

All women should feel safe, be treated with respect and be well cared for at all times during the experience of pregnancy, birth and in the immediate post-natal period.

# Analysis of patient experience of maternity care in Hackney

between January 2020 and August 2022

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## Introduction

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This report into the maternity experiences of women in Hackney comes out of a larger piece of work commissioned by North East London Local Maternity and Neonatal System Equity to develop an equality strategy and action plan. This report can be accessed at [here](#) (NHS North East London , 2022). Healthwatch Hackney contributed to the report, and the interviews, focus groups and survey responses are incorporated into this report.

The report is concerned to improve equity for mothers and babies from minority and mixed ethnicity groups and those living in the most deprived areas. The statistics for City and Hackney show that outcomes for these groups are significantly worse than for other groups.

With overall still birth rate of 3 in 1000, Hackney is one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated.

- Babies born to Black (14%) and Asian (15%) women nearly three times as likely than those to White women (5%) to have a low birth weight
- Babies born to Black women (20%) twice as likely to be admitted to neonatal care than those to White women (10%)
- More than half of women admitted to hospital during pregnancy with rates much higher among Black (65%) than White (50%) women
- Highest average rate of planned C-section across NEL (26%) with rates much higher for Black (37%) and Asian (30%) women than for White (22%)

## Methodology

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We reviewed and analysed patient feedback received between January 2020 and August 2022 using the following keywords:

**#maternity, #pregnancy, #antenatal, #postnatal, #baby, #new born, #birth**

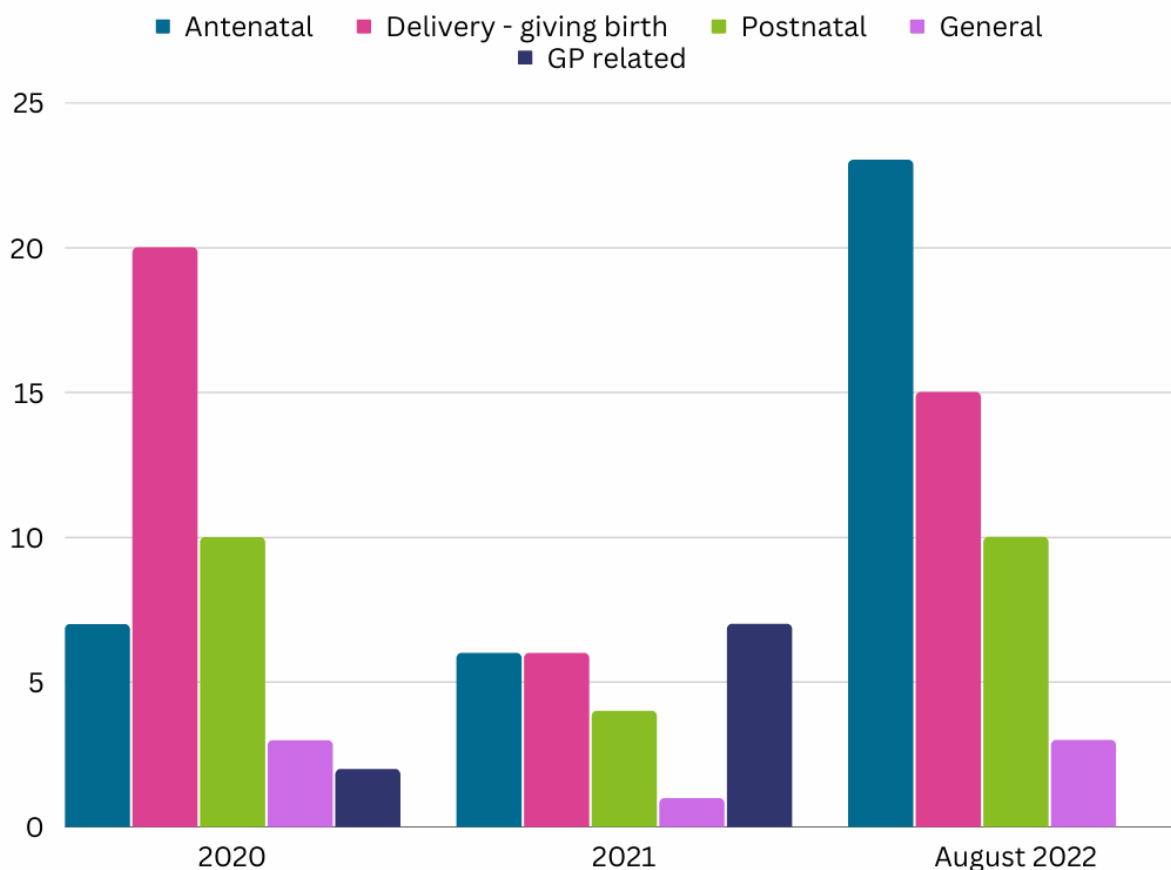
The patient feedback was either shared online (on social media sites and NHS sites) and shared with us directly over the phone or via email or during outreach activities.

