarily closed, to allow it to be used only by women with COVID symptoms. 75.5% (n=111) of women said that they did not change their birth plan or the place of birth due to COVID-19 restrictions, whilst 21.1% (n=31) said that they did.

Did you change your birth plan/place of birth due to COVID-19 restrictions?	No.	%
No	111	75.5%
Yes	31	21.1%
Can't say/no answer	8	3.4%
Total	150	100%

City hospital: table 1 – source all respondents (n=150)

Five women receiving midwifery-led care mentioned having to give birth in the labour suite due to the closure of the Sanctuary. This meant that they were less likely to be able to have a water birth as there is only one birthing pool in the labour suite at City Hospital.

Fifteen women mentioned considering a home birth. Two women said they became keen to give birth at home because of being *'very nervous about going into hospital … because I didn't want to catch [COVID] whilst I was there'*. Home births were not always possible, at times directly due to the pandemic, for example when on 26th March 2020 NUH suspended the home birth service for a period of time due to COVID-19, and at other times due to issues such as staffing levels being too low for the service to be delivered.

A woman with a physical disability described feeling *'completely disempowered'* as the pandemic left her *'unable to actually make [a birth plan]! The consultants themselves admitted that all my options were bad ones due to the pandemic'*. Her original preference for a planned Caesarean section (C-section) was now inappropriate because there would not be enough support for her to manage her recovery and care for her baby.

Care during pregnancy:

Two thirds of women surveyed, 67.1% (n= 100), said that the care they received during pregnancy was either very good or good. Just over one in five, 20.8% (n=31), said it was satisfactory and 12.1% (n=18) felt it was poor or very poor.

How do you feel about the care you received during your pregnancy?	No.	%
Very good	41	27.3%
Good	59	39.3%
Satisfactory	31	20.7%
Poor	12	8.0%
Very poor	6	4.0%
No answer	1	0.7%
Total	150	100%

City hospital: table 2 – source all respondents (n=150)

Sixty women praised the care they received during pregnancy and described midwives as *'supportive and knowledgeable'*. This included women who highlighted that the compassion they received from staff made a particular difference to their going through difficult experiences alone due to the restrictions, for example *'consistently saw the same midwife, went into City and Queens with reduced movement and high blood pressure where I was always taken seriously and had incredible care'*. One woman with a history of loss described how staff *'put me at ease'*, which *'helped me get through the tough scans'* without her partner.

However, referring to routine care and appointments during pregnancy, twenty-four women (16%) described receiving impersonal care, leading them to feel *'very much just like a number rather than a patient'*. Fifteen women said that they saw more than one midwife, for example, *'I was never assigned a midwife, I saw a different one every appointment I went to'*. Six spoke of antenatal appointments being *'cut short … in and out sort of thing' and* without time to be given sufficient information or reassurance, as in *'I was often given bad news and left hanging'*. Twelve women (8%) said that they saw a different midwife at every appointment. Six women described the information they were given as poor and, in some cases, said information was not always communicated well between midwives, for example *'most hadn't bothered to look at my history or birth preferences … my previous birth trauma and PTSD [Post Traumatic Stress Disorder] were regularly ignored'. Another six talked about wanting or needing more appointments, as in 'I believe that because of Covid, I did not receive the monitoring I should have during my pregnancy', while a further five described how scans and appointments were cancelled, for example 'they cancelled a scan scheduled for 36 weeks because of Covid, replacing this with a telephone consultation with a doctor at QMC'.*

Restrictions on partners during pregnancy:

Guidance on the presence of partners is explained on the Royal College of Midwifes (RCM) website (accessed in June 2021), which stated that from March to June 2020 partners were asked not to attend appointments or scans or visit antenatal and postnatal wards. This restriction started to be lifted in a phased way after June 2020.

Asked whether their partners could be with them during pregnancy when they needed them, 77.3% (n=116) of women said they could not whilst 20.7% (n=31) said they could. The contrast in responses arises partly from different rules applying at different times.

Did you feel you could have your partner with you when you needed it during pregnancy?	No.	%
No	116	77.3%
Yes	31	20.7%
Did not apply	3	2.0%
Total	150	100%

City hospital: table 3 – source all respondents (n=150)

Nineteen women described the impact of their partner not being allowed to attend scans and appointments, for example, *'I had an early scan due to bleeding and feared miscarriage, not having him there to support me was awful'* and *'hearing that my baby had something wrong with her was very upsetting without my partner to comfort me … I had to wait for nearly 7 hours on my own to hear from a consultant what was wrong with my baby … I had to sit outside the corridor to the NICU (Neonatal Intensive Care Unit) … and then a corpse in a body bag was wheeled passed me. I had two panic attacks with no-one to help me.' Others felt 'very left out … getting info second hand … he feels very disconnected from the whole thing'* and *'has no idea how he can support me'. Women were also upset that their partner missed out on the 'experience of seeing his son growing and moving in the womb'* and on this opportunity to bond with their baby.

In addition to providing emotional support and enabling them to feel involved in the pregnancy, partners were missed on a practical level because of not being there to help process information. A woman with a disability described struggling without her husband, who was also her carer, and missing his input into her care plan, saying she needed him to be *'advocate for me as not only the mother but as a disabled woman with care needs too'*.

There was evidence that exceptions to the restrictions on partners were made at times, for instance after an unborn baby was diagnosed with Down's syndrome. However, the rules about when exceptions could be made were unclear, for example, *'I recently had a miscarriage and [my partner] wasn't allowed into the emergency scan, I was told by three separate members of staff, only to be told as I was going into the scan room, he could have been with me … heartbroken doesn't even cover it'*.

Two women mentioned not being allowed to film or photograph the screen during scans or speak to their partner by phone during the scan. One woman, however, appreciated her consultant allowing FaceTime during scans so that her husband could see and could ask questions, while another said, *'I was allowed to record the heartbeat at 16 weeks which was something'*.

Communication:

National guidance encouraged the use of telephone and remote appointments in addition to face-to-face. All except two respondents, i.e. 98.7% (n=148), had at least one face-to-face appointment during their pregnancy. Almost three quarters, 73.7% (n=98), had telephone appointments as well as, or in place of, face-to-face appointments. 3.2% (n=4) had online appointments during pregnancy.

Type of appointment during pregnancy	No.	%
Face to face	148	98.7%
Telephone	98	73.7%
Online	4	3.2%

City hospital: table 4 – source all respondents (n= various) as answers apply to multiple categories

Due to the pandemic, antenatal appointments that would previously have been in person were often conducted by telephone instead. Twelve women expressed concern that fewer appointments in person had at times led to their care needs not being met. One woman, who was at high risk for pre-eclampsia, was concerned that she did not have her blood pressure checked frequently enough, and another could not have a support brace fitted.

Four women had online virtual appointments. One woman with a disability described how using FaceTime enabled her partner to join an appointment *'to advocate for me and my care needs'*; connection issues made this of limited value, which suggests that flexibility and a backup option, such as a conference call, is required.

Mental health:

Twenty-five women had complicated pregnancies, seven had previously had miscarriages and four were expecting their first baby. They all described attending appointments and scans alone as affecting their mental health, for example, *'unexpected bleed just weeks after my 12 weeks scan, in floods of tears, fearing a miscarriage was happening and being told I had to attend alone was emotional and mental horrendous'*. One woman described having panic attacks after being informed alone that something was wrong with her baby.

Labour and Birth

Restrictions on partners during labour:

National guidance on intrapartum (in labour) maternity care during the pandemic clearly stated that women could have a birth partner of their choice during labour and the birth, provided they were free of COVID-19. 71.3% (n=107) of respondents felt they could have their partner with them if they needed it during labour, whilst 20.7% (n=31) felt they

Did you feel you could have your partner with you when you needed it during labour?	No.	%
Yes	107	71.3%
No	31	20.7%
Did not apply/can't say	12	8.0%
Total	150	100.0%

City hospital: table 5 – source all respondents (n=150)

Women who had their partner with them when they needed them had better experiences, for example, *'felt fully reassured and my partner was there throughout until I went to the ward'* and *'my labour was very quick, so he was able to be with me the whole time'*.

However, partners were generally permitted to be with women in hospital only once they were in active labour and were in the labour suite. Fifteen women described the anxiety and loneliness of labouring alone, for example, *'I had a very long latent labour… spent the whole day alone, in pain, feeling very nervous … had my partner been allowed to stay with me I feel I wouldn't have felt so nervous'*.

Five women delayed going to hospital while in labour to avoid having to labour alone, to the extent that they almost risked giving birth without professional support, for example *'I stayed at home for as long as I could … [to avoid] labouring alone … In the end when I got to hospital, I was nearly ready to push; due to complications during pushing if I had started to push at home, I probably would have lost my baby … (Shoulder dystocia)'*.

