

Maternal Mental Health in Oxfordshire



**Summary of findings for Oxfordshire from
Healthwatch England's research**

December 2023

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1 Summary

Between 31st October and 12th December 2022 Healthwatch England (the national health and social care watchdog) carried out national research to find out to what extent mental health support has improved during and after pregnancy. (<https://www.healthwatch.co.uk/left-unchecked-why-maternal-mental-health-matters>)

In April 2020, NHS England introduced mental health checks in postnatal consultations¹. These consultations happen between the birthing parent and their GP six to eight weeks after giving birth. They should be separate from a postnatal check on the baby's health. Healthwatch England wanted to understand whether these postnatal consultations are taking place and whether they provide mothers with a meaningful opportunity to discuss their mental health and access follow-up support from specialist services if needed.

Healthwatch England heard from nearly 2,700 new mothers and birthing partners across England. All related births took place after the new postnatal consultations were introduced in April 2020. Many of these happened while COVID-19 restrictions were in place and as a result give insight into the unprecedented additional pressures faced at the time.

This brief report summarises the findings from Healthwatch England's survey about the experiences of respondents who commented on care in Oxfordshire.

Healthwatch England provided Healthwatch Oxfordshire with the anonymous responses of **45 women who live in Oxfordshire** and took part in the national survey. We have analysed Healthwatch England's data and present a summary of the findings here to highlight the voices and experience of the 45 women in Oxfordshire who took part in the national survey.

It will be shared with health and care providers and commissioners and others including:

- Oxford University NHS Foundation Trust (OUH)
- Oxford Health NHS Foundation Trust (OH)
- Oxfordshire County Council Public Health

¹ See <https://www.england.nhs.uk/gp/investment/gp-contract/gp-contract-documentation-2020-21/> for the addition of the postnatal consultation to the GP contract and <https://www.nice.org.uk/guidance/ng194> for NICE guidance.

- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Oxfordshire Place Based Partnership
- Oxfordshire Maternity Voices Partnership, Oxfordshire Mental Health Prevention Concordat, and Oxfordshire Health and Wellbeing Board.

1.1 Nationally

Healthwatch England carried out a survey of people who gave birth between April 2020 and December 2022. They were asked about their experiences of support for their mental health during their pregnancy, during labour and childbirth, and after giving birth.

The main findings from Healthwatch England's national survey were that in England:

- Six-week postnatal checks in general practice are not working well in addressing perinatal mental health for most women.
- Many new mothers and birthing parents are struggling to access the support they need for their mental health.
- There are long waits for maternal mental health referrals.
- Some GPs are not complying with the requirement to deliver the six-week postnatal consultation.

Find out more in [this blog post](#) or the Healthwatch England report, [Left Unchecked - why maternal mental health matters](#).

1.2 Oxfordshire

In their national survey, Healthwatch England heard from 45 women who were living in Oxfordshire. They commented on their experiences of mental health support in the county during and after pregnancy. Healthwatch England provided the anonymous survey responses of these women to Healthwatch Oxfordshire to analyse separately. This report highlights the views of these 45 women that:

- Some women in Oxfordshire who experienced mental health difficulties during pregnancy or after giving birth found it difficult to access support. Challenges included not being offered support or information about mental health support by healthcare professionals and long waits for referrals to specialist services.
- Women had mixed experiences of support for their mental health from health visitors, midwives and GPs. Some women were happy with the support they had received, while others spoke about problems including feeling their mental health difficulties were ignored, finding it hard to talk to healthcare professionals about their mental health, and limited support due to COVID-19 restrictions.

- 38% (17) of the women felt their experience of care and support during and after labour and childbirth had negatively affected their mental health. The problems they experienced included COVID-19 restrictions on partners visiting, a lack of support after giving birth, and a lack of empathy from healthcare professionals.
- Most women (82%, 37) had had a postnatal consultation with their GP, but 15 said they had not spent enough time talking about their mental health in the consultation, and 10 said that it had not been mentioned at all. Women spoke about problems including a lack of empathy in this consultation and being given unhelpful advice.
- A recurring theme, mentioned by seven women, was that they had had to advocate for themselves to receive the care and support they needed.

1.3 Context of the research

Some of the people who took part in Healthwatch England's survey experienced pregnancy, labour and childbirth and postnatal care during the height of the COVID-19 pandemic. During this time, there were restrictions on social mixing and access to face-to-face healthcare appointments which impacted on many people's experiences of mental health support and maternity care. The findings here give insight into how the pandemic affected this particular cohort.

The data provided by Healthwatch England for Oxfordshire is a small sample and mostly represents the experiences of white, heterosexual women. The nature and reach of surveys can mean that people will give feedback when they want to comment on a particular poor experience, or a very positive experience, so overall this may present a less representative view. However, analysis of the comments brings out common themes, giving insight into experiences of maternal mental health and care services, and highlighting areas for potential improvement and change.

Further insights gathered since this time into experiences of childbirth can be found in insights gathered by the Oxfordshire Maternity Voices Partnership².

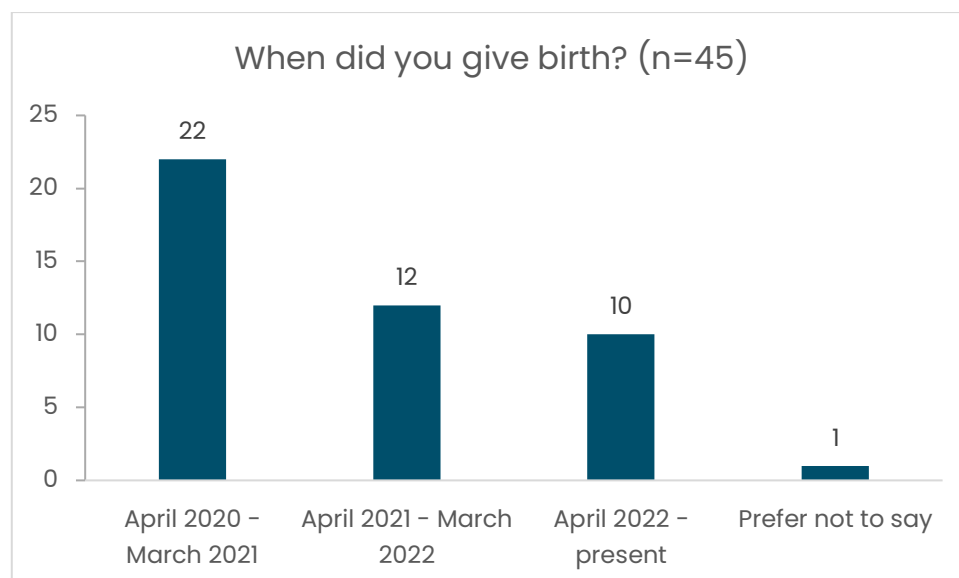
In 2022 Healthwatch Oxfordshire worked with a community researcher to support women from Oxfordshire's diverse and multi-ethnic communities to share their thoughts on maternity care in a film, [Women's views on maternity care](#). In December 2023, the women spoke to over 30 trainee midwives at Oxford Brookes University about the barriers they face.