The report also includes feedback collected from a focus group discussion with a group of Turkish-speaking parents in July 2022 as well as feedback collected following a visit to the Maternity Ward at Homerton University Hospital in August 2022. The feedback shared about the hospital experience relates mainly to Hackney's local hospital Homerton Healthcare NHS Foundation Trust.

This report examines the data, identifies trends and suggests areas for improvement. We have divided patient feedback into five categories:

1. Ante-natal 2. Delivery/ Birth 3. Post-natal 4. General 5. GP related support

The table below demonstrates the number of comments and the break down into the five categories. Many comments mention more than one category, so the numbers do not add up to the total number of contributors.



## Acknowledgement

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We would like to thank all women and their partners who shared feedback on their maternity journeys either online or by talking to us directly.

We thank our Authorised Representatives (volunteers) for helping us collect the patient feedback and analyse the data.

We would also like to thank the Maternity Ward team at Homerton Hospital for accommodating our visit in August 2022.

## Overall patient experience

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Over the three-year period, we found that most of the issues have remained the same. Each year there were some extremely positive and some extremely negative experiences.

The midwives' antenatal care at the hospital received generally good feedback. Over the last year, there have been several positive mentions about continuity of care, that is being seen by the same midwife throughout pregnancy.

The negative comments were about poor administration, such as appointments cancelled at a short notice and the offhand and rude attitude of some of the reception staff. There was one comment about the "cold and unfeeling" approach of a radiographer but there were also others who praised the staff.

A continuing complaint was about women left alone in the hospital while they waited to be induced or when they were in early labour. Comments were about the lack of communication with the staff.

The majority of the comments about labour and birth were very positive. However, others felt unsafe with unhelpful, rude and inexperienced midwives.

There were a number of complaints about the post-natal ward up until the autumn of 2021. **The grievances were that it was too crowded, the night staff were not attending to new mothers' questions, and there was little help with breastfeeding.** However, from late 2021 there were more positive comments from new mothers who had found the staff supportive.

There were a few comments each year that referred to visits to the GP during pregnancy. Women were surprised that GPs did not have a role to play in ante-natal care and suggested changes to the system.

Mixed feedback was also shared throughout the years from women and their partners who do not have English as their first language. On some occasions, interpreters were available and on others not.

It is important to note that many women who had previous experience of giving birth in another hospital and even in another country rated their last experience at Homerton Hospital as "great", "supportive" "smooth" "much better".

Despite the services being severely impacted by the pandemic, there were only a few references to the changes that were made in the hospital during this time.

While we have noted improvements, the issues that were raised fall into the following areas. **Staff attitudes, in particular reception, midwives and HCA.**

- 1. Poor communication and failure to provide an interpreter.**
- 2. Overcrowded and understaffed wards.**

### 3. Patients' expectations did not match the capacity of the delivered services.

## Antenatal care

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The attitudes of the staff, generally the receptionists, have been a constant cause of complaints throughout the years. For example:

One other feedback from October 2020 suggests:

*" I am at the start of my pregnancy journey and recently had my 12-week scan. I was very disappointed in the antenatal ward, it was completely clinical with no personal touch whatsoever. No one asked me how I was feeling, if I have had any morning sickness, if I had any questions. There is no one who is looking after the mother as an individual. You are passed from reception to sonographer, back to reception, to a nurse who takes your blood and back out the door, all in under 15 minutes. No one explains what they are testing for or if I have any concerns." (22<sup>nd</sup> Oct 2020)*

*During Covid, I had a telephone appointment with a nurse who sounded bored out of her mind and clearly has not had any communications training, talking at me for 1 hour in a monotone voice. By the time she asked if I had any questions, I couldn't think straight. I have 1000 questions but because I don't have an allocated midwife I have no idea who I'm supposed to ask. I'm now looking at going private just to get the support that I expected". (22<sup>nd</sup> Oct 2020).*