Five women described receiving unclear or conflicting guidance about their particular situation, with some staff saying that it qualified as an exception, whilst other staff were unsure, as in *'my bereavement midwife has said I should qualify for my partner to accompany me after everything we have been through [but …] no one can seem to find out [what qualifies]. So, each time I just get no you have to be alone'*.

For two women, the lack of clarity left them attempting to persuade staff to allow their partner to be present right up to, and even during, labour. One woman who had had COVID-19 and who completed her isolation period before being induced described how she was originally told her partner could join her for the birth, but at the last minute was told he could not: *'this caused me so, so much distress … it just broke me'*. She managed to persuade staff, *'after nearly a whole day of begging'* while in labour. A woman with a disability described having to *'fight literally until the day before my induction to receive approval from the labour ward manager for my birth partner to be there as my carer throughout labour'*.

Conversely, thirteen women described staff as being particularly supportive towards their partners during labour, particularly given the challenges of the restrictions on their presence, for example, *'The staff brought him in as soon as my induction took a turn, he was calmly reassured about the situation and the plan going forward … and staff regularly checked he was okay'*.

However, when asked whether the support offered met their partners' needs more generally throughout the contact with maternity services, 54.5% (n=81) of women said that their partners' needs were not met, while only 27.7% (n=41) said they were.

Do you feel the support offered met your partner's needs?	No.	%
No	81	54.7%
Yes	41	27.7%
Did not apply/can't say/not answered	28	17.6%
Total	150	100%

City hospital: table 6 – source all respondents (n=150)

Twenty-two women described their partner feeling left out, for example, *'feels very left out, cannot support me and getting info second hand'*. Seven described this as having a negative effect on their partner's mental health, for example *'it caused him anxiety and distress, particularly not being able to attend the 12 week scan, there was no support offered to him from any of the staff either community or hospital staff'* and *'he [had] to sit in reception for seven hours and then head home … no communication throughout and very, very poor treatment of the father and his mental wellbeing'. Four women said this also affected their partner's ability to bond with the baby, as in 'it was hard for him to feel involved and bond with the baby, this really affected him emotionally'*.

Care during labour:

Twenty-eight women appreciated the support they received from midwives during labour, describing particular midwives as being *'respectful of my wishes'*, acting *'as my advocate all the way through'*, and, *'despite COVID'* and its challenges, *'the nursing staff and doctors made me feel so at ease. I totally forgot about the pandemic'*. However, eight women had less positive experiences of care during labour. One woman said *'lots of conflicting information was given on the labour ward and a number of the nursing staff were rude'*.

Two women with physical disabilities said that their particular needs were not always met during labour, seeming to be *'forgotten or ignored'*. One woman described how her hearing impairment made it difficult to hear midwives: *'I found it very frustrating to keep asking them to repeat themselves … frustration is the last thing you want during labour'*.

Postnatal care in hospital

Restrictions on partners after birth:

National guidance from March to June 2020 was that partners should not visit antenatal and postnatal wards. This restriction started to be lifted in a phased way after that time. 57.3% (n=86) of women said that they felt that they could not have their partner with them when they needed them after the birth, while 37% (n=55) felt that they could.

Did you feel you could have a partner with you when you needed it after birth?	No.	%
No	86	57.3%
Yes	55	36.7%
Did not apply/can't say	9	6.0%
Total	150	100%

City hospital: table 7 – source all respondents (n=150)

Experiences of these restrictions varied, with twenty-six women describing positive experiences, for example because they were discharged quickly and could go home together after a straightforward birth, or because their partners were allowed to stay with them for some time. *'I had lots of complications after my birth and was kept on the labour ward after my emergency C-section for three days … my partner was able to stay which was amazing as I really needed him, physically to help with baby, and emotionally'*. However, thirty-three women described negative experiences of the restrictions, with their partners having to leave shortly after the birth. *'I was left to look after a baby while in pain, with two lines in my hands and a catheter'* and *'I had an emergency C-section and was unable to move for the first few hours … Having my baby crying at the side of me but being unable to get to her made me feel the lowest I've ever felt, I felt I was letting her down … I just wanted my partner there to support and help'*.

Seventeen women described how *'physically and emotionally difficult'* it was being alone with a new-born. One woman described being told *'possibly life changing news'* alone at the new-born check and feeling *'distraught and trying to tell [my partner] the news on the phone, keeping myself together and caring for a day one baby and cope with day one post C-section pain'*. These women described how caring for a new-born in hospital without their partner felt *'scary'*, *'very risky'* and *'dangerous'*, particularly given their own exhaustion and inability to *'stay awake to care for my baby'*. One woman said *'I had been in labour for 42 hours… My daughter screamed for the majority of the night. It was exhausting and scary'*.

Fourteen women who were unwell after birth and/or whose new-born was unwell were particularly badly affected by the restrictions, finding themselves alone in hospital for between two and ten days, sometimes without any visits at all, or for only one and a half hours a day, *'[My husband] was asked to leave his new-born… who was being tested for sepsis and his wife [who] had lost a significant amount of blood and was unwell … he was offered no support at all'*.

Care after birth:

Seven women praised staff for the care and support they were given on the post-natal ward, as in *'the staff did all they could as fast as they can … they did so much to help get me moving, support me emotionally and physically with anything I needed for myself and my daughter. Always reassuring me and were just a buzz away'*.

Conversely, nine women described feeling unsupported in hospital, due to overstretched staff. Women described struggling to get staff to give pain relief or help with personal hygiene, for example *'I was left in a hospital gown that had blood/vomit etc. for many hours after birth'*. Another woman described her anxiety about going to the toilet or shower due to a lack of support from staff because she did not want to leave her baby alone after he had spent two days in the NICU (Neonatal Intensive Care Unit) with breathing problems.

Mental health:

Seventeen women described their anxiety at being in hospital with limited visiting hours after giving birth, and the stress this added to the first few days as a mother. A woman with a history of mental health problems described the experience as *'traumatising'*. Another described feeling lonely without her partner, and unsupported by staff, *'I suffer badly with anxiety and depression and felt this made me worse and caused me to not be able to bond with the baby straight away while in hospital'*.

Impact of positive COVID-19 tests on postnatal wards:

There was evidence of COVID-19 protocol being followed, one woman reporting testing positive and therefore being in an isolation room with no visitors. Another woman who had also tested COVID-19-positive described her blood pressure not being checked as often as she was told it would be, and her medication being forgotten, which left her feeling *'like because I was classed as COVID positive no one wanted to come near me … I begged to go home as I had my own bp [blood pressure] monitor … I felt like I was trying to escape from a prison!'*.

Two women described how being on a ward with someone who later tested positive for COVID-19 affected their immediate experiences after giving birth. One was alone in hospital for six days without visitors, while another said *'my baby was taken from me after labour - without my consent. I didn't even get to hold him! They told me someone on my ward had suspected COVID and wouldn't let me have him … It took seven hours for me to be able to see him after many breakdowns'*.

Postnatal care at home

Care at home after birth:

The RCOG (Royal College of Gynaecologists) said that women should have at least three postnatal appointments: on the first full day at home, then on day five and day ten. The appointments could be a mixture of in-person care and, where appropriate, telephone consultations. After the appointment on day ten, care would be transferred to the local health visitor team.

When asked if they received the support they needed after the birth when they returned home, 52.4% (n=76) of women said that they received the support, whilst 35.2% (n=51) of women said they did not. Support at home included from midwives, health visitors and GP surgeries.

Did you get all the support you needed at home?	No.	%
Yes	76	52.4%
No	51	35.2%
Can't say/no answer	23	12.4%
Total	150	100%

City hospital: table 8 – source all respondents (n=150)

Twenty women were very positive about the support they received after birth, as in *'everyone was amazing, always checking on my emotional and physical wellbeing and my daughter's wellbeing and ensured we always had all the numbers to ring if we needed anything'*.

However, thirty-two women said that they felt unsupported after the birth, as in *'I felt like as new mums we were just left to our own devices with minimal/no assistance or help and basically expected to just get by'*. One woman said that when she sought support *'I was basically shut down in every conversation and told I just had to get on with it'*. Others described struggling to obtain appointments with health visitors, whether in-person or by telephone.

Twelve women described their or their baby needing a physical examination which did not take place, for example, *'I had an infection in my uterus that had gone undetected, being a first time Mum I was clueless and had no idea what to look out for'* and *'no face-to-face appointment until day five, ended up going back into labour suite with complications and daughter not feeding (trying to breast feed)'*.

Seven women described the lack of support once they were home affecting their mental health, as in *'I was incredibly lonely and became incredibly depressed and anxious'*. Six spoke about their baby not being weighed or not being weighed often enough, though there were no negative side effects of this.

Two women described appointments as being *'rushed'* and unhelpful*; 'the one home visit from health visiting team was very short, no opportunity for any discussion or support. I felt very upset after the visit'*.

