healthwatch Kensington and Chelsea
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Quality and equality in North West London maternity services

Community engagement report

February 2024

Contents

Setting the scene

Research shows shocking disparities in maternal outcomes across the UK. MBRRACE-UK's 2023 report found that:

> "There remains a nearly four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women. Twelve percent of the women who died during or up to a year after pregnancy in the UK in 2019-21 were at severe and multiple disadvantage. The main elements of multiple disadvantage were a mental health diagnosis, substance use and domestic abuse. Women living in the most deprived areas continue to have the highest maternal mortality rates, emphasising the need for a continued focus on action to address these disparities."[1]

Adding to these findings, the CQC's 2023 maternity survey stated that: "people's experiences of care have deteriorated in the last 5 years." Some of the areas identified by the CQC as areas for improvement included:

- Availability of staff, including the ability for patients to get a member of staff to help them when needed, and the ability for people to see or speak to a midwife after birth
- Communications and interactions with staff, including the ability to ask questions and the amount of information received during pregnancy
- How experience varies for different groups of people, including:
    - "Women were less likely to report positive experiences across the maternity care pathway if they have had an emergency caesarean birth."
    - "Respondents with pelvic floor problems reported worse experiences in being treated with kindness, understanding and compassion, as well as pain management."
    - "Respondents who reported having a long-term mental health condition were more likely to report poorer experiences in their concerns" across a variety of different[2]

In this context, Healthwatch Brent initially set maternity care as a research priority in 2023. We started by reviewing experiences of antenatal care at Northwick Park hospital (see Appendix 2), and then extended this to look at birthing experiences and postnatal care. As part of this research, we've found that many patients choose to go out of borough for maternity care, accessing

[1] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf

[2] https://www.cqc.org.uk/publications/surveys/maternity-survey

services across the whole of North West London (NWL). There are six places to give birth in NWL, and CQC ratings vary. Some women also choose to go out of area for their care.

Hospital name	Borough	CQC rating
Chelsea and Westminster Hospital	Kensington & Chelsea	Good (Feb 2023)
Hillingdon Hospital	Hillingdon	Requires improvement (Feb 2024)
Northwick Park Hospital	Brent/Harrow	Requires improvement (Dec 2021)
Queen Charlotte's and Chelsea Hospital	Hammersmith & Fulham	Outstanding (July 2023)
St Mary's Hospital	City of Westminster	Outstanding (July 2023)
West Middlesex University Hospital	Hounslow	Outstanding (Feb 2023)

We reached out to partner Healthwatch organisations across NWL, and applied to Healthwatch England for funding to support us in expanding our research. The research in this report is a collaborative effort between the local Healthwatch teams in Brent, Ealing, Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

The intended outcomes for this project were:

- To identify any discrepancies in quality of maternal care across NWL
- To evaluate the quality of care being received by patients who are most likely to face inequalities in maternal outcomes
- To make recommendations for improving the standard of care – including both targeted recommendations for individual trusts, and wider recommendations to address inequalities across the sector
- To identify any follow up work needed to address inequalities in NWL maternity care.

Methodology

Approach

We took a varied approach to this project, adapting to the needs of each individual borough and community group. Our research focused on the five areas represented by our Healthwatch teams (Brent, Ealing, H&F, K&C, Westminster), however we also invited responses from the wider North West London area.

In total, we heard from 207 patients.

This included:

- 181 individual interviews with women during hospital ward visits and community visits
- 16 online survey responses
- 10 responses shared during focus groups

We were able to provide materials in translated languages and to offer interpreters where needed. However, the majority of women we spoke to were able to speak English as a primary language. We had 18 conversations with women who did not speak English, and translation was provided by hospital staff and community representatives.

The project was promoted online across the Healthwatch service websites and social media channels. Although the primary means of research for this project was face-to-face engagement, making the survey available online also allowed us to reach a wider range of residents who may not access in person groups.

Additionally, we connected with a number of community organisations who supported us in carrying out community visits and arranging focus groups.