*"The Ultrasound staff were expecting the patient to know what to do. While it's my wife's first time to be seen by this kind of an X-ray. My wife asked if she is done as she was left half her body exposed. The assistant Ultrasound staff said yes. At least tell the patient. My wife asked what can she use to wipe off the gel off her tummy. She was told the tissue is on yourself. And wipe it off. I can't believe the attitude of the NHS staff. If you are not happy with your work and miserable in life, DON'T treat patients as if they should know what to do." (25<sup>th</sup> Mar 2022)*

**A woman who decided to go elsewhere to deliver her baby wrote that she was:**  
*"Disappointed with how my health care was handled made me decide to go elsewhere. I wasn't prepared to risk my life here. In addition to that, helpline numbers given to call is never answered by staff. Very disappointing service".(11<sup>th</sup> Nov 2020)*

Some patients were unhappy with the service that had been put in place during the pandemic, such as the booking of appointments over the phone, rather than face to face, and not being allocated a single midwife.

One respondent said that she had seen 6 different midwives in the first 7 months of her pregnancy. There was a comment on 29<sup>th</sup> Aug 2021 from a woman relating that she had seen different midwives on each of her 3 visits. She was given contradictory advice on each visit and after 20 weeks moved to Chelsea and Westminster.

*"I never saw the same person twice so each visit was a re-entry of the same data over and over. Each midwife I saw gave contradictory instructions. On my 20 week visit, I was criticised for not keeping a 'movement diary' (which I had never been told about) and also told that by maintaining a full time job and not focusing on foetal movements I had my priorities wrong. This coming from working women who are supposed to be supporting other working women!! The final straw was when I was asked to do a blood test and given completely different instructions from the midwives about when I should be fasting to what I was told by the blood testing unit".*

Other comments also complained about seeing different midwives.

*"I was seeing a different midwife almost every time and some of them were not as great as others in terms of experience and training. Although everyone was nice, I didn't feel that all had the same level of experience and training. This sometimes stressed me out and I felt that my concerns are not taken seriously. My first pregnancy was a heavy one and I know how it feels. Around the end of my pregnancy, I kept saying to the nurses that my baby is too big but they made me feel that I am exaggerating and never taken seriously.*

*However, luckily one of the midwives measured my belly too big at 32 weeks and arranged an extra scan. It then appeared that my baby was already 2.7 kg. Around the end of my pregnancy another (young) midwife, I think she was newly qualified supposed to hand measure my baby. She was briefly touching my belly as I was fragile. I'm not sure what she managed to measure but when I went to the hospital to give birth, the doctor at the hospital was asking me, why did you wait for so long to come? I was made to carry my big baby for over 2 weeks and then had an emergency C-section which could've been avoided so is my stress. The baby was born 10.9 pounds. The doctors were amazing and very caring during the procedure. After I gave birth, I wasn't able to move and I wasn't well at all. I also feel that I was discharged too early but luckily I didn't have any complications when I came back home." (12th Aug 2022).*

The comments from 2022 have become more positive and it appears there has been a drive to improve continuity of care.

*"I've been using Homerton for my antenatal care and so far (33 weeks) have had a great experience. Good continuity of care - have seen the same midwife consistently. I feel empowered as a parent. My own expertise listened to and I'm well guided and informed by expert midwifery advice. Overall, I feel really confident and safe in the services I have experienced". (22<sup>nd</sup> Apr 2022)*

There were mixed opinions on the emergency maternity service.

One patient said that the midwife did not take her concern about her baby's movement seriously and made her feel as if she was wasting their time.

*"They said everything is ok but the midwife that checked me was talking very angry and fast with me and just tried to convince me that I came here for nothing important. I told her I was worried because I am a mom and there is a human inside my tummy*

*and when I tried to ask question she just kept saying I cant understand what is your question I felt very depressed all 2 hours I was there.” (22<sup>nd</sup> Oct 2020)*

Earlier this year a patient wrote that she had received excellent service overnight.

*"I was in Homerton overnight due to antenatal complications and I could not have wished for a better experience. Friendly and informative staff and quick response rates. I'm looking forward to being in their care for the baby birth". (22<sup>nd</sup> Apr 2022)*

The importance of the antenatal support and preparation to give birth

Selected patient feedback:

*"I had my first baby 16 years ago and have forgotten many things. The ante natal classes helped me to catch up with information and prepared me well to give birth in the UK. (July 2022)*

*"Antenatal classes gave us the opportunity to meet with midwives and doctors as well as with other professionals and gave us a good understanding of what to expect. It was extremely helpful to receive all that information in our own language." (July 2022)*

*"Classes were an opportunity to hear others' experiences with birth, a chance to socialise and feel connected and not on my own." (July 2022)*