Breastfeeding support at home:

Fifteen women described getting little support with breastfeeding, for example, *'I was struggling with breastfeeding and one of the midwives was extremely rude to me on the phone when I told her I had given my baby a bottle of formula'* and *'a midwife who basically said I needed to get on with it and she couldn't support any more due to COVID'*.

However, one woman praised the help she received from a particular lactation midwife, describing her as *'AMAZING! She helped me so much with my feeding and really believed in me'.* Two women described difficulties in obtaining treatment for possible tongue-tie (a condition that restricts

the tongue's range of motion and may interfere with breastfeeding), leading them to have it corrected privately.

Communication:

Most of the women responding to this question, 93.0% (n=122), said that they had at least one face-to-face appointment after the birth, while 76.0% (n=97) also had telephone appointments, with only 2.0% (n=2) having online appointments. The type of appointment that women had was likely to be at least partly influenced by when they gave birth and the restrictions in place at the time.

Type of appointment after birth	No.	%
Face-to-face	122	93.0%
Telephone	97	76.0%
Online	2	2.0%

City hospital: table 9 – source all respondents (n=various) as answers apply to multiple categories

Seventeen women described being unable to see healthcare professionals in person as much as they would have liked after giving birth and therefore often being reliant on telephone calls. These were seen as an insufficient replacement and were described as *'cursory checks'* and *'a bit pointless'*, particularly for issues requiring physical checks, such as breastfeeding latch or weight gain. Two women felt that more effective treatment for issues such as jaundice and the healing of stitches could have been started more quickly if they had had in-person contacts sooner, as in *'we was not seen at all and I had to contact them to get them to look at my jaundice baby'*.

Only two women had virtual appointments. One woman preferred this to a phone appointment, saying *'I had a birth debrief via Teams video call which was a good compromise … when discussing sensitive topics, it is very helpful to be able to see the other person'.* Another woman mentioned the health visitor text service, describing it as *'brilliant'.*

Conclusions

This survey provides evidence of some of the wide-ranging implications that COVID-19 has had throughout all stages of care for women seeking maternity services from City Hospital.

Two thirds of women who participated in this survey described having good care during pregnancy, including feeling supported and listened to. One fifth of women in the survey felt that the care was satisfactory and one in ten poor or very poor. Their criticisms included lack of continuity of care (one in ten women), rushed appointments, fewer appointments and insufficient or conflicting information. This signals a need for clear communication and for staff training in adherence to guidelines. Almost all of the women, for98.7%, had at least one face-to-face appointment. However, replacement telephone appointments did not meet the needs of twelve women, such as for a support brace or with a risk of preeclampsia and are therefore an appropriate option only when conditions are within NHSE (National Health Service England) guidelines.

Three quarters of women surveyed could not have their partner with them during appointments or scans and for 16% of the women this increased anxiety and left them feeling unsupported during antenatal appointments. In addition, half of the women said their partner's needs were not met, leaving the partners feeling left out and unable to provide the support needed.

Nearly one in five of the women appreciated feeling supported, respected and reassured during labour, while one in seven felt that they could have their partner with them if they needed them during labour. However, one in five women did not feel that they could, with five of the 150 women in the survey delaying going to hospital so that they could be with their partner. Women described feeling more anxious and alone without their partner, over half feeling that the support provided at this time did not meet their partner's needs.

Disabled women and women who either tested positive with COVID-19 or were exposed to COVID-19 on the wards described not receiving personalised care. While in hospital after the birth, over half of the women could not have their partner with them when they needed them; of these, one fifth said that this impacted negatively on them, affecting their mental health and the care they were able to provide for themselves and for their baby. As well as feeding and comforting their baby, care was needed for themselves, for example due to complications, staff shortages, C-sections or exhaustion from labouring. This highlights the need to listen to women's views on the importance of having their partner present at the time of birth as well as both antenatally and postnatally, as well as their views on the impact of their partner's presence on their physical and mental health.

Once they were home, over half of the women in the survey received the physical and emotional support they needed. However, one third of the women described not receiving the support they required with breastfeeding, baby weighing, mental health or physical health care, such as examination of wounds, identification of tongue-tie and jaundiced babies. In some cases, this led to emergency re-admissions. This evidence highlights the care that should be taken when deciding to offer patients virtual appointments.

Recommendations

The women in the survey were asked what their recommendations were for improving maternity services at City Hospital during COVID-19. The responses of the 101 women who replied are outlined below and, together with the responses to the other survey questions, have been used to inform our recommendations.

Recommendation	No	%
Ensure partners are allowed at all stages of pregnancy, labour and postnatally	61	60.40%
Provide more support for women on labour wards	11	10.89%
Offer different types of appointments e.g. face-to-face, online and telephone	8	7.92%
Increase staffing both on labour wards and of health visitor staff	7	6.93%
Provide more compassionate care	6	5.94%
Provide personalised care e.g. for disabled people, people with COVID-19	5	4.95%
Provide more mental health support throughout the maternity experience	5	4.95%
Share notes between services	5	4.95%
Maintain baby weighing facilities	4	3.96%
Reinstate ante-natal classes and/or online classes	3	2.97%
Provide continuity of care from the same midwife	2	1.98%
Provide more home birth staff	2	1.98%
Provide clearer COVID-19 guidelines	2	1.98%
Allow two birthing partners at birth	1	0.99%
Maintain the same number of scans as advised	1	0.99%
Keep the Sanctuary birth centre open throughout the period	1	0.99%
Allow women to take photos of their scans	1	0.99%

Restrictions on Partners:

- Allow one partner to attend appointments and scans. (National policy was initially to exclude them). Where this is not possible, e.g. if they have COVID-19 symptoms, consider enabling virtual or telephone communication. (City/Antenatal services)
- Allow partners to support women in hospital throughout labour, including during induction. (City Maternity)
- Extend the postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or the mother and/or the baby have additional needs. (City Maternity Inpatients)
- Inform and support partners during pregnancy, labour and postnatally so that they, in turn, can support their partner emotionally and physically.

Mental health:

- Ensure that women receive the mental health support they need throughout their pregnancy, labour and postnatally. (City Maternity/Nottinghamshire Healthcare Trust)
- Listen to the effect not having partners present throughout their maternity experience has had on women's mental health and ensure that partners are present and are supported.

Care on wards:

- Provide personalised care for women with disabilities and for COVID-19-positive patients. (City Maternity)
- Ensure that women who are COVID-19-positive or who are isolating due to exposure to COVID-19 and are in wards postnatally receive appropriate levels of physical health care.
- Ensure that women with pre-existing mental health conditions receive appropriate levels of mental health support postnatally. (City Maternity)

Appointments:

- Ensure that appointments are of an appropriate length, preferably face-to-face, and that all women receive the same, consistent information. (City/Antenatal services)
- Ensure that in-person postnatal appointments are an option where physical examinations are required. Where appointments cannot be in person, offer the option of virtual appointments as well, where possible, as phone calls. (Health visitors)

Guidelines:

- Ensure that the COVID-19 guidelines are communicated clearly, are understood by staff and are applied consistently. Work more closely with MVP to develop them. For instance, communicate with women before labour about what will happen if they test positive for COVID-19 or are in contact with someone who has tested positive. (City Maternity services/MVP)


QUEEN'S MEDICAL CENTRE
UNIVERSITY HOSPITAL
help us prevent infection
clean your hands
help us prevent infection
clean your hands
PRIVATE AMBULANCE

Findings by hospital - QMC

A total of 123 responses were received from women who received care from QMC, including both those who had given birth and those planning to give birth there. Maternity services at QMC are provided by Nottingham University Hospitals NHS Trust (NUH). QMC offers three choices for the birth: Home, the Labour Suite or the midwifery-led Sanctuary Birth Centre.

Pregnancy

Planning the birth:

Government guidance had foreseen that the temporary closure of some units would be necessary, for example to allow their use by women with COVID-19 symptoms. 74% (n=91) of the women in the survey did not change the place of birth, whilst nearly a fifth of women, 19.5% (n=24), said that they did.

Did you change your birth plan/place of birth due to COVID-19 restrictions?	No.	%
No	91	74.0%
Yes	24	19.5%
Did not apply/not stated	8	6.5%
Total	123	100%

QMC: table 1 - source all respondents (n=123)

A total of forty-five women had planned to give birth in the Sanctuary midwifery-led unit; however, five said this was not available due to COVID, for example *'I wanted to give birth in the Sanctuary, but they closed that during the pandemic'* and *'planned for Sanctuary at QMC however this was unavailable as was being used for COVID patients only'*. Sixteen women were not offered the Sanctuary or could not give birth in the Sanctuary for medical reasons.

Three other women chose to have a home birth so that their partners could be with them, as in *'home birth so I could have my partner with me. Felt it was best for my mental health and perceived impact being alone at the start of labour would have on birth'*.