Carrying out ward visits and attending parent/toddler groups allowed us to avoid selection bias, as we were able to speak to a wide range of women, beyond those who self-selected to contribute to the project.

We chose to vary our engagements approaches and use preexisting community links to reach those women who may be most likely to face health inequalities.

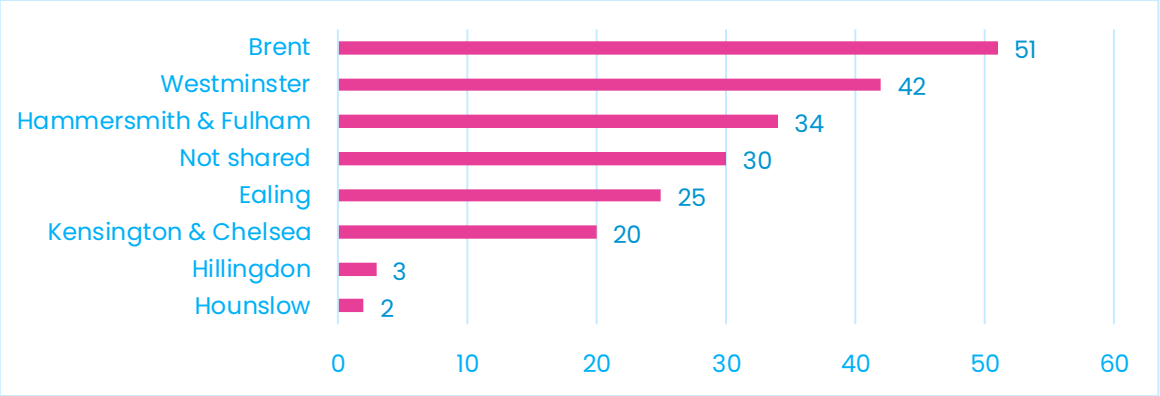
Limitations

One limitation of our research was the length of time that we made available for research. This project was open to birthing parents who had used maternity services within the past two years. Additionally, we spoke to women who were at different stages of their pregnancy – including some who were at the hospital labour wards and postnatal wards and who had not yet received postnatal care.

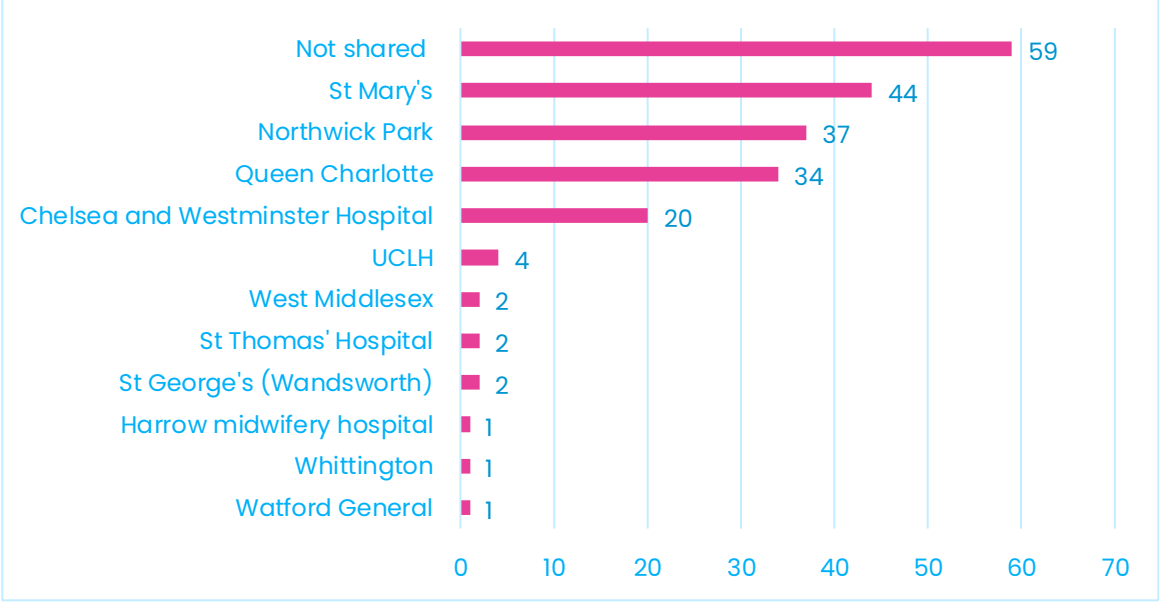
Unfortunately, we were not able to visit all maternity wards across North West London as part of this project. Our ward visits included Northwick Park, St Mary's Hospital and Queen Charlotte's Hospital. This means that we do not have equal data across all hospital trusts. In the community, some women preferred not to share which hospital they had given birth at, so this data is not captured for all participants.