² <https://oxfordshirematernityvoices.com/home-2/feedback/>

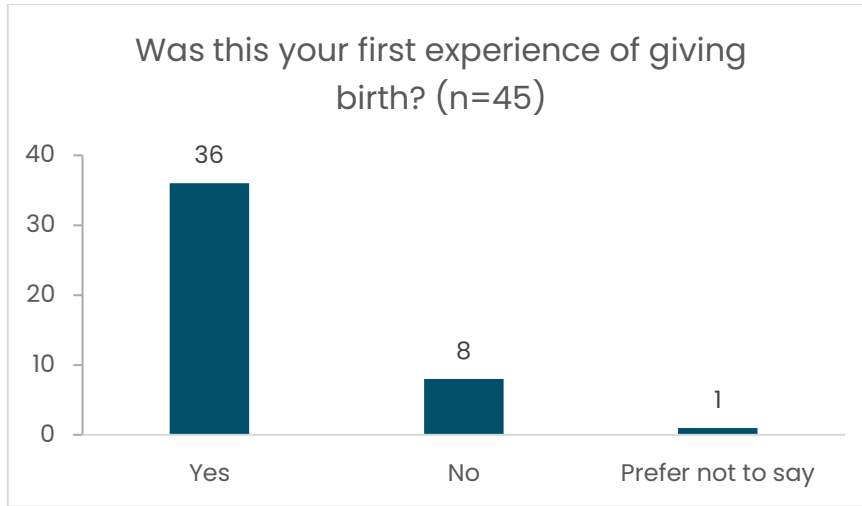
2 Who did Healthwatch England hear from?

Healthwatch England heard from **45 women** living in Oxfordshire. All 45 women were aged 25-49. Most of the women identified as White British (73%, 33), or were from another White background (20%, 9). The women included from one Black British African woman and two women with mixed Asian and White heritage. Most of the women (95%, 41) identified as heterosexual, and the other women identified as bisexual or asexual. Two women have a disability, five have a long-term condition, and two are neurodivergent.

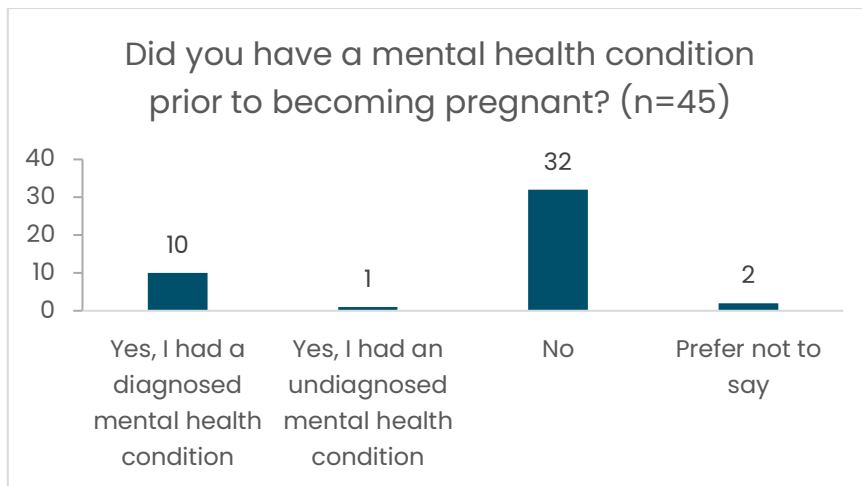
Just under half of the women (22) gave birth between April 2020 and March 2021, while around a quarter (12) gave birth in April 2021-March 2022 and slightly fewer gave birth in April 2022 or later.



For most of the women (80%, 36) it was their first time giving birth.



Ten women said they had a diagnosed mental health condition before they became pregnant, and one woman had an undiagnosed mental health condition.



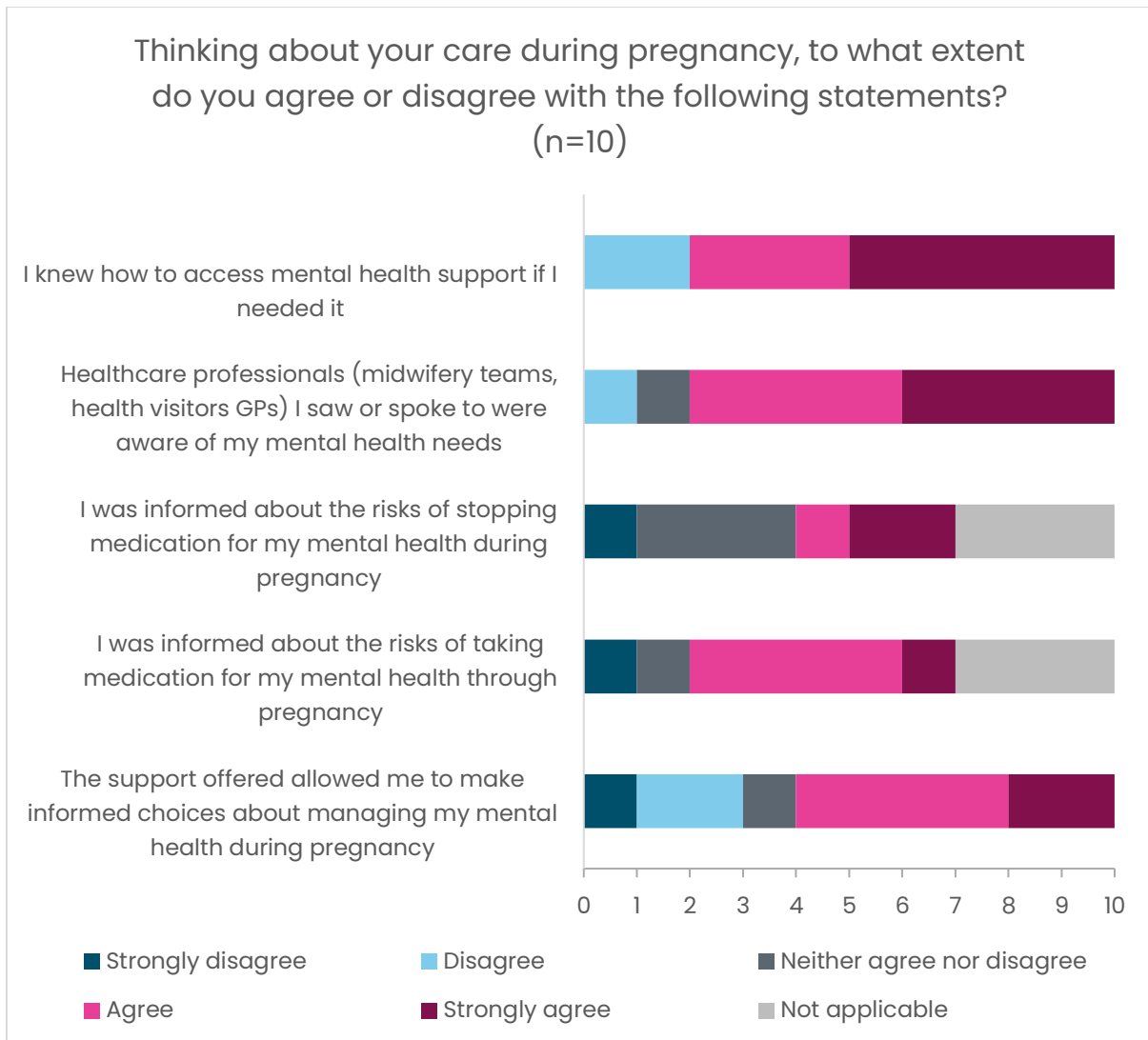
3 What did Healthwatch England hear?

3.1 What were people's experiences of mental health support during pregnancy and after giving birth?

3.1.1 Support for women with pre-existing mental health conditions

Healthwatch England asked women who had diagnosed mental health conditions when they became pregnant (n=10) about their experience of mental health support during their pregnancy.

Most women felt they knew how to access mental health support if they needed it. They felt that the healthcare professionals they interacted with were aware of their mental health needs. However, one woman said she 'strongly disagreed' that she had been informed about the risks of taking or stopping medication for her mental health during pregnancy, and three women disagreed or strongly disagreed that they had been given support that allowed them to make informed choices about how to manage their mental health during their pregnancy.