*"I had antenatal classes in English as well as in Turkish. It made a great difference to hear all of the important information in Turkish".*

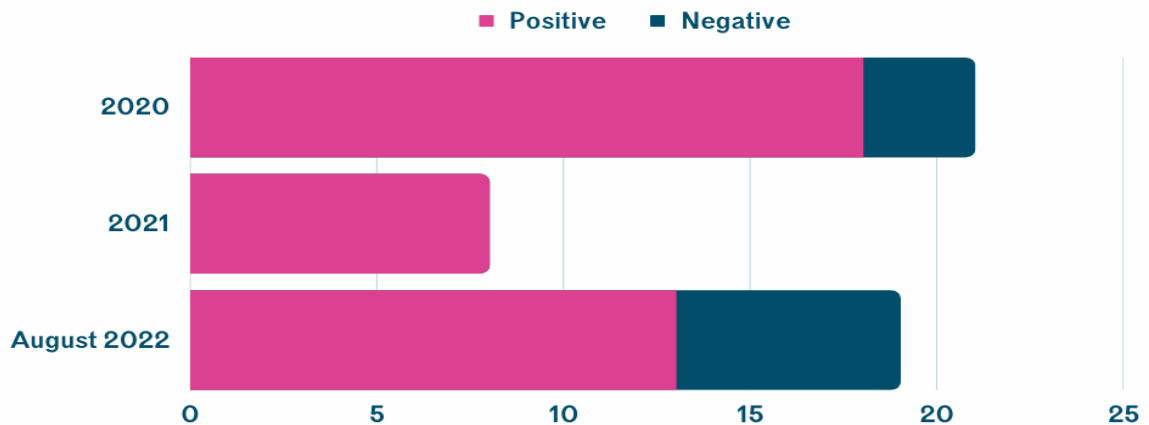
A number of comments referred to occasions when GP's and their reception staff were unhelpful in giving information about how to book ante-natal care.

In summary, the majority of the complaints come down to the attitudes of the staff the patients interacted with. There appears to be an improvement in the telephone service and in the continuity of care.



## The experience of giving birth

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There have been general positive comments over the three years: “amazed by the service offered” (1<sup>st</sup> Oct 2021); “beautiful experience” (3<sup>rd</sup> Feb 2020); “I’ve had two children born here. It’s a breath of fresh air compared with another local trust” (24<sup>th</sup> Dec 2021).

However, we did receive feedback from July 2020 that alleged that her poor experience of care was because of racism. Although this was a single mention of the racism, it is important to mention it so that appropriate steps can be taken. .

*"I was so glad to be discharged from Templar Ward, but the experience of being neglected and ignored by staff and left feeling scared, isolated and anxious has stayed with me and I can't shake it; the memory makes me angry and very upset. Hence why I'm writing this review. Some of the midwives are lovely and do their jobs well and treat everyone the same, but there are some midwives and doctors who clearly pick and choose who they want to give their time and attention to, and to me, that's just wrong. We've just given birth and we are literally at our most vulnerable.*

*Regardless of our skin tone, appearance, or religion, we should all be treated exactly the same. To the midwives and neonatal doctor that deliberately avoided me, ignored my questions and treated me differently to the white women in the bays beside me, shame on all of you. My experience hasn't given me a negative mindset on childbirth, but it has seriously made me think twice about choosing Homerton Hospital should I have more children in the future."* (16<sup>th</sup> July 2020)

One other patient wrote: "Some of the nurses in the Templar ward are less supportive, concerned and caring compared to those in the delivery suite." (16<sup>th</sup> Sept 2020)

There were changes in hospital practice during the lockdowns but they do not seem to be reflected in negative comments. On the contrary, there were several very

positive comments from women who gave birth during the pandemic: *“brilliant care from midwives, though I was nervous about giving birth during pandemic”* (12<sup>th</sup> May 2020).

There was one account of a birth that had resulted in a formal complaint to the hospital, who responded within a month and apologised. (30<sup>th</sup> Nov 2020).

Several women on Turpin Ward we spoke to during our visit in August 2022 complained that they did not understand why their inductions had not yet started and that there was no helpful information coming from the staff.

“The woman was frustrated by some of the processes. She had been waiting to be induced at 39 weeks and had had no medical attention for 3 hours. This was her third child. Staff are all friendly but has seen a different midwife each time. She has had long waits (over one hour) for some appointments.” (12<sup>th</sup> Aug 2022).