Summary of findings

In total, we heard from 207 women from across North West London, across the following boroughs:



We have also broken the data down according to where the respondent gave birth. This includes some hospitals outside of North West London, as some patients' chose to receive care out of area.

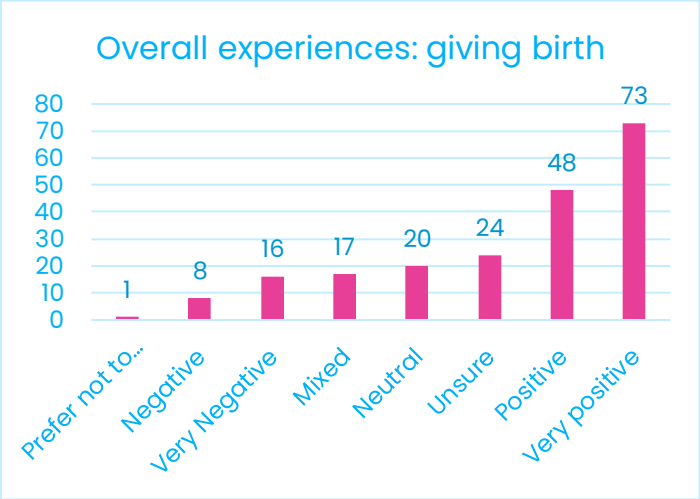


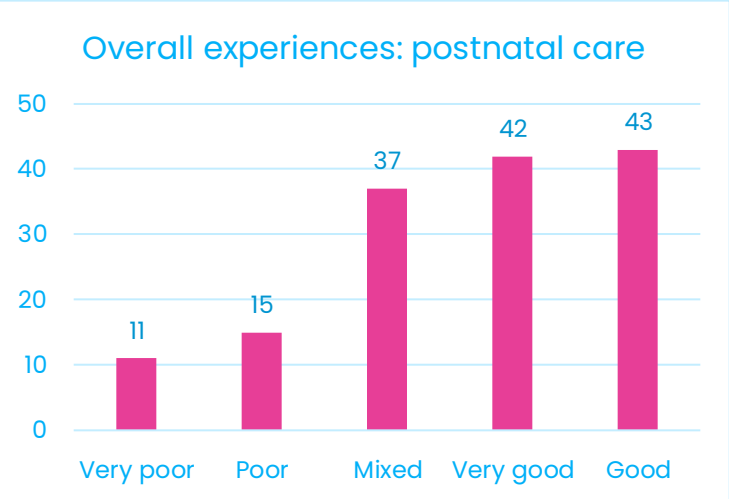
Overall, the majority of women we spoke to were pleased with the standard of care they received, across all stages of their pregnancy.

Our research did not find a significant disparity in care or outcomes based on the borough they resided in, the hospital used or the participant's demographic information. This was true both for care received during birth, and for postnatal care. The data collected was disaggregated by age and ethnicity, and didn't find disparities in quality of care or experience.

In designing this project, we were looking to understand how standards of care vary across North West London, and any factors that may put a woman at risk of receiving a lower standard of care. Ultimately, we found that levels of care were consistent. However, we also found that there were a number of recommendations for improvement which could be addressed by all of the maternity services operating in our area.

The graphs below give a breakdown of sentiment towards care experiences during and after giving birth. As some of the women we spoke to were still on the hospital ward, there is a smaller overall number of responses for quality of care received after giving birth (207 and 148, respectively).