One woman shared her positive experience of being supported to manage her mental health condition during her pregnancy:

“Was under the perinatal consultant psychiatrist and my own care coordinator from AMHT [Adult Mental Health Team]. Have been under the AMHT for many years due to my [mental health condition] and am very happy with my treatment.”

3.1.2 Mental health difficulties during pregnancy and after birth

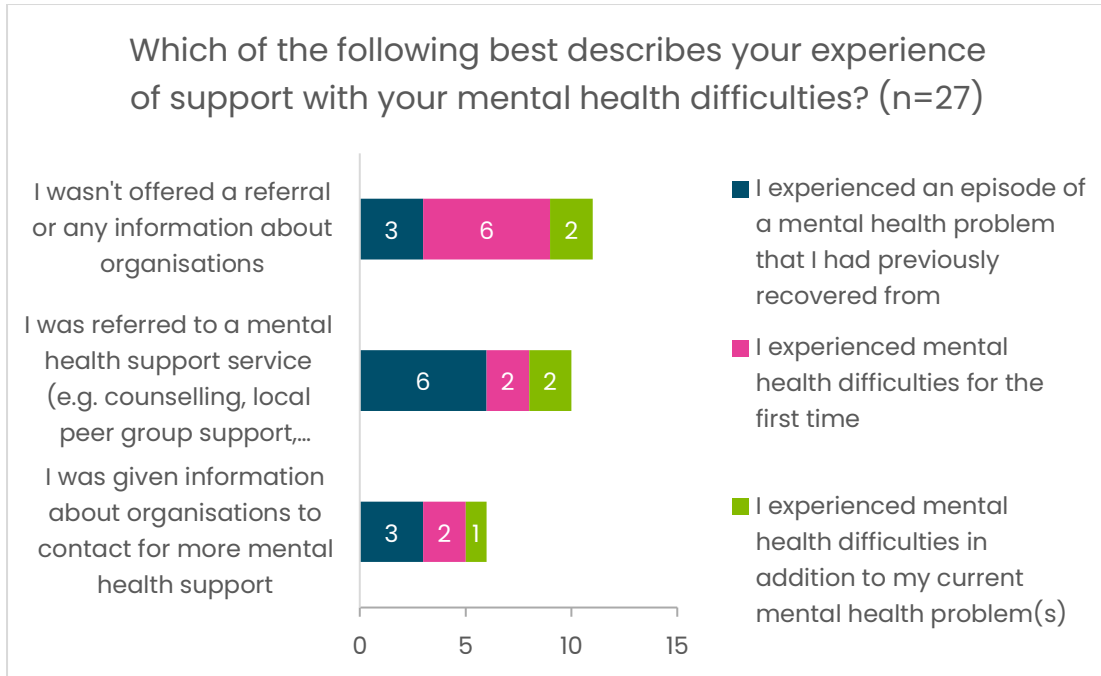
All the women were asked about their experience of mental health difficulties during their pregnancy and after birth. While some women did not experience any mental health difficulties (40%, 18), the majority did – either their first experience of mental health difficulties, an episode of a mental health problem they had previously recovered from, or in addition to their current mental health problem(s).



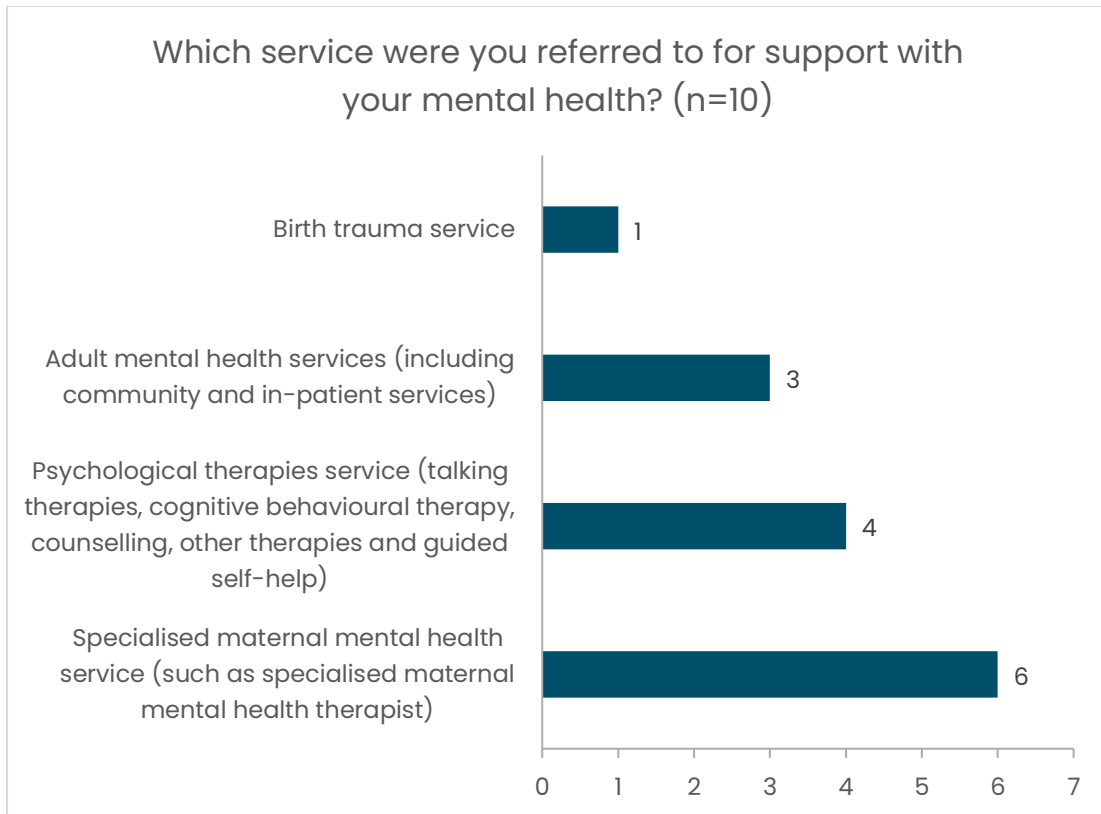
Women spoke about mental health difficulties and symptoms they experienced during their pregnancy including anxiety, stress, depression, low self-esteem, difficulty bonding with their child, and post-traumatic stress disorder.

3.1.3 Accessing mental health support

Many of the women (41%, 11) who experienced mental health difficulties during pregnancy and after birth said they were not offered a referral or any information about organisations which could support them. Ten women were referred to a mental health service, and six women were given information about organisations to contact for more support. Women who were experiencing mental health difficulties for the first time were more likely not to be offered a referral or information, while women experiencing an episode of a mental health problem that they had previously recovered from were more likely to be referred to a mental health service.



Women were referred to a range of services, and four women were referred to two different services. The most common referral (6 women) was to maternal mental health services. Women were also referred to psychological therapies services, adult mental health services and a birth trauma service.



One woman reported difficulties accessing mental health services and a delay in being referred for support:

"[Midwife] did offer to refer me to a service where I could have had longer appointments, but it was so far away I would have struggled to walk there in later pregnancy and I don't Drive. It was also about 6 months into pregnancy, when I had mentioned anxiety from day one, which seemed odd."