Care during pregnancy:

The survey included a general rating scale for care received during pregnancy. The women's responses showed that 65.0% (n=80) of women felt their care at QMC was very good or good, 22.8% (n=28) felt it was satisfactory and 12.2% (n=15) felt their care was poor or very poor.

How do you feel about the care you received during your pregnancy?	No.	%
Very good	41	33.3%
Good	39	31.7%
Satisfactory	28	22.8%
Poor	14	11.4%
Very poor	1	0.8%
Total	123	100%

QMC: table 2 - source all respondents (n=123)

Fifty-three women made positive comments about the care they had received during pregnancy, as in *'excellent communication, caring, supportive, understanding for both me and my partner, involved my partner in care' and also about their* community midwife, for example *'my midwife was brilliant…she was very calm and very good at making me relaxed during the very uncertain time when restrictions were changing constantly'*.

However, due to COVID-19 restrictions, ten women commented that they saw several different midwives and five said that appointments were too short or felt rushed, for example *'six different midwives throughout my appointments. Appointments were rushed so only had 10 minutes…I was never weighed throughout pregnancy'*. A further five commented that the information they received was often conflicting, as in *'hospital letters repeatedly not arriving, conflicting information on those that do arrive with the actual policies in place (e.g., letter said no partners vs. allowed at 12 & 20 scans on Facebook page)'*.

Whilst national guidance recommended a minimum of six face-to-face appointments during pregnancy, five women reported not receiving these, one woman saying she *'had no face to face until 28 weeks. I feel that it's such a long time to be not physically seen'*. Another woman said, *'I saw my consultant once at the beginning of my pregnancy and then everything else was done by phone appointment even though I was classed as high risk'*.

Restrictions on partners during pregnancy:

Guidance on partners being present is set out on the Royal College of Midwifery (RCM) website (accessed June 2021), which stated that from March to June 2020 partners were asked not to attend appointments, scans or to visit antenatal and postnatal wards. This restriction started to be lifted in a phased way after June 2020.

Women in the survey were asked whether their partner could be with them when they needed it for antenatal appointments. 72.4% (n=89) said they could not while 25.2% (n=31) said they could. The contrast in responses arises partly from different rules applying at different times.

Did you feel you could have your partner with you when you needed it during pregnancy?	No.	%
No	89	72.4%
Yes	31	25.2%
Did not apply/not stated	3	2.4%
Total	123	100%

QMC: table 3 – source all respondents (n=123)

Twenty women who had complicated pregnancies said, for example, *'Not allowed during growth scans or when having to attend ABC for suspected preterm labour, caused some anxiety and stress'* and *'I needed extra scans because of the polyhydramnios [too much amniotic fluid around the baby during pregnancy] and my husband was not allowed to come'*. Six women who had had a previous miscarriage found this especially difficult, as in *'everything was great apart from my husband not being allowed to attend scans...it was especially bad for me because I lost my previous pregnancy in silent miscarriage, so I was terrified to attend my scans alone'*. Their partner not being present also increased anxiety for six first-time mothers.

Thirty-one women who gave birth at the beginning of the pandemic or who had pregnancy care between lockdowns said they were able to have their partner with them for scans and appointments. At other times, this was much more problematic, as in *'it was a constant worry because the goalposts and regulations were always changing'* and *'once pandemic hit all appointments I had to go alone, lots of conflicting and useless rules'*.

Five women said they paid for private scans so that their partner could be there e.g. *'we ended up paying for private scans so that he could see the baby and hear the heartbeat'*. This suggests that private providers were able to be more flexible in deciding who could attend scans.

The absence of a partner also made it more difficult where the woman was in a same sex relationship, as in *'I am in a same sex relationship and without my partner being there for me to introduce, I was repeatedly asked about 'dad' - a small thing but can be upsetting to happen constantly'*.

Communication:

National guidance encouraged the use of telephone and remote appointments in addition to face-to-face. Almost all of the women, 98.0% (n=120), said that during the COVID-19 pandemic they had at least one face-to-face antenatal appointment. The number of women who had telephone appointments as well as, or in place of, face-to- face appointments, was 69.0% (n=85). Only 5.0% (n=6) of women said they had had online appointments.

Type of appointment during pregnancy	No.	%
Face to face	120	98.0%
Telephone	85	69.0%
Online	6	5.0%

QMC: table 4 – source all respondents (n=various) as answers apply to multiple categories

Fourteen women appreciated the fact that face-to-face appointments continued throughout their pregnancy. However, seven other women described telephone appointments not meeting their needs, for example *'it was very difficult to have physio over the phone!!'* and *'I dislike speaking on the telephone and often left feeling like none of my questions were answered after telephone calls the telephone calls I had from the midwifes were short and badly timed'*.

Three women commented that *'it would be better to offer an appointment via Microsoft Teams or Zoom so that he [partner] could also receive the information if face to face appointments cannot be facilitated'*.

Five women commented on the use of Facebook for communication, saying that this was not necessarily consistent with advice from the midwife or with what happened at the hospital. This was confusing for some women, for example *'the new message on Facebook, said to speak to your midwife if you need support from a partner. I did this and they said they weren't allowed to decide that, only antenatal could. Antenatal wouldn't let him in'*.

Mental health:

The restrictions on allowing partners to be present impacted on the mental health of fifty women, which led to them finding their care *'emotionally very difficult'*, *'anxious, stressed and upset'*. Another of the women said *'my husband was unable to attend any of my appointments including the day when I was admitted to hospital as an emergency. It caused me a lot of stress and tears'*.

Labour and Birth

Restrictions on partners during labour:

National guidance on intrapartum (in labour) maternity care during the pandemic clearly stated that women could have a birth partner of their choice during labour and the birth, provided they were free ofCOVID-19. Women in the survey were asked whether their partner could be with them when they needed it during labour at QMC. 65.9% (n=81) of them said they could, while 22.7% (n=28) said their partner could not be with them.

Did you feel you could have your partner with you when you needed it during labour?	No.	%
Yes	81	65.9%
No	28	22.7%
Did not apply/can't say	14	11.4%
Total	123	100%

QMC: table 5 - source all respondents (n=123)

Twenty-eight women reported that their partner was not always allowed to be present when they were not yet in the labour suite, for example *'left with waters broken at 36 weeks for four days ... was in hospital alone for nearly five days before my partner could come to visit' and 'was particularly tough as I was in hypersensitive labour from 7pm until 3am and I could not have my partner there to support me when I needed him the most'* and *'my partner was allowed with me when I was in established labour so I stayed at home for a while before going into hospital so that my partner could be with me'.*

Fourteen women said that their partner was present throughout labour, either because there were limited restrictions at the time, or because of complications with the birth or, most often, because they arrived at 4cm plus, as in *'labour was the best experience of my whole pregnancy. My partner was with me the whole time'*.

One woman said she waited to go to hospital: *'I arrived in active labour as stayed at home so my husband could stay with me'*. Another purposefully chose a home birth in order to have her partner with her: *'I almost felt forced into a home birth so I could guarantee that my partner could be there'*.

When asked about whether the support they were offered met their partners' needs more generally throughout the contact with maternity services, 55.7% (n=68) of women said that their partner's needs were not met, while 25.4% (n=31) said that they were.

Do you feel the support offered met your partner's needs?	No.	%
No	68	55.7%
Yes	31	25.4%
Did not apply/can't say/no answer	24	18.9%
Total	123	100%

QMC: table 6 - source all respondents (n=123)

Most women, 55.7% (n=68), felt that the support offered throughout pregnancy and after birth did not meet their partner's needs. For example, twenty-two women described their partner being either left out or missed out, as in *'felt pushed out, like he wasn't the father, human rights to see and be with his wife, child taken away'*. Ten women said their partner did not get the support he needed, for example *'when coming to speak to me no one acknowledged he was there'* and *'I feel like there was zero support for my partner, during this pandemic, men have been forgotten about and it's very unfair … We are first time parents, and he saw no one other than our 20-week scan'*.

Five women described the effect on their partner's mental health, as in *'the emergency teams came rushing in due to our baby not breathing but all he saw was the rush of people no explanation so he*

was starting to panic'. Four women described the effect on baby bonding, as in *'my husband was unable to bond with his new-born child because we was denied visiting rights due to the pandemic'*. Four women also described the lack of provision for partners, such as food, water or a comfortable chair; for example *'he slept on the uncomfy armchair the whole time'*. Comments from the 25.4% (n=31) of women who felt that their partner's needs were met included *'once we got to Queens, he felt supported and that all our needs were met'* and *'nil issues my husband says he thinks all the staff did very well in the midst of a pandemic'*.

Care during labour:

Ten of the women commented on the good care they received during labour, for example *'I couldn't complain about anything. The midwives were very busy but still kept checking on me often. When they put IV hormones in, they stayed with me until my baby was born...and informed me about everything that was happening'.*

However, there were negative responses from eight different women, for example *'left me to labour by myself until I was fully dilated, and my waters broke before actually checking. I should have been moved to labour suite hours before'* and *'very poor care during delivery which resulted in my son being admitted to NICU and delayed recognition of my post-partum haemorrhage'.*

There were no examples of women at QMC having a positive COVID-19 test.