“Woman from the Jewish community waiting to have her forth child. Waiting to be induced at 41 weeks and 4 days. At the time of conversation she was very frustrated as had been waiting since the day before for medical attention. Also she complained about the temperature in the ward and had brought her own fan. She suggested that there should be more staff and beds. The hospital also needs air conditioning.” (12<sup>th</sup> Aug 2022).

*“The midwives I've seen were all great and supportive. So is the staff at Homerton. However, I was a bit disappointed as I was kept for 26 hours after my water broke. My husband and I were quite stressed as I read that it is dangerous to be kept for long as this can create complications. I've been approaching the midwives quite often with questions and they've been very patient with me explaining that this was the procedure and that everything is under control. However, my husband wasn't very happy and has expressed this quite aggressively a few times. Nevertheless, the staff kept calm and patient which was great.”* (10<sup>th</sup> Aug 2022).

*“I was kept for some time - over 20 hours before I was induced. This was quite long but I trusted the professionals.”* (12<sup>th</sup> Aug 2022).

Over this time period there have been consistently good comments about the staff in the delivery suite: *“Homerton midwives rock!”* (12<sup>th</sup> May 2020); *“I felt safe throughout the process”* (30<sup>th</sup> June 2020); *“all the staff were very professional, calm and supportive”* (7<sup>th</sup> Nov 2021).

The majority of negative opinions referred to the midwives in the delivery suite. *“She heard the medical staff say “less than nice” comments about her. She doesn't think they knew she could hear them.”* (4<sup>th</sup> July 2022).

*“After breaking the water she (the midwife) kept on moaning on how long the baby is taking to come and kept on shouting at my wife to push or she would CUT THE BABY OUT which is completely shameful and intolerable”* (Birthing partner 24<sup>th</sup> Jan 2020).

There was mixed feedback about the language support provided at the hospital and the consequences if an interpreter was not available.

“At 39 weeks consultation, the mother to be told the midwife that the baby is not moving as much and she would like to get a scan. This wasn’t offered, but she had the belly measured and the baby’s heartbeat listened to. An interpreter was not arranged and due to her struggles with understanding, a Turkish speaking member of the admin team was invited. She was then told that there is an issue with the baby. She was also told that the delivery should happen on the same day without providing other options. This made the expecting mum extremely worried and stressed. However, 3 hours later she gave birth healthy baby. (25th Jul 2022)

Other experiences were positive and had alternative solutions arranged.

“3 weeks before her due date she attended a scan at HUH where she was told that there is an issue with the pregnancy and the mother and child are now at risk so the birth should happen ASAP. There wasn’t an interpreter and the mother to be was so stressed that she couldn’t concentrate on listening and understanding what she was told, so she asked for an interpreter. The team then invited the Turkish-speaking member of the reception team to provide interpreting. The receptionist was very kind, supportive and reassuring. “*He was holding my hand, saying don’t be scared, you and the baby will be fine*”. The mother to be found the team at HUH very supportive and caring and had a good experience overall.” (25th Jul 2022)

A woman who moved outside of Hackney after giving birth at Homerton Hospital 11 months ago compared her experience with another London hospital being 3 months pregnant.

*I was going through a miscarriage but felt very well looked after and cared for. An interpreter was arranged which made the consultation with the professional clearer. I feel much safer at HUH, there is an interpreter arranged for me and I am not spoken to inappropriately. In the other hospital I was asked how long I’ve been in this country and why I don’t speak English...”* (25th Jul 2022).

In conclusion, there are few complaints about the medical service provided. The negative comments are about waiting for induction, lack of communication, negative attitudes and the behaviour of some midwives.

## Post-natal care

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### On lack of breastfeeding

Breastmilk is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers.

WHO and UNICEF support the use of the ten steps to initiating successful breastfeeding, these include (Anon., 2021):

- skin-to-skin contact between mother and baby immediately after birth and initiation of breastfeeding within the first hour of life;
- breastfeeding on demand (that is, as often as the child wants, day and night);
- rooming-in (allowing mothers and infants to remain together 24 hours a day);
- not giving babies additional food or drink, even water, unless medically necessary;

*“I had to stay in hospital for 5 days after birth. The nurses forced my husband to feed my daughter formula soon after my c section so I had no say. We did not get skin to skin. She did not get to latch within the first hour as I was told was so important in the antenatal classes. I asked every day in Templar ward for help with breastfeeding, it’s not till day four someone helped even for a few moments, everyone else fobbed me off and said they’d come back and never did. My supply has completely diminished, I’ve tried pumping, skin to skin, anything to get my baby on breast milk but she’s used to the bottle and my low supply just frustrates her.”*

*“I overheard a midwife who was telling off mums struggling to breastfeed which made a few of them even more stressed. They reported her in the morning and another midwife apologised saying that the night midwife was an agency staff and they will never have her again.” (10th Aug 2022)*

One other patient said that the breast feeding support wasn't good, so she ended up using formula. They were surprised to hear that they were supposed to bring in their own bottles and formula. (12th Aug 2022)

“The parents felt the medical team were a little slow in discovering that the baby wasn't feeding because he had an infection. They suggested this was a case of not listening to the mother who knew his feeding behaviour wasn't right.” (12th Aug 2022)

From the other side, there was a very positive feedback about the availability of the breastfeeding support.