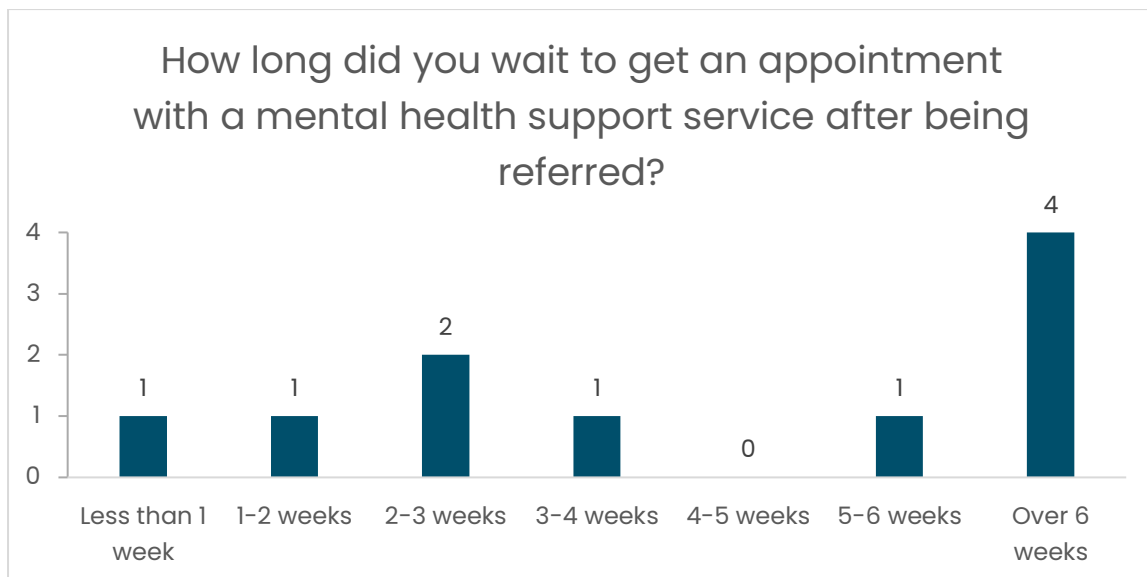
Several women mentioned needing to advocate for themselves and speak up about their needs in order to access support.

"I had to request to be referred to the perinatal mental health team after months of feeling unwell."

"As this was my second full term birth, I felt much empowered, and that's what kept complications at bay. [...] I felt confident enough to do my own research [...] and make my own decision. Also with my mental health issues, I was the one who had to reach out."

3.1.4 Waiting for treatment

Once referred for treatment, women were asked how long they had to wait for an appointment with the mental health support service they had been referred to. Five women (50% of those referred) waited longer than the NHS's target of four weeks, with three women reporting waiting for eight weeks or more.



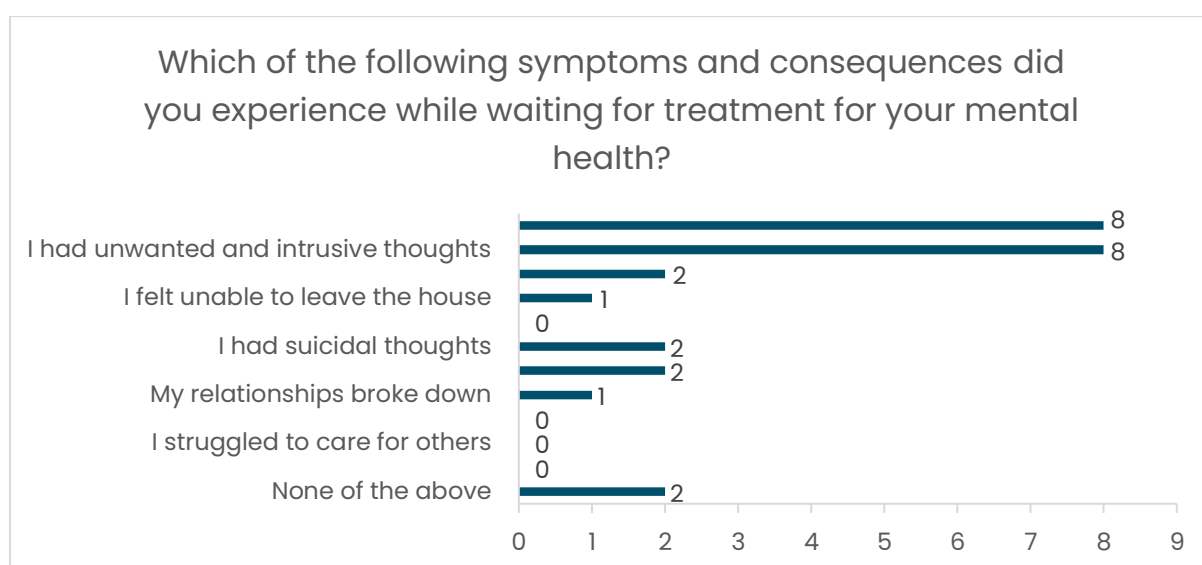
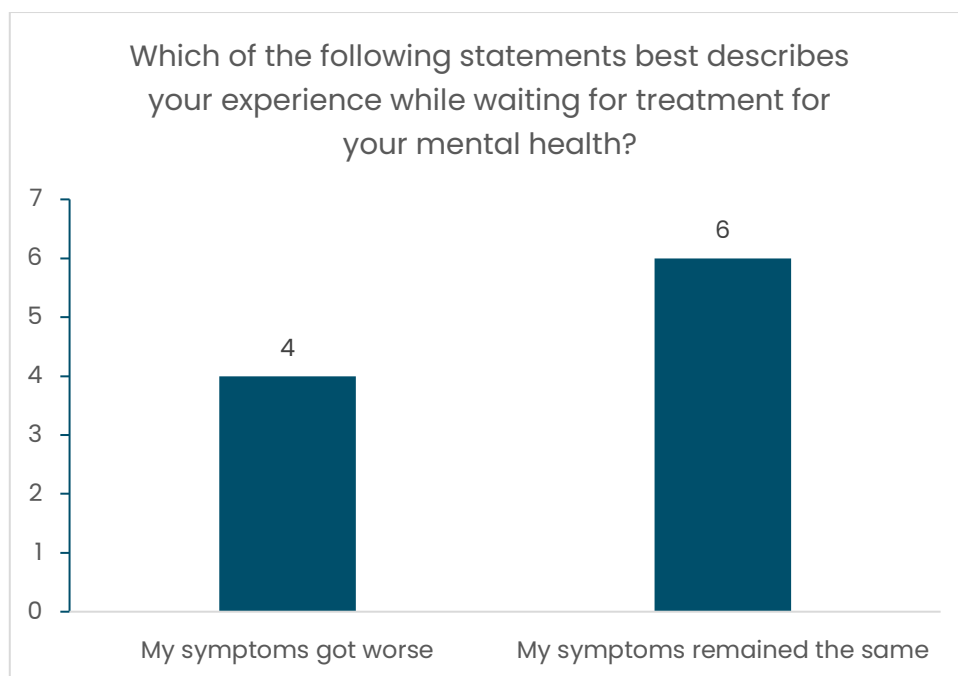
Comments about this wait included:

"I'm still waiting and the waiting list is six months."

"8 weeks for a zoom meeting."

Three women who waited over six weeks were referred to specialist maternal mental health support, and one of these was also referred to a birth trauma service.

Healthwatch England asked women what impact waiting for treatment had on their mental health. Some women’s mental health symptoms worsened while waiting for treatment. Three of the four women who reported that their symptoms had got worse while waiting for treatment had waited over six weeks.



One woman said that due to having to wait for treatment for her mental health, *“I lost all enjoyment in anything and felt dissociated from the world.”*

Another woman had used private healthcare while waiting for treatment:

"I was placed on a waiting list for IPPs [Infant-Parent Perinatal Service] in January 2022 and have just had my first appointment now in October 2022! Thankfully I could afford private therapy in the meantime, and have a supportive husband and reasonably helpful GP, so I managed my mental health and am now ok... but it terrifies me to think what would have happened if I had been in a different position."