Postnatal care in hospital

Restrictions on partners after birth:

National guidance from March to June 2020 on restrictions on partners during pregnancy was that partners should not visit antenatal and postnatal wards. This restriction started to be lifted in a phased way after June 2020.

The women in the survey were asked whether their partner could be with them when they needed it after the birth. 49.6% (n=61) of women said they could not, while 38.2% (n=47) said they could.

Did you feel you could have your partner with you when you needed it after birth?	No.	%
No	61	49.6%
Yes	47	38.2%
Did not apply/not stated	15	12.2%
Total	123	100%

QMC: table 7 - source all respondents (n=123)

Twenty-four women said that if they had had their partner with them after the birth, they would have had additional support, for example *'needed the extra help with having twins so felt I had to deal with alone straight after a C-section'* and *'I lost significant blood and required 2 blood transfusions, I was exhausted and didn't feel able to look after baby very well on my own on the ward'*. Seven women said that visiting by partners was allowed for only a few hours a day, for example *'[partner was] only allowed to visit for 1.5 hours in 24. I had an emergency C-section (Caesarean section) and was unable to move from the bed unaided. It was very stressful, and I felt unable to ask for help from the staff'* and *'visiting on the postnatal after birth was only 1.5 hours a day. After a 4th degree tear I was very sore and struggled to care for my baby's needs'.*

Six women described rushing to get home to be with their partner, as in *'we self-discharged so that I could get the support I needed to establish breastfeeding and manage my own rest and personal hygiene'* and *'I wanted him with me to be able to enjoy our baby on the ward together but the choice was to go onto a ward alone. I decided to go home and this negatively affected my baby as we didn't establish feeding and she ended up back in hospital something I now will never forgive myself for'*.

There was some variation in how staff interpreted the rules, as in *'some staff were happy to be more flexible with the rules/restrictions than others which made it frustrating for some of the other patients on the ward'* and *'rules were non consistent with different staff members'*.

Care after birth:

Not allowing partners to be present highlighted a shortage of staff, as in *'the midwives on the ward were all very nice and good but the ward was obviously understaffed (not their fault at all) and so they weren't able to spend very much time at all with woman and babies who were medically doing ok, just knackered, emotional and missing the help and support they'd normally be getting from their partners being there'*.

Women who particularly struggled on their own were two who had twins, two whose babies were ill or in NICU (Neo-natal Intensive Care Unit) or mothers who were very ill themselves, for example *'very limited to no support offered by postnatal staff with twins, I had double the amount to do'* and *'she didn't pass a bowel movement for 36 hours and was very poorly'*.

Mental health:

Twenty-one women described the effect on their mental health of not having their partner on the ward after birth, as in *'I felt so low, I've never had any issues with my mental health but this really affected me badly'*. Seventeen women described feeling incredibly alone or lonely, sometimes for days, for example *'he was only allowed for 1.5 hours a day which was incredibly lonely, scary with a premature baby'*, and *'I was in a room on my own for 4 days so was a very lonely sad time'*.

Postnatal care at home

Care at home after birth:

The RCOG (Royal College of Gynaecologists) recommended that women should have at least three postnatal appointments: on the first full day at home, on day five and on day ten. The appointments could be a mixture of in-person care at home or in a clinic, and, where appropriate, telephone consultations. After the appointment on day three care would be transferred to the local health visitor team.

Asked whether they received all the support they needed at home, 52.4% (n= 64) of women said they did, while 31.2% (n=38) said they did not. Support at home included from midwives, health visitors and GP visits.

Did you get all the support you needed at home?	No.	%
Yes	64	52.4%
No	38	31.2%
Not answered/can't say	21	16.4%
Total	123	100%

QMC: table 8 – source all respondents (n=123)

Face-to-face support from midwives was especially valued by four women, as in *'although some of the appointments were over the phone, when I felt I needed help, they sent a midwife round'*.

However, twenty-three women described having fewer than the number of appointments in the RCOG guidance, either face-to-face or by telephone, for example *'I have only seen and spoken to the health visitor once'* and *'I had one phone call from the midwife the day after we left hospital and never heard anything after that! Or from the health visitor'*. This lack of support included for ten women whose babies were not weighed or were not weighed as often as a new-born baby should be, as in *'my baby wasn't weighed at the 6-8-week check which was a concern as he is exclusively breastfed and I was looking for the reassurance of healthy weight gain'*. Nine women lacked support with breastfeeding, as in *'really wanted to breast feed and expressed this to the midwife but I wasn't offered any support and had to resort to formula feeding'*. Five mothers said that they subsequently

fell ill, for example *'being discharged from the hospital I was never told how to look after my wound and ended up with two infections'*.

Mental health:

The women's mental health was also affected by COVID-19 restrictions. One woman commented on *'amazing community midwife and health visitor support with suspected Post Natal Depression'*. However, eight women struggled in various ways with their mental health, for example *'called to say was suffering with postnatal depression no one called me back for 4 days'* and *'I also suffered with postnatal anxiety and depression which wasn't picked up'*.

Communication:

78.9% (n=97) of women said that during the COVID-19 pandemic most of their postnatal appointments continued to be face-to-face, with 67.4% (n=83) by telephone. Only 4% (n=5), of women said they had had online appointments.

Type of appointment after birth	No.	%
Face to face	97	78.9%
Telephone	83	67.4%
Online	5	4.0%

QMC: table 9 – source all respondents (n=various) as answers apply to multiple categories

Eleven women were appreciative of their face-to-face and telephone appointments, for example *'I really appreciated being able to see my midwife in person during the late stages of my pregnancy'* and *'thorough discussions had regardless of whether it was a telephone or face to face appointment'*. However, telephone consultations were not suitable or sufficient for ten women, and a face-to-face appointment may have been required instead, for example *'having the GP six week check over the phone is pointless when you've had a fourth-degree tear and need physically examining'* and *'had an episiotomy and a 2nd degree tear, the midwives didn't offer to check this unless I asked'*.

Four women suggested that longer appointments were required. For example *'my appointments felt rushed. Urine checked, blood pressure and measure my bump, asked if any concerns and that was it'* and *'felt that appointments were rushed and I couldn't discuss properly or my baby could be checked upon'*. Three women commented on the need for more MS Teams or Zoom meetings, as in *'would be good for health visitor appointments to be via an online video platform so they can physically see the baby'*.

Conclusions

The impact of COVID restrictions on women's care during pregnancy, labour and postnatally was significant for the 123 women who shared their experiences of QMC. While nearly two thirds had good or very good care during pregnancy, one third described it as satisfactory, poor or very poor. Poor or very poor ratings were mainly due to inadequate communication, lack of personalised care, lack of continuity of care, conflicting information and little or no advice resulting from staff shortages and rushed appointments. Partners being unable to attend prenatal appointments affected the mental health of 40% of the women surveyed, particularly those who had had miscarriages in the past, or who had difficult pregnancies or were first-time mothers.

While two thirds of women could have their partner present during labour, a quarter could not, leaving women feeling alone and anxious. Of those whose partner was present during labour, more than a half said their partner's needs were not met, resulting in their partner feeling left out, panicking and unable to have bonding time with their baby. After the birth, half of the women in this survey could not have their partner present, which was particularly difficult for women who were unwell, who had had C-sections or twins, or when there were shortages of staff. Some women struggled to look after themselves and their babies alone, some felt anxious and others rushed home, in one case leading to a re-admission. In other cases, women's mental health was affected, leaving them feeling isolated and stressed.

Over half of women received the home support they needed after birth, with three quarters having some face-to-face contact with a midwife and/or a health visitor. However, one third did not receive adequate postnatal home care; this was either lack of breastfeeding support or baby-weighing. Phone-only support meant physical postnatal examinations could not take place, leading in some cases to infections not being picked up. One fifth of women described the lack of home visits having a negative effect on their mental health, for which, again, they did not receive the support they needed.

Recommendations

The women in the survey were asked what their recommendations were for improving maternity services at QMC Hospital during COVID-19. 104 replied; their responses are outlined below and, together with the comments made in answer to the other survey questions, have been used to inform our recommendations.