*“Then there were the midwives who helped us on our ward. We’d like to particularly mention Hooria (who taught us to swaddle), Charlotte (who checked my stitches and really helped us break the back of breastfeeding), Natalie (who helped us with breastfeeding and just had a lovely way about her – so kind), Naz (a lovely friendly face to see every day), the lady from the breastfeeding team (we think her name was Lorraine – she really came in and took charge of the situation ) and student midwife Laura (who will make an incredibly midwife). We really felt in good hands with them and they had so much knowledge and advice to give to us which we lapped up! Giving birth and looking after our first baby was a really overwhelming experience, made more stressful by the situation with our baby. The midwives really made us feel comfortable and listened to during our stay and helped to relieve some of that anxiety.” (7<sup>th</sup> Oct 2021)*

### **Lack of attention**

*“The ward was packed and particularly at night the midwives gathered by the table chatting not really noticing any women who needed help”. (31<sup>st</sup> Mar 2020)*

*“Antenatal care and the process of giving birth was great, however, I was a bit disappointed with the postnatal care at Homerton Hospital. I stayed in the hospital for a couple of days and no one came around to ask if I was ok and if I needed anything apart from their regular rounds. I felt I was left alone. I was in pain, I wasn't able to wash myself, so some help would've been appreciated. Same for the rest of the parents in the bay.” (12th Aug 2022)*

### **Discharge from the ward**

*“The consultant told us we could go home they did the paperwork but just needed the nurse to finalise a few things. But the nurse on the ward did not process the paperwork or weigh the baby. She then went on a 2hr lunch break and when she came back said she was busy and would get to it later. My husband and I were desperate to get my new born home. My husband had to wait in the carpark for over 8hrs. It was so upsetting. What should have been a happy experience was taken away from us because of that nurse.” (20<sup>th</sup> Nov 2020)*

### **GPs and pregnancy**

There were a number of comments each year about how GP practices responded to their patients announcing that they were pregnant. The majority of comments were negative such as - the surgery had registered the patients at the wrong hospital, in another case - receptionists being unhelpful assisting the patient to navigate antenatal appointments.

In summary, there is some confusion amongst patients about the role of GPs in antenatal care.

### **Language support and the importance of clear communication**

A mum who was given distressing information about the birth of her baby without this information being properly communicated and explained to her with support from interpreter. After giving birth, she was visited by Bulgarian speaking doctor. *“It was great to be able to ask any questions in my own language and hear the answers which made me feel safe and comfortable. This made a great difference and made me feel less isolated.”* (July 2022)

Another patient said *“3 weeks before my due date I attended a scan at Homerton where I was told that there is an issue with the pregnancy and my baby and I are now at risk and that the birth should happen ASAP. There wasn’t an interpreter and I was so stressed that she could not concentrate on listening and understanding what I was told, so I asked for an interpreter. I wish an interpreter was available during the scan too”*.

*“I had antenatal classes in English as well as in Turkish. It made a great difference to hear all of the important information in Turkish”*. (July 2022)

During our visit to the Maternity Ward in Homerton Hospital, one of our Authorised Representatives who speaks Bulgarian was asked by a midwife to interpret the discharge information to a Bulgarian speaking mother who did not speak English well. This was woman’s second child, however, the experience of delivery was completely different, therefore the after-birth care had to be different too.

Our Authorised Representative asked the midwife what method of communication they would have used if they had not been available to interpret. The midwife responded that they would use a telephone interpreter, but this was a time-consuming process.

### **Our comments**

When we visited Templar Ward in August 2022 the weather was very warm and we were told by the patients that the ward was too hot. The midwife in charge of the ward agreed and said that there was no built in air conditioning, and there were no current plans to retrofit any. They had portable units which meant that some areas had a reasonable temperature, while others remained too hot.

Some people we interviewed complained about the attitudes of an agency midwife who had been on a night shift recently. The head midwife assured us that she would not be booked again.