3.1.5 Quality of mental health support – specialist services

Several of the women who spoke about their experiences of specialist maternal mental health support services were positive about the quality of care they had received and highlighted how important it was.

"I was supported by the perinatal team at Oxford Health and I can't tell you how vital they were to me having fairly stable mental health through pregnancy and birth. I was at high risk of [mental health condition] and their support and expertise were vital in preventing this. It is an absolutely essential service as I may have needed inpatient care without their help."

For some women, specialist care was positive but highlighted the lack of mental health support from other healthcare professionals. One person also raised the issue of safeguarding awareness.

"Only with [perinatal mental health team] support was I able to have a positive birth experience as otherwise I would have struggled and the care from the John Radcliffe hospital was substandard."

"At the time of the pregnancy and until a few months after giving birth, I was under domestic abuse. [...] GP and health visitor didn't listen to me and blame "paranoia" for what I was sharing with them. The stigma of mental health and [postpartum depression] blinded them. [...] Assuming that all women will have mental health issues during pregnancy and after birth is ridiculous and it's facilitating abuse. [...] Blaming "mental health" is a strategy shared among perpetrators. Luckily, the mental health professionals saw this through straight away and told me "have you thought that your partner might be abusive?" That was eye opening and saved my son and I. The GP and HV could have done the same months before."

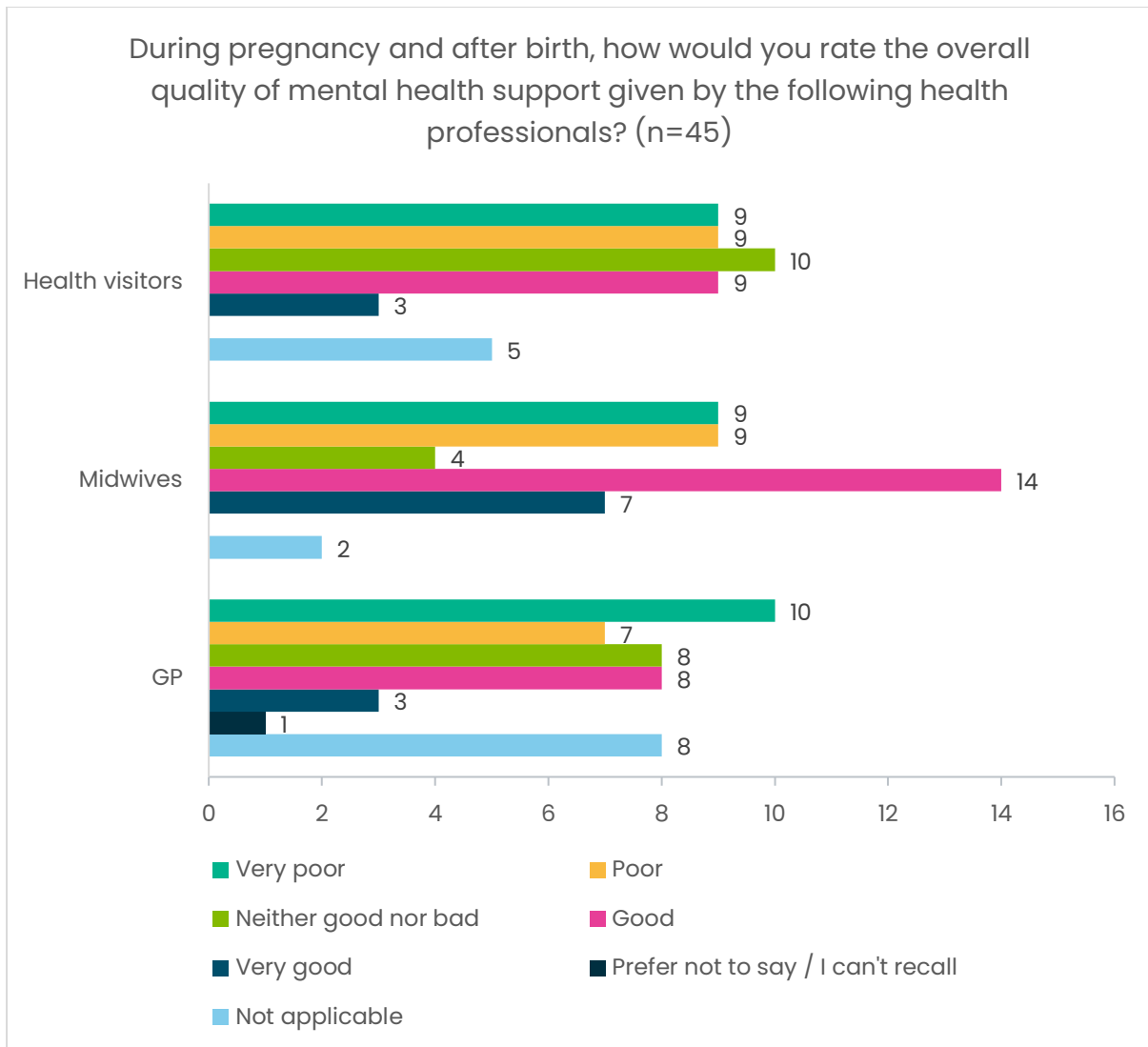
One woman had accessed psychological therapies but found the way sessions worked did not respond to their individual needs:

"I also referred myself to Talking Space, on the advice of my GP, but I found the appointments totally unsuited to someone with severe anxiety and depression. They were basically instructions in how to carry out worry time,

when I needed someone to talk to about my experiences of a very difficult first trimester which had left me traumatized."

3.1.6 Quality of mental health support – health visitors, midwives and GPs

Healthwatch England asked women about the mental health support provided by GPs, midwives and health visitors, during their pregnancy and after giving birth. People had mixed experiences, but gave proportionally more 'good' and 'very good' scores to midwives (49%, 21, excluding those who answered 'not applicable') compared to health visitors (30%, 12) or GPs (30%, 11).



Women spoke about positive aspects of their experiences such as compassionate healthcare professionals and receiving appropriate support.

"... had really positive experiences discussing mental health with midwives and health visitors."

"I did reach out to the GP who was amazing and my antidepressants were adjusted."

Women also spoke about problems with the mental health support they had received from GPs, midwives and health visitors. These included:

- Feeling ignored or dismissed when they told healthcare professionals about their mental health difficulties.

“Despite mentioning several times to midwives while I was pregnant that I was feeling very anxious I was never given any support, and this resulted in severe anxiety after my baby was born. It’s been a year and I am still struggling to get support from my GP and health visitor.”

“I got told it was normal to feel teary in the 2 weeks after birth but was then discharged and felt a little bit left to deal with the following [postnatal depression].”

- Finding it hard to talk to healthcare professionals about their mental health when their partner and the baby were present.
- Finding it hard to ask for help because midwives and health visitors seemed too busy.

“I didn’t mention anything about my mental health as what difference would it have made?! No one had time to help and there was minimal post natal care or HV support.”

“I was in a terrible state with anxiety and depression during my pregnancy but my midwife didn’t feel like someone I could talk to... she usually asked but it was always a rush.”

- One woman felt that the way that healthcare professionals gave advice had worsened her anxiety.

“... the repeated information on SIDS, over and over and over again, was again ridiculously anxiety provoking.”

- Feeling that mental health difficulties were only picked up on because of health professional’s lived experience, rather than training.

“... it was only the one [midwife] that noticed I was struggling after the birth mentally and was there for me after being discharged. The only reason she clocked on was because she had been through [mental health condition].”