Recommendation	No	%
Ensure partners are allowed at all stages of pregnancy, labour and postnatally	48	46.15%
Better communications/support after birth	8	7.69%
More support from staff	6	5.77%
Better communications/support before birth	6	5.77%
None	6	5.77%
Offer different types of appointments e.g. face-to-face, online and telephone	5	4.81%
Increase staffing both on labour wards and of health visitor staff	4	3.85%
Provide more mental health support throughout	4	3.85%
Provide more compassionate care	3	2.88%
Provide personalised care e.g. for disabled people, people with COVID-19	3	2.88%
Maintain baby-weighing facilities	3	2.88%
Better comms between staff (Drs & nurses) - share notes between services	1	0.96%
Provide continuity of care through the same midwife	1	0.96%
Allow women to take photos of their scans	1	0.96%

Restrictions on partners:

- Provide a consistent approach, as well as communicating with all maternity service users about allowing a partner to attend appointments and scans, based on individual needs. (National policy was initially to exclude partners.) (QMC Maternity)
- Ensure COVID-19 guidelines are clear, understood by staff, applied consistently, are promoted through social media. Work more closely with MVP to develop the guidelines. (QMC Maternity services/MVP/Health Visitors)
- Extend the pre and postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or have had twins, or who for other reasons are struggling to care for their baby. (QMC Maternity Inpatients)

Mental health:

- Do not withdraw support postnatally e.g. health visitor or midwife visits, breast feeding support, physical examinations and baby-weighing clinics as this impacts negatively on women's mental health. (QMC Maternity/Nottinghamshire Healthcare Trust)

Care on wards:

- Ensure that women receive adequate personal care postnatally, especially if there are care needs as a result of a C-section or other procedure, a physical disability or a mental health condition.
- Ensure that women have a timely discharge and do not go home prematurely due to lack of support provided on the wards.

Appointments:

- Ensure appointments, especially for first-time mothers, are of an appropriate length to enable information to be shared and questions to be asked and answered. (QMC/Antenatal services/Postnatal service/Health visitor services)
- Be sensitive about assuming partners are 'Dad'; this is not always the case as they may be same sex. (QMC Maternity services)


Car Park 2
Way Out

Findings by hospital - King's Mill Hospital

58 responses in total were received from women who received care from King's Mill Hospital (KMH); this number includes those who had given birth at the hospital and those planning to give birth there. Maternity services at King's Mill Hospital are provided by Sherwood Forest Hospital NHS Trust (SFHT), which offers birth either at home or in the Sherwood Birthing Unit.

Pregnancy

Planning the birth:

Government guidance had foreseen that the temporary closure of some units would be necessary, for example to allow their use by women with COVID-19 symptoms. 87.7% (n=50) of the women did not change their birth plan, while 8.8% (n=5) of women changed their place of birth or birthing plan, one choosing to have a home birth, with others being advised to go to the Sherwood Birthing Unit.

Did you change your birth plan/place of birth due to COVID-19 restrictions?	No.	%
No	50	87.7%
Yes	5	8.8%
Can't say/not answered	3	3.5%
Total	58	100%

King's Mill hospital: table 1 – source all respondents (n=58)

Three women said the change to their birthing plan meant they were allowed to have only one partner present instead of two, as in *'I was due to have two birthing partners, my mum and my partner. Unfortunately, I was only allowed one'*.

Care during pregnancy:

The survey included a general rating scale for care received during pregnancy. The table below shows that 67.2% (n=39) of women said their care at KMH was very good or good, 15.5% (n=9) felt it was satisfactory and 17.3% (n=10) felt their care was poor or very poor.

How do you feel about the care you received during your pregnancy?	No.	%
Very good	25	43.1%
Good	14	24.1%
Satisfactory	9	15.5%
Poor	9	15.5%
Very poor	1	1.8%
Total	**58**	**100%**

King's Mill hospital: table 2 – source all respondents (n=58)

Eighteen women described in detail the good quality of care they had received, one participant, for instance, saying *'every single member of staff I have seen has explained exactly what is happening and why, I've felt fully supported and reassured consistently throughout my pregnancy journey'* and another that *'I saw the same midwife throughout my pregnancy, and she swapped her shifts to be there when I gave birth and the consistent care was amazing'*, indicating that at times staff went well beyond their call of duty. However, five other women commented that that they had seen several different midwives, describing the consequences of these changes, as in *'my midwife was off sick and I saw numerous different midwives and had to travel to different surgeries to be seen'* and *'different midwifes at every appointment which then resulted in me missing my whooping cough injection'*.

Eight women said they did not have all the appointments recommended in the RCOG guidance. Two of these women spoke of having no antenatal classes, as in *'all our antenatal classes were cancelled due*

to the outbreak and no alternative was offered to us'. National guidance had suggested Trusts consider remote antenatal classes; these became available and continue while in-person classes also become available again.

Seven other women spoke of not being listened to, as in '*I feel that I wasn't given any support regarding my birthing plan and what I wanted. I feel like my worries were not listened to'*.

Restrictions on partners during pregnancy:

Guidance on partners being present is set out on the RCM (Royal College of Midwives) website (accessed June 2021); this stated that from March to June 2020 partners were asked not to attend appointments, scans or to visit antenatal and postnatal wards. This restriction started to be lifted in a phased way after June 2020.

Women in the survey were asked whether their partner could be with them for antenatal appointments when needed. 72.4% (n=42) said they could not, with only 27.6% (n=16) saying they could. The contrast in responses arises partly from different rules applying at different times.

Did you feel you could have your partner with you when you needed it during pregnancy?	No.	%
No	42	72.4%
Yes	16	27.6%
Did not apply/can't say	0	0.0%
Total	58	100%

King's Mill hospital: table 3 – source all respondents (n=58)

Four women were understanding about hospital restrictions during the pandemic, for example *'the only difference for me was my partner not being able to come to some appointments …but this was not the end of the world in the eyes of safety for other mothers and staff'*. However, twenty women described the negative effects of not having their partner at appointments and scans as, for example, *'terrifying'*, *'lonely'*, *'stressful'* and *'it was an extremely stressful time with the pandemic especially when I had to go into emergency triage after a lump was found during my sweep'*.

For three women who had had a previous miscarriage, not being able to have their partner present was especially difficult, as in *'I had a miscarriage before this pregnancy, I was therefore concerned that at every scan I would be told about a problem and would have found that really difficult without my partner. My partner had similar concerns'*. Suggestions were made by participants as to how this could have been mitigated, for example, *'video link could have been used'* or *'I do feel it would have been nice for someone to contact my partner during my pregnancy to answer any questions he may have had as it was all left to myself to relay info to and from the midwife'*.

One woman, describing her experience, said *'was admitted to hospital with HELLP syndrome [a rare liver and blood clotting disorder that can affect pregnant women] one week prior to birth and was confined to the room the whole time, couldn't leave the room or have anyone visit'*.

Communication:

National guidance encouraged the use of online appointments in addition to face-to-face. Almost all women, 98% (n=57), said that during the COVID-19 pandemic their antenatal appointments continued to be face-to-face. Over half, 55% (n=32), of women had telephone appointments as well as, or in place of, face-to-face appointments, only 7.0% (n=4) saying they had had online appointments.

Type of Communication during pregnancy	No.	%
Face to face	57	98.0%
Telephone	32	55.0%
Online	4	7.0%

King's Mill hospital: table 4 – source all respondents (n=various) as answers apply to multiple categories

Eighteen women said they appreciated the face-to-face appointments they had, for example *'yes, I felt being able to see the midwife reassured me and made me feel safe'*. Three women said that telephone appointments met their needs, as in *'[they] worked for me better than previous appointments which have meant a lengthy wait in hospital'* and *'I'm used to remote working so a phone call suited my needs as was efficient and didn't need to go out anywhere'*.

However, four women said they would have preferred more face-to-face appointments, especially *'earlier in pregnancy'* and said that appointments *'should be face to face only, telephone appointments do not give enough support'*.

King's Mill Hospital also had a pregnancy Helpline which *'was really useful as [I had] little contact with people'*. One woman, however, said that the information on the answerphone at the hospital was *'confusing and gave the message that partners could not attend any scan only to find that they could attend certain scans'*.

Labour and Birth

Restrictions on partners during labour:

National guidance on intrapartum (in labour) maternity care during the pandemic clearly stated that women could have a birth partner of their choice during labour and the birth, provided they were free of COVID-19. The women in the survey were asked whether their partners could be with them at KMH when they needed them during labour. 77.6% (n=45) said they could, while 15.5% (n=9) said their partners were not always able to be with them.

Did you feel you could have your partner with you when you needed it during labour?	No.	%
Yes	45	77.6%
No	9	15.5%
Did not apply/not stated	4	6.9%
Total	58	100%

King's Mill hospital: table 5 – source all respondents (n=58)

Twelve women described having their partner with them when they needed them during labour, for example *'my husband was allowed to be with me from start to finish which was great'* and *'really thankful that King's Mill allowed partners from the beginning of induction which really helped me to feel at ease'*. Four women described restrictions on having partners present as causing additional anxiety, stress and worry, for example *'I feel I was made to wait too long before my partner could join me. This had an effect on my mentality during labour, scared me and made me feel extremely anxious'*. Whilst the guidance said that a birth partner could be present, this was often not until mothers were in established labour, one woman commenting *'things can change and escalate quickly, and it is important that partners should be there. It added a lot of stress and worry throughout my pregnancy and labour'*. Another woman was *'so terrified of being alone I didn't go to hospital until I was 10cm dilated, which could've put us at risk'*.