Some of the positive areas highlighted included:

- Attention, care and support from staff
- Amount and quality of information shared
- Patient choice and respect of patients' wishes

However, those who had negative or mixed experiences still accounted for a significant minority of cases – **41 out of 207, or just under 20%, for experiences of giving birth and 63 out of 148 (42.5%) for postnatal care.**

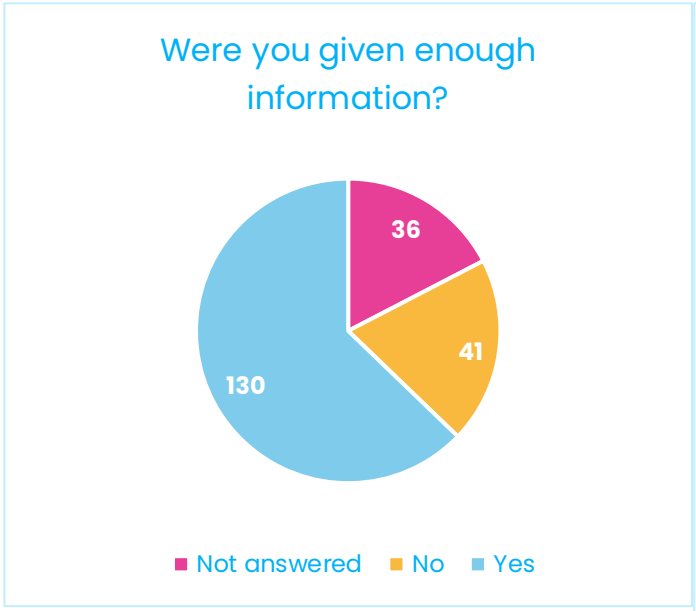
Often, these experiences occurred when the pathway deviated from the 'standard' pathway. For instance, some of the participants who reported

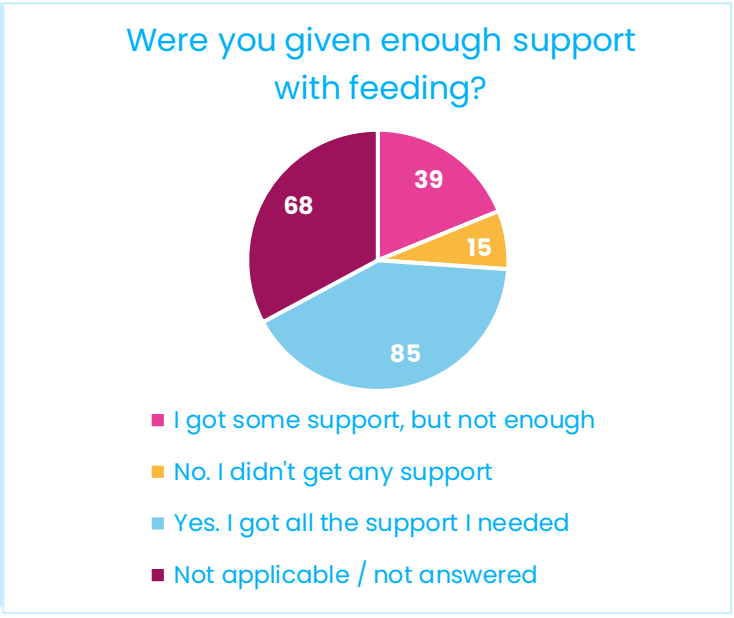
negative experiences include a non-birthing mother with experience of surrogacy, women who had to have unplanned c-sections and women who went into labour out-of-hours. These experiences are shared in more detail in the findings section of this report, which outlines the key themes and shares case studies exploring the stories of individual women – both positive and negative.

The importance of listening to women also emerged as an important trend throughout this piece of work. Nine women described not being listened to, or 'staff being dismissive' as major factors driving negative experiences of care.