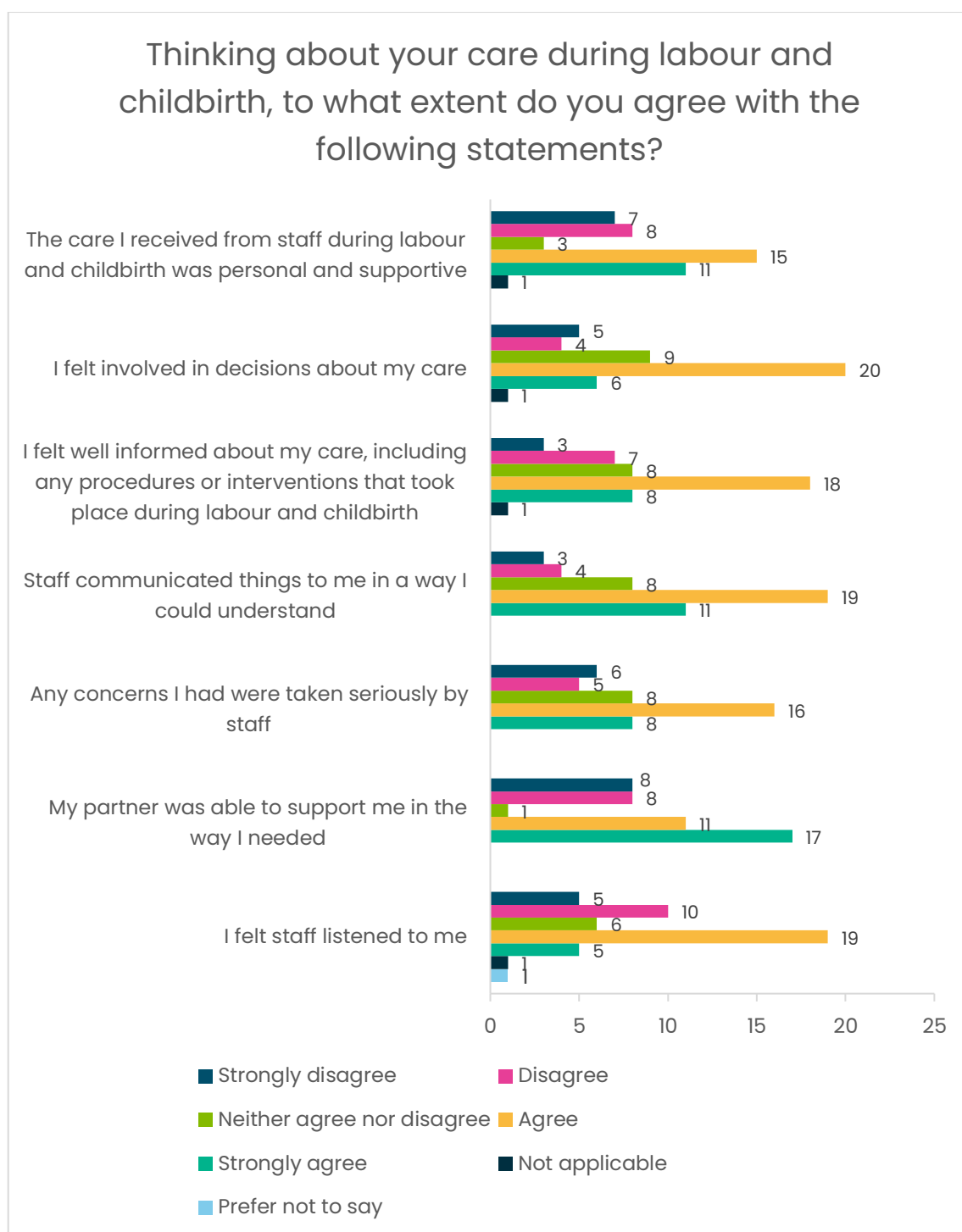
Speaking about support from midwives and health visitors more generally, several women commented on the negative impact of COVID-19 restrictions on their experience of care.

“Health visitors don’t really support mothers and fathers in the way that they could and should and during covid everything was done via teams.”

“I did not see a midwife until 26 weeks because of Covid.”

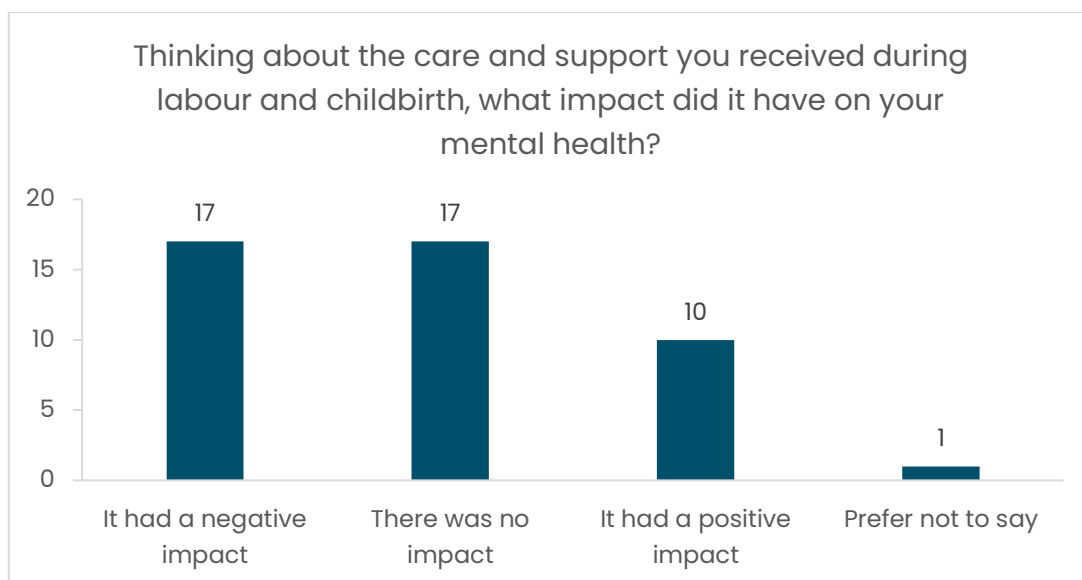
3.2 What were people’s experiences of care and support during labour and childbirth?

Healthwatch England asked the women about their experiences of care during labour and childbirth. People’s experiences were mixed, partly reflecting changing restrictions due to the COVID-19 pandemic, but overall, more women gave positive responses than negative responses about different aspects of their care.



Healthwatch England did not ask about what settings people gave birth in. In Oxfordshire, birth settings include the John Radcliffe Hospital Women’s Centre and the Oxford Spires Midwifery-led Unit in Oxford, Cotswold Birth Centre in Chipping Norton, Horton Midwifery-led Unit in Banbury, Wallingford Maternity and Birthing Centre and Wantage Maternity Unit. People may also be supported to give birth in their own home.

When asked about the how care and support during labour and childbirth affected their mental health, 38% of women (17) said it had a negative impact on their mental health, while the same number said it had no impact on their mental health and for ten women (22%) it had a positive impact.



Most women who talked about the care they received during childbirth itself were very positive about this.

“I cannot fault the midwives who helped deliver my baby - they were incredible.”

“... the midwife and doctor during and after delivery (I had haemorrhage) were brilliant and really helped me during a very traumatic birth.”

However, many women shared negative aspects of their experiences around and after labour and childbirth. It is clear that the COVID-19 pandemic presented challenging circumstances that had a significant impact both on staff and families. These were unprecedented times and women’s comments about their experiences during this period give us an insight into this impact, including how the suspension of or changes to normal maternal care practice added to the stress that birthing mothers experienced.

Several women highlighted the impact of COVID-19 restrictions on the care and support they received and its effect on their mental health.

“Giving birth in the pandemic [with] the restrictions in place for maternity was one of the worst, most anxiety inducing experiences of my life.”