She also pointed out to us that maternity services had recently increased the number of midwives on the ward.

Some patients complained about staff shortages and crowding. This related to experiences where patients felt “left alone” for a long time, waited a long time, or had to ask the nurses or midwives for routine care, such as checking the stitches after a C-section.

## Recommendations

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The following recommendations come from the NEL equality strategy and action plan (NHS North East London , 2022). Healthwatch Hackney endorses these recommendations.

### NEL Recommendation

A single NEL wide maternity telephone number running 24 hours.

### NEL Recommendation

A communications post in each Maternity Unit to support the provision of accessible, timely information.

### NEL Recommendation

Case studies to be used in midwifery training.

### NEL Recommendation

Cultural competency training for each local culture to the Unit .

### NEL Recommendation

A vision for and commitment to co-production of maternity services with service users.

### HWH Recommendation

- A vision for co-production of antenatal care and support with service users especially for GP services
- Hospital and community maternity services should consider using different methods of engagement to review the levels of postnatal support to women in Hackney.
- External information – We recommend further engagement with women to ensure that health professionals including GPs can guide women to ‘approved’ trusted sources of information and advice which can include online apps as well as offline support for those who are digitally excluded. Starting in 2023 Healthwatch Hackney will be developing resources for women based on local experiences which we hope will fill this gap.
- Ensure that a patient information leaflet detailing contact information about available support (e.g. what is classified as an emergency, what to do in an emergency, language and advocacy support, what to expect during pregnancy, option to provide feedback etc.), is provided to all women during their pregnancy as a matter of routine at the time of the pregnancy announcement (at the GP or other services).

### NEL Recommendation

A commitment to work towards cultural engagement and contextual bespoke care for members of Black ethnic minorities with community outreach.

### HWH Recommendation

- Greater attention to staff attitudes and recognising when staff need support to allow them to give supportive, empathetic, and understand levels of care.

Ensure regular staff training to reduce negative attitudes, including equality diversity and inclusion training, and communication training. This should also include training about the impact of pregnancy, delivery, and postpartum depression on mothers and work with women to offer appropriate support.

### **NEL Recommendation**

Provision of trauma-informed care for both staff and service users.

### **HWH Recommendation**

- Community midwives and hospital staff to receive further training on communication with patients.  
Attention should be given especially those who are experiencing pregnancy for the first time or have had traumatic previous experiences are more likely to experience worry and stress during this period and should be treated with understanding and patience.

### **NEL Recommendation**

The provision of multilingual advocates on site.

### **HWH Recommendation**

- Ensure interpreting support is well promoted and proactively provided to patients in need. Otherwise, a list of staff and the languages they speak should be available to call as an alternative solution.

**In addition to these recommendations, the following recommendations relate directly to the feedback collected by Healthwatch Hackney.**

- Improve the overall ward experience at the Maternity ward at Homerton Hospital, especially in relation to providing air conditioning during warmer weather.
- We understand the NHS is experiencing a recruitment crisis but attempts should be made by the Trust to address staff shortage issues
- Continuity of care – The Trust should ensure that pregnant women have access to a consistent service at times that suit them.  
We are aware of the staff shortages and we know that it may not always be possible to have the same midwife before and after the birth, or for the duration of labour. Some women reported seeing three or more midwives which was not great and told us they had a different quality of support depending on whom they saw which could be distressing.

### **Response from Homerton University Hospital**

The Trust has recently recruited an Inpatient Matron who will be observing and looking at how the different areas can be improved. This to include some of the following:

- Exploring potential Air conditioning units but aware that due to cost element this may take time.



- Working towards having continuity of carer as a default model and will keep you updated on this and very keen that our users can feel the benefits of this when model applied fully.

#### **HWH Recommendation Antenatal care:**

- Continuity of care: Where possible the community midwife support should be consistent to ensure continuity of care and consistent level of support for the parents to be.
- Primary care services consider further engagement with women to ensure that health professionals including GPs can guide women to 'approved' trusted sources of information and advice which can include online apps as well as offline support for those who are digitally excluded.  
Information about where and how to access antenatal classes is variable and unreliable. Not every prospective parent is able to access the kind of local antenatal class they feel would enhance their parenting skills and confidence in caring for their new-born baby.