For those who were happy with their experience, being listened to was also seen as an important factor. For instance, one woman told us that: "I was listened to and respected throughout. With a previous pregnancy I had a traumatic scan experience and all the midwives I saw with this pregnancy were very understanding, reassuring me and making sure I didn't have to return to the room I'd had the [traumatic experience]."

A significant minority of participants – 41 women, or just under 20% –told us that they did not receive enough information from hospital staff about how to look after themselves or their newborn after giving birth. Additionally, 54 women told us they didn't get enough support with feeding. These responses were seen across the whole range of different hospital services, and didn't correlate with any specific borough or demographic background.





We also asked whether this information had been provided in the appropriate language and format. 16 women we spoke to had received the information in a language other than English, and did not report any issues with this process. One woman told us that she had not been able to access information in the language she required, and that translation had been difficult throughout her birthing experience. None of our participants required information in an accessible format.

For those who had a negative or mixed experience of post-natal care, key themes included a lack of information about what care to expect after leaving the hospital, a need for better communication with families about the postnatal support that is available and a lack of support with breastfeeding.

Recommendations

1. **Listening culture should be embedded into maternity services across North West London.** This should include training for staff about the importance of listening to birthing parents about their experiences and taking any concerns seriously. This applied to all of the services we engaged with.
2. **Work should be done to ensure consistency in the amount of information shared with patients after giving birth.** This should include a conversation with the patient to ensure that information has been received in an appropriate format and understood. Consistency is needed for patients both within services and across the NWL area.
3. **More training should be provided to ensure that staff are able to respond to situations that deviate from expected care pathways.** Our research showed that women who had an unusual experience or emergency c-section were less likely to be satisfied with their care. More information should also be provided about possible outcomes during birth. Several women who had an emergency c-section were only given information about this at very short notice.
4. **Maternity services should continue to offer high levels of interpretation and translation, and maintain vigilance in ensuring all types of information are available.** This was highlighted in our research as a strength of current services, and it is important that our maternity services maintain their focus in this area. Although work had clearly been done to ensure information was available in appropriate languages, we still identified cases where this was not in place.
5. **Contingency plans should be put in place for maintaining high standards of care when staffing levels are low.**
6. **Clear information about postnatal services should be shared with all patients after giving birth.** This should include information about support for mental health, and more individualized support for breastfeeding.

Key themes and patient stories

We have identified a number of key themes within the stories shared, looking both at strengths of the services and potential areas for improvement.

Listening to patients

Whether or not a patient was listened to throughout their pregnancy and birth has emerged as a key factor impacting their experience of care. More than 20% of women who had a negative experience described not feeling listened to. The story below is illustrative of the types of issues that could emerge.

Patient story: not feeling listened to

This feedback comes from an Indian lady who lives in Brent and gave birth at Queen Charlotte's Hospital. She found her overall experience of giving birth negative, and did not feel well looked after by staff.

"My wish was to give birth at the birth centre if at all possible. **But the midwife didn't listen to me when I told her I was in labour** - she had it in her head it would take much longer. Even when I had urges to push, she told me it was false urges.

"She told the birth centre midwives to monitor my contractions and not put me in the water straight away, which means I gave birth about five minutes after she'd brought me to the BC room, right outside the birthing pool - which was my absolute wish (a water birth).

"I did my own thing and birthed my baby girl with barely any help as **until the end, no one really listened to me**."

Information and choice

The majority of people interviewed felt that they had received enough information about their care and about how to look after themselves and their newborn after giving birth. This information had been provided in the appropriate format and language.

However, many people also cited lack of information as an issue that emerged throughout their pregnancy. Not receiving enough information could have a knock-on effect on the patient's ability to make choices about their care. More than half of those who had a negative or mixed experience (23 out of 41) also described not receiving enough information. This echoes the findings from the CQC survey.

Patient story: importance of information

This story is from a White, non-British woman based in Hammersmith & Fulham. Her feedback focused on the challenges that came up throughout her pregnancy, as well as some of the positive areas.