In particular, some women (8) mentioned the challenges of COVID-19 restrictions on partners visiting them during and after the birth. This contributed to feelings of loneliness as well as practical challenges with caring for a newborn and recovering from childbirth without the help of a partner.

“The impact of my husband not being allowed to attend any appointments or scans, and having to wait outside whilst I was in labour was highly negative on my mental health. At a time when support was needed the most I felt I was on the journey alone, and he was missing out. 1hr after birth he was made to leave and was only allowed to visit 1hr a day for the 5 days we stayed in hospital leaving me alone to care for our newborn. The rules around this type of support should never again be put in place to prevent future mother's having the same negative experience.”

“My biggest issue was not having the support of my husband for over a week after birth due to being stuck in hospital and lockdown visiting restrictions. It has had a huge negative impact on both of us and nearly 2 years later we are still struggling to bond with our child.”

“I feel it is absolutely unacceptable that the pandemic was used as an excuse to force my partner to leave at nighttime while I was in labour at 36 weeks. I was left stressed and alone.”

“My husband couldn't come to any scans, appointments or my induction. He had to leave at 5am post birth.”

“Partner thrown out soon after I returned from emergency surgery so had no time as a family and no photos even though hospital was empty. Made to walk through hospitals with a baby for day 5 check up without partner support despite barely being able to walk or the energy due to blood loss.”

Several women also said that they felt a lack of care and support after giving birth, which was often compounded by staff shortages and COVID-19 restrictions. This included immediate postpartum care in a hospital and later post care from health visitors and other healthcare professionals.

“The post care was poor, my mental health not well understood or factored in. My feeding support was poor. I had to fight for everything and still comments were made to me by health visitors which were damaging to my mental health.”

“After the birth, I was left in a dirty birthing suite without a proper bed to lie or sit on when I had sustained tears during birth for 14 hours.”

“The lack of checks by a physio post birth and the affect this has on my anxiety [...] I suffered a 3A tear second time around and doing physio appointments over the phone was a complete joke. [...] I had huge anxiety about my pelvic floor and desperately wanted proper physio. In the end I paid to go private.”

Several women commented specifically on a lack of support with breastfeeding.

“I felt very isolated and everything was rushed. My partner was not allowed to visit for more than an hour a day and then staff were so busy there was no one to help me. I had a baby born at 36 weeks and spent a week in hospital having to look after myself, including emptying my catheter and tried my best to breastfeed despite the lack of support from staff.”

“I think the post natal care was shocking. I had issues breast feeding and not once was I seen by anyone to help despite asking. My daughter was under weight and not once seen. I feel as a cohort we were neglected.”

“I was worried about my baby’s growth as he was 0.4% and we were transitioning from bottle-fed pumped milk to breastfeeding only – the health visitors wouldn’t see us. We didn’t see one until he was 2 1/2. As a first time mum there was no reassurance that I was doing the right thing. I felt very alone.”

Some women spoke about problems with their experience of discharge from hospital after giving birth. These included being discharged before they had established feeding with their baby, long delays in discharge, being sent home with the wrong medication, and a lack of follow-up support after discharge.

“After 5 days and nights on the maternity ward in a shared room, a doctor said on a Friday morning that we wouldn’t be seen by an NHS professional again until Monday but he refused to discharge me. At this point, I was tried to explain how it made no sense to stay here when I had been told no member of staff would come back to see my baby for almost 3 days. I also tried to explain how much my mental health was suffering.”

“Discharged from hospital without baby been able to feed on the promise a midwife would be out the next day with a breast pump, then refused to come after we chased.”

Several women (5) spoke about feeling a lack of empathy from healthcare staff, not feeling listened to or believed, or being negatively affected by comments from healthcare staff.

“Comments by midwives were made about the size of my nipples which really impacted on my self-esteem and I felt they dismissed my concerns regarding feeding.”

“Decisions were made during labour and I did not feel listened to. [...] I felt like most professionals just didn't have time for me.”

“I was repeatedly not listened to when I said I needed help because things were speeding up. As a result, [partner] almost missed the birth because I wasn't allowed to call him back in.”

“No one listened to me when I was trying to say how painful it was to latch or thought to check my baby for tongue-tie. This caused undue stress on both me and our jaundiced baby and directly contributed to our difficulties on the jaundice and feeding journey until we switched to formula.”

“The actual labour and birth wasn't as bad compared to the complete lack of aftercare following an emergency c section and my baby being in NICU [Neonatal Intensive Care Unit] for a week. I was made to feel like it was my fault my baby was there. When he was admitted the same night after birth I was left to make my own way back and forth to the NICU despite recovering from a c section. A midwife walked in on me one time crying and just left again.”

“There was absolutely no care or compassion from midwives or health professionals on the ward and I had months of psychotherapy after my son's birth to try and undo the trauma they caused me”.

Other issues that women raised around their experience of labour and childbirth included feeling that there were not enough midwives, that healthcare professionals were too busy to explain things to them, a lack of continuity of care, conflicting advice and long delays in receiving care.

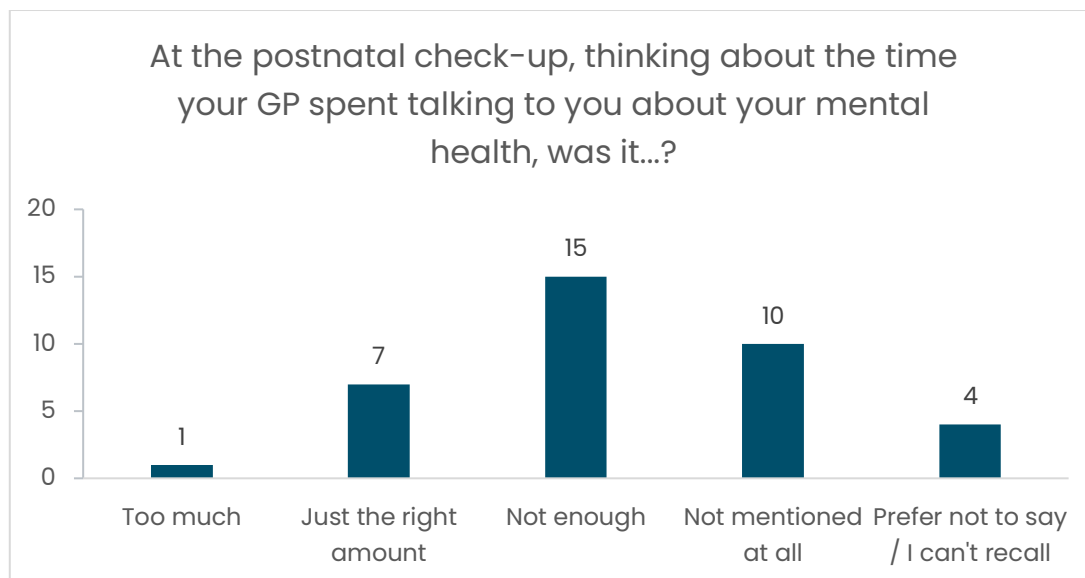
“I felt there was a lack of explanation to me on what was going on, and generally felt the midwives were too busy to spend time talking me through things and checking I was ok. A similar thing happened when I was admitted for induction. I was supposed to be re-examined after 6 hours but it ended up being 9 hours”

“When I sought help with breastfeeding I was never helped by the same person twice. Although it was well-meaning all advice from so many different people conflicted each other.”

3.3 What were people's experiences of having a postnatal check-up with their GP?

Most of the women (82%, 37) said they had a postnatal consultation with their GP. Most of these check-ups (89%, 33) took place face to face, with the remainder taking place over the phone. Many of the women said that their GP had not spent

enough time talking to them about their mental health, or that it was not mentioned in the check-up at all.