#### **Response from Homerton University Hospital**

- The Trust is working towards having continuity of carer as a default model and will keep you updated on this and very keen that our users can feel the benefits of this when model applied fully

#### **HWH Recommendation Delivery**

- The Trust to consider alternative solutions when delivery wards are overcrowded and waiting times are long, such as suggesting going to an alternative hospital that is not experiencing high demand.
- Manage expectations – The Trust to ensure open and transparent communication with patients, particularly when discussing delivery at a point of emergency.  
Some women commented that they felt staff were sometimes so busy they were unable to ask questions or get the support they needed. This was a recurring theme for the postnatal care throughout the years.

#### **Response from Homerton University Hospital**

- The Trust recognises the issues around induction of labour. This as an area that we wanted to improve upon and have an Induction of Labour Project midwife who started her role in March 2023. Part of their role will be to scope the current service, work with users and listen to voices, arrange weekly webinars that users can drop in virtually pre their Induction Of Labour. Their work will also involve working closely with the Maternity Voice Partnership in order to support some of the developmental work surrounding induction of labour.

#### **HWH Recommendation Post-natal**

- The Trust to ensure that breast feeding support is offered and provided to new mums as soon as this is possible and according to the parent's wishes. This could be offered in a form of coffee mornings to new mums before they are discharged from the hospital.

- The Trust to consider breast feeding training course for nurses working on post-natal wards to enable them to support women with breast-feeding.
- Provide better links to community midwives and health visitors so that women felt supported on discharge from hospital (NHS, n.d.).
  - Some women felt that they were discharged too soon or were kept too long after the delivery of their baby
  - Some parents felt abandoned after the birth of their baby. Maternity wards are often very busy, and some mums felt they were leaving the hospital without establishing breastfeeding and not sure what would happen next or what to expect next especially, around healing and general care.
- Promote post-natal information, as well as community parenting classes or baby groups to minimise isolation, increase knowledge around child development, build positive relationships and build confidence.

### Response from Homerton University Hospital

- The Trust have recently recruited discharge coordinators on the postnatal ward. They should be starting soon and we are hopeful that this will help us streamline this area better.
- The Inpatient Matron will be looking at a project to ensure individuals are discharge at the right time and we are not rushing parents and babies out to have them readmitted back into the service.
- The Trust is working towards having a Large TC<sup>1</sup> computer screen to show parent education including how to access different community services and accessing the baby buddy app. As well as using of multilingual QR codes. This will also postnatal information to include how mothers can access Community services

Since our draft report was sent to Homerton Trust for their official response to our recommendations, we had different communications in order to provide support to their implementation.

As part of this, we met with the Induction of Labour Project Midwife and the Bereavement Support Midwife:

It was agreed at these meeting that:

#### Induction of Labour

- Healthwatch Hackney will design a questionnaire specific to maternity experience
- Healthwatch Hackney will design leaflets/ posters with QR code to direct patients/ carers and partners to an online questionnaire that Healthwatch Hackney will have hold of. These leaflets/posters to be distributed across the Maternity Ward, included in the hospital discharge pack, offered to patients/

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<sup>1</sup> TC - transitional care aims to ensure that mothers and their babies are cared for together, reducing the need for separation when babies require additional neonatal care that traditionally would have been provided by a neonatal special care unit

carers and partners during home visits and to be distributed across children centres

- Healthwatch Hackney will periodically report back to HUH with any recommendations following data analysis of patient feedback

### **Bereavement support**

- Healthwatch Hackney to design a questionnaire specific to patients /carers' and partners' experience of the bereavement support offered by the hospital
- Healthwatch Hackney to design leaflets/ posters with QR code to direct patients/ carers' to an online questionnaire that Healthwatch Hackney will have hold of. These leaflets/posters are to be distributed across the bereavement support office as well as included in the discharge/ information pack.
- Bereavement support team to signpost patients/ carers and partners to Healthwatch Hackney during group or individual meetings with bereaved families
- Healthwatch Hackney to periodically report back to Homerton Trust with any recommendations following data analysis of patient feedback

## About Healthwatch Hackney

Healthwatch was established under the Health and Social Care Act 2012, which took effect in April 2013, to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

Healthwatch exists at a national and local level, working towards the same goal of enabling people to have a voice and influence about their health and social care systems. Healthwatch England is focused on influencing national policy on NHS and social care. There is a local Healthwatch in every area of England – 152 in total - 33 in London. Healthwatch Hackney is the independent local champion for people who use health and social care services.

Our Mission is to improve health and social care provision and outcomes for people in Hackney, by working to ensure that treatment and care are of the highest quality, provided with respect and dignity, valuing diversity, encouraging participation and working together. We do this by being the independent champion for residents, carers and people who use services, ensuring the voices of people across the borough are heard in order to influence decision-makers. We also help people find the information they need about services in Hackney.

## References

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