"**There was a lack of information throughout my pregnancy**. The appointments felt more like routine rather than taking care of someone. Things should have been done properly. I don't think they actually care. I had my first pregnancy at 40 years old. They should have been more careful with me. I got only 2 scans for the whole pregnancy. It was poor.

"I did have a birth plan and [the childbirth experience] was absolutely fantastic. **My mid wife was really amazing. I couldn't ask for anything more.** It was fantastic.

"**I had an amazing breastfeeding specialist. She taught us everything.** I had one to one consultations with her.

"[Overall] there wasn't enough support during pregnancy. I was terrified because of my personal situation. I was in fear during my pregnancy. I am surprised that it did not affect me mentally. I was trying to have my first baby but I did not receive any support physically or emotionally. **The whole situation was so traumatic that I decided to not have another baby.**"

Non-standard pathways and timing of birth

Some of our findings suggested that women had worse experiences when their pregnancy and birth deviated from the standard pathways, or if they went into labour at night. This included:

- Emergency c-sections (out of 15 women who'd had an emergency c-section, only five rated the experience as positive. This was in line with findings from the CQC survey.)
- Going into labour/needing additional support out of hours or during staff changeover (this had affected five women)
- Surrogacy (one woman)

We recommend that staff receive more training in how to respond to these situations, and that more information is given to patients in advance to help prepare them.

Patient story: feedback from a non-birthing mother

One of the women we spoke to was a non-birthing mother who had gone through the surrogacy process.

She told us that her child was born through surrogacy, and her sister was the one who carried the pregnancy to term. She said that she contacted the family hub numerous times to receive some antenatal support, but never received a response. Despite being the child's mother, she was never given any information and received no care, which led her to feeling isolated.

Patient stories: emergency c-section

This feedback comes from a selection of women who needed to have emergency c-sections.

"I had 15 hours labour and ultimately an emergency c-section. Didn't get any time to push after a certain period. I asked for some time to sleep but midwife was rude and told me I didn't come here to sleep."

"I went into the hospital and informed them I was in labour, but they sent me to triage. **They did not help me up on the table and they told me to stay quiet.** Also the 24hr helpline was not available when I called. **But once I was on the labour ward it was amazing.** Aftercare and before being in labour ward it was horrible. **I had an emergency c-section and I couldn't reach the baby and the button to call the midwife wasn't working.** So I had to yell out and was told not to yell out."

"Nurses were lovely, [but] I wasn't properly prepared. **I was not advised I could probably need a c-section, which I ended up having.**"

Support for people who don't speak English

The support for people who did not speak English was highlighted as a strength throughout our research. We spoke to 18 women who required translation of information and access to interpreters, only one of whom had struggled to receive the information require.

It is encouraging to see the amount of work that has been done to improve this aspect of the services, and we hope the focus in this area will continue.

Patient story: Interpreting services

We spoke to a Somali woman accessing specialist services at St Mary's hospital. She had an interpreter provided through the hospital who was also able to translate our conversation.

"I feel very welcome and have been treated very well - nothing needed for improvement. **I was called by the interpreter prior to the appointment, she explained what would happen**. If I need to change an appointment then I can call the interpreter directly."

Staffing levels and pressures

15 participants highlighted feeling that the wards were short-staffed, or that staff were under too much pressure and this affected quality of care or the ability to get care in a timely manner. We appreciate the tremendous amount of pressure that maternity services are currently under, and the staffing challenges that happen as a result. Additionally, we found that this was not an isolated concern, but rather affected the full range of hospitals that we collected feedback for. We would like more information about the contingency plans that NWL maternity services have in place to maintain a good standard of care when staffing levels are low.

Patient stories: impressions of staffing levels

The comments below reflect the range of experiences that women shared when talking about staffing levels.

"The midwife suggested moving me during labour **due to a lack of midwives on the labour ward** (from the birth centre to the labour ward)."

"I thought **the level of staffing and the care offered by the staff was terrible**. The ward coordinator attended the last 5 minutes of the birth as all the other midwives were busy and she said they were low on staff. But when I made a complaint, the response was that the staffing was fine, and they will 'remind staff to listen to the mother' as the only action."