One woman who gave birth at King's Mill Hospital commented that while she was in labour, her partner *'felt pushed out the most'* as he had to ask twice in one hour for an update while she herself was in triage.

One woman spoke of her partner, who was not allowed to leave the ward due to COVID-19, needing some sustenance, as in *'due to not being allowed to leave our room due to Covid, it would be good if partners were at least fed one proper hot meal a day (I was in being induced for 3 days and my partner had to survive on crisps)'*.

Asked whether the support offered met their partners' needs more generally throughout the contact with maternity services, 53.5% (n=31) of women said that their partners' needs were not met, while 27.6% (n=16) said that they were.

Do you feel the support offered met your partner's needs?	No.	%
No	31	53.5%
Yes	16	27.6%
Did not apply/can't say	11	18.9%
Total	58	100%

King's Mill hospital: table 6 – source all respondents (n=58)

Seven women described the lack of support for their partners as *'Awful. My partner had no experience other than seeing my baby born. He missed all my appointments and scans. I had to do everything alone which was awful & worrying'*.

Three women said their partner felt left out of the pregnancy, as in *'My partner felt excluded from most of the experiences as he was not permitted to attend appointments etc. with me. Nor was he allowed to visit me in hospital which made him feel more excluded and not valued. This impacted him a lot initially as he felt he was given no opportunity to ask any questions or learn anything'*.

Care during labour:

One woman said that the hospital midwives *'made me feel relaxed, they also let my birthing partner in as soon as possible and let us stay on the labour ward for several hours until I could go home'*. Another woman did not think COVID-19 affected her birth experience at all negatively: *'I think all mine and my baby's needs were met and when there were complications these were dealt with, with the same professionalism, time and care'*.

There was a general comment, not related to COVID-19, about the need for staff to be more compassionate, as in *'just to please, please consider that while the birthing process is something they see every day and is normal to them, for mums especially first-time mums it's terrifying and to be a bit more compassionate'*.

There were no examples in the survey of women at KMH having a positive COVID-19 test.

Postnatal care in hospital

Restrictions on partners after birth:

National guidance from March to June 2020 on restrictions on partners during pregnancy was that partners should not visit antenatal or postnatal wards. These restrictions started to be lifted in a phased way after that time.

Women in the survey were asked whether their partner could be with them when they needed them after the birth at King's Mill. 62.1% (n=36) of women said they could not, while 31.0% (n=18) said they could.

Did you feel you could have your partner with you when you needed it after birth?	No.	%
No	36	62.1%
Yes	18	31.0%
Did not apply/not stated	4	6.9%
Total	58	100%

King's Mill hospital: table 7 – source all respondents (n=58)

The amount of time partners were allowed to stay after the birth varied during the twelve months. One woman was pleased that *'my dad could stay with me while I was still on labour suite and was discharged next morning'*. The experience of eighteen other women was that their partner was not allowed to stay, for example *'my partner was not permitted to stay once they moved me out of the labour ward'* and *'I had a very traumatic birth and was quite poorly afterwards. My partner had to*

leave me as soon as I was transferred to the ward leaving me to look after my baby when I felt very poorly myself'. Four women also described how the lack of time their partners could spend with their baby in hospital affected their ability to bond.

Five women had babies transferred to NICU, (Ne-natal Intensive Care Unit), one saying *'one thing we couldn't be more thankful for is NICU fighting for dads to be allowed on the ward because I would never have coped on my own'*.

One mother described having a home birth, which meant that *'I had my husband with me, and my 2 boys came down in the morning to meet their little sister. I would never have been able to have the same experience in hospital'*.

Care after birth:

Staffing on the post-natal ward was seen to be stretched, twelve women commenting that having their partners there could have helped, for example *'I felt like the midwives were stretched and exhausted trying to help women on the ward with things that partners could have been doing to ease the burden'*. Three women described not getting the breastfeeding support they needed, for example *'having two days in the hospital alone with an hour visit was so hard. No midwife came to see you in your cubicle and I solely blame that on why I couldn't breastfeed because I had no help'*.

One woman said that the midwives were trying to avoid spending too much time with her, *'due to Covid restrictions. I was admitted for monitoring and breastfeeding support which I received very little of'*.

Mental health:

Six women said their mental health was affected by their partners not being allowed to be present, for example *'my mental health suffered tremendously due to trying to care for premature twins as a first-time mum alone for nearly 2 weeks and being unable to leave the hospital… The staff were exceptional and tried to help in every way they could but I think both the babies and I suffered a lot not having any support from my partner in those early days'*. Another woman described the effect of having to deal with a planned C-section (Caesarean section) and a baby in NICU, *'I had to deal with this alone…. It was less than ideal and I developed post-natal depression and anxiety as a result'*.

One partner also found the COVID-19 restrictions *'emotionally difficult … stop-start to the relationship with babies, coming home then back in hospital. I had to queue each time even to drop off my wife's belongings at hospital. Was asked questions over and over again by same girls on the door giving out masks and hand gel'*.

Postnatal care at home

Care at home after birth:

The RCOG (Royal College of Gynaecologists) recommended that women should have at least three post-natal appointments: on the first full day at home, then on day five and day ten. The appointments could be a mixture of in-person care at home or in a clinic, and, where appropriate, telephone consultations. After the appointment on day ten, care would be transferred to the local health visitor team.

Women were asked whether they received all the support they needed at home. 59.7% (n=34) said they did, while 31.6% (n=18) said they did not. Support at home included from midwives, health visitors and GP visits.

Did you get all the support you needed at home?	No.	%
Yes	34	59.7%
No	18	31.6%
Can't say/no answer	6	8.7%
Total	8	100%

King's Mill hospital: table 8 – source all respondents (n=58)

Care at home was generally considered to be good and nine women described having face-to-face visits. (See Communication, below). However, two cases where face-to-face checking on mothers after discharge was not provided led to medical complications for the women, as in *'my baby was checked but I was left to it. My check-up was over the phone and I ended up back and forth to hospital after with an infected C- section wound and suspected blood clot. Was scary'*.

There were two examples of mothers being reassured through face to face and telephone consultations that their baby was doing well when, in fact, there was a problem, as in *'the midwife that came out to weigh my daughter ignored my worries my baby looked jaundiced. Two days later she was admitted for phototherapy with jaundice and needed the lights for almost three days'* and, *'I received no breastfeeding advice and didn't know I was doing it wrong till my baby lost so much weight … (my Health Visitor told me you'll be fine don't worry)'*.

Five women said they felt their baby had not been weighed often enough, for example *'my son has not been weighed since he was five days old and I haven't had a professional see me face to face'* and *'we can't even have our babies weighed because no one will come out and see you, no help when needed'*. Three women described the effect of the lack of face-to-face visits on their ability to breastfeed, for example *'I was unable to have very many visits or face to face appointments due to the restrictions. This particularly impacted my breastfeeding establishment because I needed someone to check my latch in particular as that was one of the issues I was having as pictures can only help so far'*.

Mental health:

Lack of support, especially in-person care, led to two women struggling with their mental health, for example *'everything is done over the phone, my partner didn't really exist or matter. My mental health is very affected by this, no one has met my little girl yet and Health Visitors have given no support for after birth for either me or the baby'*.

Some support was provided for mental health problems in the case of one woman in the survey, who said *'My health Visitor to begin with was very supportive and often called. She believed that I was suffering from PTSD. One time I told her I was feeling a lot better and I haven't heard from her since'*.

Mental health support is also needed where, sadly, the baby dies. Women in the survey said this kind of support was variable, for example *'got lots of support from SFHT (Sherwood Forest Health Trust) and local community midwife, very poor levels of bereavement support for fathers, GP emotional support … extremely poor'*. One woman said that after losing her baby *'…no one came to my home to see me, I had no check-up after and if it wasn't for the bereavement midwife that I got in touch with at Kings Mill I would not have seen or spoken to anyone, when someone finally got in touch with me from the surgery, she openly admitted due to Covid I was forgot about basically'*.

Communication:

86.2% (n=50) of women said that during the COVID-19 pandemic most of their postnatal appointments continued to be face-to-face, while for over half, 56.9% (n=33), these were by telephone. A small minority of women, 3.4% (n=2), said they had had online appointments.

Type of Communication after birth	No.	%
Face to face	50	86.2%
Telephone	33	56.9%
Online	2	3.4%

King's Mill hospital: table 9 – source all respondents (n=37) multiple answers

Eighteen women were appreciative of both helpful telephone advice and in-person visits, for example *'she [healthy families' team staff member] was so nice that just speaking to someone helped tremendously. All our Health Visitor appointments took place in person which I was pleased about'*.

However, four women said that telephone appointments did not meet their needs, as in *'on the telephone call I was not given any information on needing vaccinations (whooping cough & flu jab)'*.