Two women who shared their thoughts about their postnatal consultation mentioned having to speak up to be seen face-to-face rather than having the consultation remotely.

“Standard 8 week GP check up was by phone: but I specifically requested a face to face appointment. I was given this but had to advocate hard for myself to make sure this was given.”

“I had to insist that my GP follow up appointment was face to face to check my infected stitches (it was arranged as remote by default).”

Three women spoke about their experiences of postnatal consultations where they had felt a lack of empathy or interest from their GP and received unhelpful advice.

“The six week check up with GP was easily the worst medical appointment of my life (and I’ve been through cancer diagnosis/treatment). The GP was clearly just going through check boxes over the phone and had no interest in actually engaging with me. [...] this really shook me and left me very reluctant to seek help when I later started experiencing a deterioration of my mental health. I felt like no one would care so there was no point seeking help.”

“Looking back I feel disappointed at the mental health support offered postnatally as both the midwives & GP only asked one cursory question from a checklist- “do you feel ok in yourself?” Or similar. If the reply was anything like “yeah kind of” it wasn’t followed up on at all. I didn’t feel

listened to or cared for at all- just having been given some generic links to some online support resources.”

“I had a male GP at some point telling me I should just get out more, and googled mum-baby groups for me. I did not receive the care I needed for my postpartum depression & anxiety, which I believe should’ve been therapy.”

Two women also mentioned having a session with the Oxford University Hospitals birth reflections service, one of whom said it was ‘*invaluable*’.

3.4 What has Healthwatch Oxfordshire heard since 2022?

Since Healthwatch England’s survey, Healthwatch Oxfordshire has also heard from a small number of people about maternal mental health. In 2023 we were contacted directly by someone who felt that their midwife had not listened to or acknowledged their concerns about their baby’s condition. During our public engagement to inform the Oxfordshire Health and Wellbeing Board’s strategy, two people gave insight into maternal mental health, commenting:

“Not enough support for women giving birth and after.”

“Better perinatal and post natal mental health support.”

In 2022, Healthwatch Oxfordshire also worked with a community researcher, Omotunde Coker, to hear from women from Oxfordshire’s diverse and multi-ethnic communities about their experiences of maternal health care. We continue to support women from these communities to engage with service providers, for example, linking with Oxford University Hospitals NHS Trust. Women who made the film also spoke to midwifery students at Oxford Brookes University in November 2023 to raise awareness of some of the barriers they face and help bring about positive change.

4 Useful links

- Healthwatch Oxfordshire and community researcher Omotunde Coker’s film about Women’s Views on Maternity Care <https://www.youtube.com/watch?v=dWrLPS2Ublg> and our update report in November 2022 <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/11/Maternity-update-and-outcomes.pdf>
- Left Unchecked – why maternal mental health matters (Healthwatch England report)

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20230315%20Left%20unchecked%20briefing.pdf>

- Oxfordshire Maternity and Neonatal Voices Partnership
<https://oxfordshirematernityvoices.com/>
- Birth Reflections Service
<https://www.ouh.nhs.uk/maternity/postnatal/birth-reflections.aspx>
- Oxford University Hospitals NHS Foundation Trust
<https://www.ouh.nhs.uk/maternity/mental-health/>
- Talking Therapies free NHS service <https://www.oxfordhealth.nhs.uk/oxon-talking-therapies/about/you/support/>
- MBRRACE report Saving Lives Improving Women's Care
<https://www.npeu.ox.ac.uk/mbrance-uk/reports>
- Delivering Better Births in Oxfordshire – Healthwatch Oxfordshire report (2019) <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2019/06/BOB-STP-Maternity-Research-Oxfordshire-Report.pdf>

Healthwatch Oxfordshire our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice call us on **01865 520 520** from 9-4 pm Monday to Friday

Visit our website www.healthwatchoxfordshire.co.uk (with translation facility)

email us on hello@healthwatchoxfordshire.co.uk

Healthwatch Oxfordshire ami-nia simpátiku fursionáriu sira iha ne'e atu ajuda hodi hatán pergunta sira ka fó informasaun kona-ba servisu assisténsia no saúde nian iha Oxfordshire. Se Ita presiza informasaun ka orientasaun barak liu tan entaun telefone ami iha **01865 520 520** husi tuku 9 dader to'ó tuku 4 lokraik, Loron Segunda to'ó Sesta.

Vizita ami-nia sítiu www.healthwatchoxfordshire.co.uk (ho facilidade tradusaun)

haruka email mai ami iha hello@healthwatchoxfordshire.co.uk

ሄልዝዎች ኦክስፎርድሺር (እኛ) ተግባቢ ባልደረቦች አሉን፤ ጥያቄዎቻችሁን በመመለስ ለመርዳት እንዲሁም በኦክስፎርድሺር ውስጥ ስላሉ የጤናና የእንክብካቤ አገልግሎቶች መረጃ ለመስጠት የሚችሉ ናቸው። ተጨማሪ መረጃ እና ምክር ቢያስፈልጓችሁ በስልክ ቁጥር **01865 520 520** ደውሉልን፤ ከሰኞ እስከ አርብ፣ ከጥዋቱ 3 ሰዓት እስከ ቀኑ 10 (9 ኤኤም - 4 ፒኤም) ጥሪ እንቀበላለን። ደግሞም

- በ www.healthwatchoxfordshire.co.uk የሚገኘውን ዌብሳይታችንን ጎብኙ፤ የትርጉም ርዳታ መስጫ አለው።
- በ hello@healthwatchoxfordshire.co.uk ኢሜይል ላኩልን።

Healthwatch Oxfordshire shaqaalahaena caaifimaadka waxy diyaar kuula yihiin inay kaa caawiyaan kana Haqabtiraan wixii su'aalaha ama ay ku siiyaan macluumaad ku saabsan adeegyada caafimaadka iyo daryeelka bulshada ee **Oxfordshire**. Hadaad ubaahantahay macluumaad iyo talooyin dheeri ah soo wac *No Tell* **01865 520 520** laga bilaabo **9-4 p.m/fiidnimo** . *Isniinta ilaa Jimcaha* Booqo boggenan website : www.healthwatchoxfordshire.co.uk (si aad uga bogatto) wixi talo ah noogu soo dir Emailka:-

hello@healthwatchoxfordshire.co.uk.

Healthwatch Oxfordshire wafanyakazi wetu wenye urafiki, wako hapa kwa ajili yako ili kusaidia kujibu maswali au kukupa habari juu ya huduma za afya na huduma zilizoko Oxfordshire. Ik iwa unahitaji habari zaidi au ushauri piga simu kwa 01865 520 520 kutoka saa 3 asubuhi hadi saa 10 jioni, Jumatatu hadi Ijumaa. Tembelea tovuti yetu www.healthwatchoxfordshire.co.uk (pamoja na

huduma ya kutafsiri) tutumie barua pepe kwa

hello@healthwatchoxfordshire.co.uk .

منظمة هيلث ووتش لديها موظفين ودودين يعملون لمساعدتك والاجابة على الأسئلة أو إعطاء المعلومات حول الصحة و خدمات الرعاية في أكسفورد و ضواحيها. إذا احتجت معلومات اضافية أو نصح يمكنك الاتصال على الرقم ٠١٨٦٥٢٥٠٢٥٠ من الساعة ٩ صباحاً و حتى ٤ عصرأ من يوم الاثنين وحتى الجمعة. يمكنكم زيارة موقعنا على الويب (و المتاح مع خدمة الترجمة)

www.healthwatchoxfordshire.co.uk

كما يمكنكم مراسلتنا على الایمیل

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If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:



01865 520520



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