"**I had very good care**. They followed the birth plan. Staff explained everything well and asked permission before carrying out procedures. However there was some difficulty when experiencing pain - I wanted to go upstairs for an epidural, but as it happened during handover time there was a long wait before a decision could be made. We also could have gone home sooner. **The discharge was delayed due to long waits** for checks that needed to be done for the baby. They have been short-staffed."

Post-natal care

A higher proportion of women – 42% - shared negative or mixed feedback when speaking about the care they received after giving birth and, where relevant, being discharged from the hospital. Key themes included:

- Insufficient breastfeeding support (40 responses)
- Insufficient information/support, including mental health (15 responses)
- Lack of specialist support, including for tongue tie (6 responses)
- Poor level of care on the postnatal ward (6 responses)
- Not receiving a home visit (3 responses)

This indicates that there needs to be a more standardised approach to how birthing parents are supported after giving birth, including information about mental health support. Most notably, a high proportion of respondents told us that they had not received enough information about breastfeeding, and would have appreciated more support in this area. Breastfeeding information needs to be better tailored to the individual needs of each patient.

Patient stories: support after giving birth

"Midwives did not always answer questions. Support after birth was not good - called them because I was in a lot of pain and got no help. **There was no specialist support or care given related to my hypermobility**, during birth or afterwards. I was told it wouldn't affect the birth, but it has."

"**The postnatal care was poor and there was no breastfeeding support.** Different staff members gave me different information about what I should do in terms of breastfeeding."

"Health visitor is amazing. They came every week for first three months. I'm very happy. **They also gave me information about wellbeing centres**."

"I felt quite well looked after in the first few weeks, but the problem is if you're having more problems with breastfeeding later on then there's less support available."

Next steps

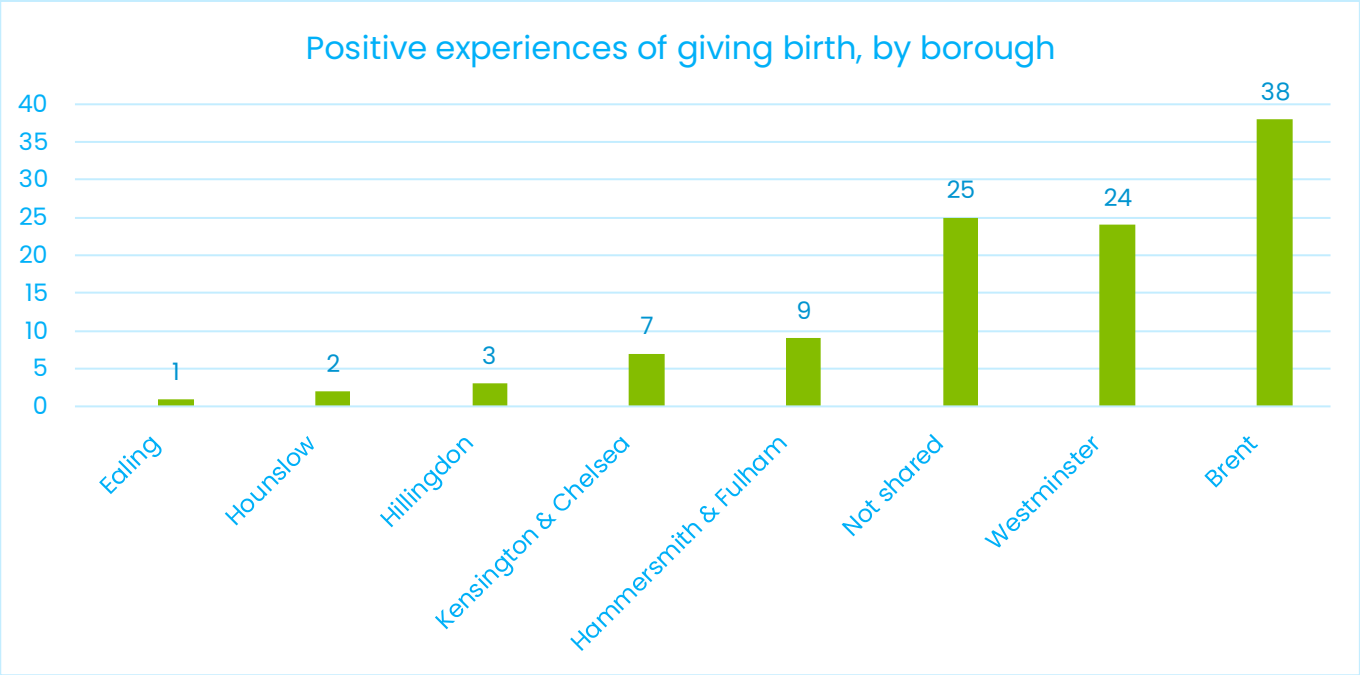
After publishing this report, our Healthwatch teams will be attending a number of North West London committees and forums to discuss our findings and explore how our recommendations can be implemented across the different maternity services within North West London. We will also be hosting events for participants to share our findings, and presenting results to the Maternity Voice Partnership groups.