Three women suggested using video consultations, for example *'possible video links for partner to attend scans virtually, so they can hear all info and have a say in decisions. Offer of video appointments rather than just telephone calls (mum's physio)'*.

Conclusions

The impact of COVID-19 restrictions on women's experience of care during pregnancy, care during labour and postnatal care was significant. Restrictions on being accompanied by a partner were the aspect most often commented on. The restrictions were not always clear to women, were not easy to implement and were constantly changing. Their impact was to increase anxiety about appointments and scans and to reduce support for women in hospital on antenatal and postnatal wards.

Two thirds of women in the survey described the care they received during pregnancy as good or very good; however, one in six said it was poor or very poor. Poor or very poor included not being listened to, appointments being cancelled, no antenatal classes and lack of continuity of care. Nearly three quarters of women could not have their partner present at appointments and scans, which they found lonely and stressful, particularly for those who had had a previous miscarriage.

Almost all women had at least one face-to-face appointment during pregnancy.

Three quarters of women had their partner with them during the birth. Those who did not said their partner felt left out and that this increased their stress and anxiety. Women also said that their partner's needs were not met.

Nearly two-thirds of women said that their partner could not be with them after the birth, describing this as affecting the support their partner could provide, baby bonding and the women's own mental health. Overstretched staffing levels impacted on the breastfeeding support the hospital could provide.

Over half of women said their partner's needs were not met during pregnancy, during the birth and postnatally, leaving partners feeling left out and unable to ask questions.

Over half of the women surveyed received the support they needed once they arrived home, either face-to-face or by phone. However, one third of women did not receive the support needed, including lack of breastfeeding support, of baby weighing and physical examinations of themselves and their baby. In some cases this resulted in infections not being picked up and in negative effects on women's mental health, particularly when only telephone appointments were offered.

Recommendations

Women were asked what their recommendations were for improving maternity services at Kings Mill Hospital during COVID-19. 41 women replied; their responses are outlined below and, together with the comments made in response to the other survey questions, have been used to inform MVP's recommendations.

Recommendation	No	%
Ensure partners are allowed at all stages of pregnancy, labour and postnatally	20	48.78%
Offer different types of appointments e.g. face-to-face, telephone and online	5	12.20%
Increase staffing, on both labour wards and of health visiting staff	4	9.76%
Better communications and support before birth	3	7.32%
Provide continuity of care through the same midwife	2	4.88%
None	2	4.88%
Provide more compassionate care	1	2.44%
Provide personalised care e.g. for disabled people and people with COVID	1	2.44%
Better comms between staff (Drs & nurses) - share notes between services	1	2.44%
Maintain baby-weighing facilities	1	2.44%
More support from staff	1	2.44%
Allow two birthing partners at the birth	1	2.44%
Better communications and support after the birth	1	2.44%
Ante-natal classes	1	2.44%

Restrictions on partners:

- Allow one partner to attend appointments and scans. (National policy was initially to exclude them.)
- Ensure that the COVID-19 guidelines are clear, are understood by staff and are applied consistently. (SFHT Maternity services/MVP)
- Extend the postnatal ward visiting times for partners, so that they can provide support for the mother and the new-born, particularly when women have had a C-section or who for other reasons are struggling to care for their baby. (SFHT Maternity Inpatients)
- Talk to partners in order to answer any questions they may have. (SFHT Maternity)

Mental health:

- Ensure that women with existing mental health conditions are supported throughout their maternity experience and that provision for care and support is made, especially if there are restrictions on visits by partners or carers while women are in hospital. (SFHT Maternity and Health Visitors).
- Ensure that all staff have mandatory training in mental health in order to work with, identify and provide appropriate support for women with mental health conditions, first time mothers and mothers dealing with bereavement.

Care on wards:

- Ensure that mothers receive full support with breastfeeding.
- Recognise that not having partners with them on the ward is very hard for new mothers.
- Make suitable provision for personal care for women who have undergone a C-section, who have a physical disability or have a baby needing NICU intervention.

Appointments:

- Provide video links for partners to attend scans virtually and to enable them to ask questions. (SFHT Maternity)
- Provide online antenatal classes. (SFHT Maternity)

Other Places of Birth

13 people said that they were planning to have or had had their baby at a different hospital, including Doncaster, Chesterfield and St Mary's, Melton.

Appendix 1 – Demographics of participants

District	No.	Percent
Broxtowe	59	16.2%
Gedling	58	15.9%
Rushcliffe	58	15.9%
Nottingham City	54	14.8%
Outside of Nottinghamshire	45	12.4%
Mansfield	38	10.4%
Ashfield	29	8.0%
Newark & Sherwood	18	4.9%
Bassetlaw	3	0.8%
Not answered	2	0.5%
Total	**364**	**100.0%**

Appendix 1: table 1 – source all respondents (n=364)

Age Groups	No.	Percent
<16	0	0.0%
16-24	28	7.7%
25-34	236	64.8%
35-44	78	21.4%
Not answered	22	6.0%
Total	**364**	**100.0%**

Appendix 1: table 2 – source all respondents (n=364)

Gender	No.	Percent
Female	323	88.7%
Not answered	38	10.4%
Male	**2**	**0.5%**
Prefer not to say	**1**	**0.3%**
Total	**364**	**100.0%**

Appendix 1: table 3 – source all respondents (n=364)

Gender the same as at birth	No.	Percent
Yes	358	98.4%
Not answered	4	1.1%
Prefer not to say	2	0.5%
Total	**364**	**100.0%**

Appendix 1: table 3 – source all respondents (n=364)

Sexuality	No.	Percent
Heterosexual	277	76.1%
Not answered	61	16.8%
Prefer not to say	9	2.5%
Bisexual	9	2.5%
Homosexual	8	2.2%
Total	**364**	**100.0%**

Appendix 1: table 5 – source all respondents (n=364)

Ethnicity	No.	Percent
White	342	94.0%
Mixed/Multiple ethnic	8	2.2%
Prefer not to say	5	1.4%
Not answered	4	1.1%
Asian	2	0.5%
Arab	1	0.3%
Black	1	0.3%
Other	1	0.3%
Total	**364**	**100.0%**

Appendix 1: table 6 – source all respondents (n=364)

Religion	No.	Percent
No religion	155	42.6%
Christian (all denominations)	109	29.9%
Atheist	71	19.5%
Prefer not to say	19	5.2%
Other	4	1.1%
Not answered	3	0.8%
Muslim	2	0.5%
Sikh	1	0.3%
Total	**364**	**100.0%**

Appendix 1: table 7 – source all respondents (n=364)

Nationality	No.	Percent
British	303	83.2%
Not answered	43	11.8%
Other	12	3.3%
Polish	6	1.6%
Total	**364**	**100.0%**

Appendix 1: table 8 – source all respondents (n=364)

Preferred Language	No.	Percent
English	350	96.2%
Not answered	9	2.5%
Polish	4	1.1%
Other	1	0.3%
Total	**364**	**100.0%**

Appendix 1: table 9 – source all respondents (n=364)

Are you a Carer for anyone?	No.	Percent
No	336	92.3%
Yes	20	5.5%
Not answered	8	2.2%
Total	**364**	**100.0%**

Appendix 1: table 10 – source all respondents (n=364)

Are you cared for by anyone?	No.	Percent
No	351	96.4%
Yes	4	1.1%
Not answered	9	2.5%
Total	**364**	**100.0%**

Appendix 1: table 11 – source all respondents (n=364)

Pregnant/children < 5 years old	No.	Percent
Yes	334	91.8%
No	23	6.3%
Not answered	7	1.9%
Total	**364**	**100.0%**

Appendix 1: table 12 – source all respondents (n=364)

Asylum seeker/refugee	No.	Percent
No	0	0.0%
Yes	1	0.3%
Total	**364**	**100.0%**

Appendix 1: table 13 – source all respondents (n=364)

Employment status	No.	Percent
Part time	105	28.8%
Full time	212	58.2%
Retired	0	0.0%
Unable to work	5	1.4%
Not employed	30	8.2%
Prefer not to say	5	1.4%
Student	3	0.8%
Not answered	4	1.1%
Total	**364**	**100.0%**

Appendix 1: table 14 – source all respondents (n=364)

Illness/impairment	No.	Percent
Mental health illness	35	27.8%
A long-term health condition	23	18.3%
Hearing impairment	3	2.4%
Prefer not to say	8	6.3%
Learning disability	2	1.6%
Physical impairment	2	1.6%
Visual impairment	1	0.8%
Social/behavioural problems	0	0.0%

Appendix 1: table 15 – source all respondents (n=74) – note: this is the number of respondents who have identified per condition.

Disability Count	No.	Percent
Number of respondents	58	15.9%

Appendix 1: table 16 – source all respondents (n=364) – note number of respondents who indicated they had at least one disability/impairment

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