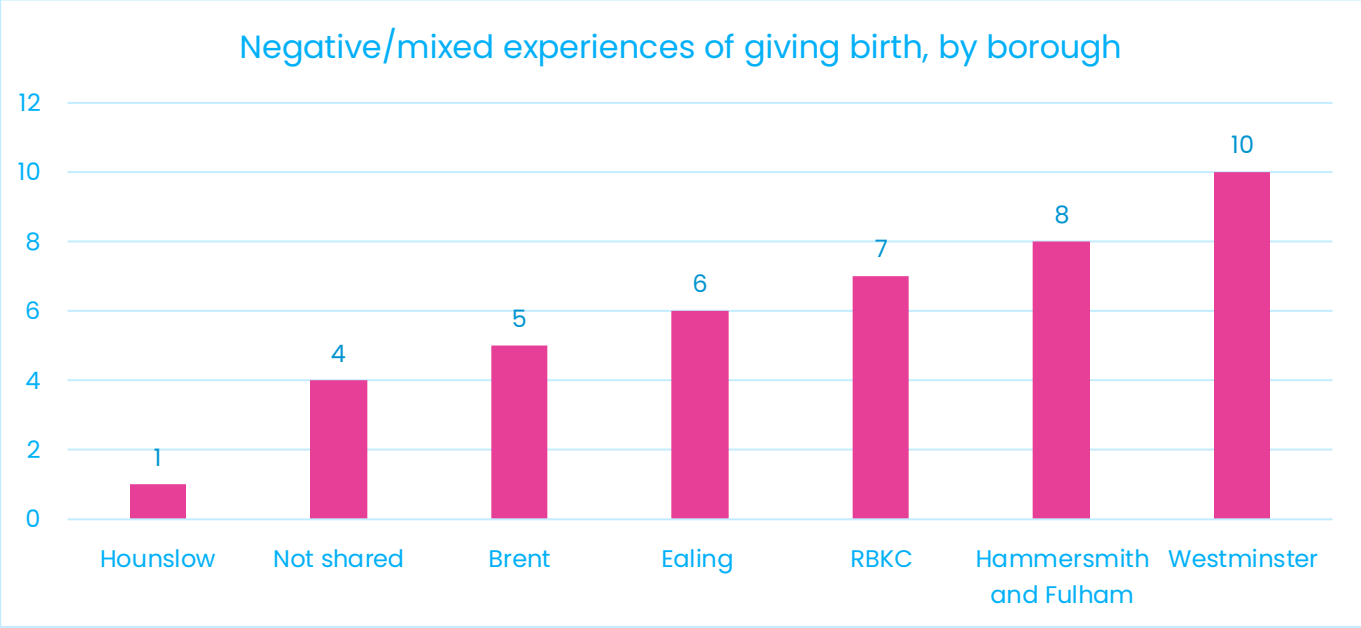
This report is merely a starting point for ongoing partnership with local maternity services. Our Healthwatch teams are committed to continuing to hear from local women and birthing parents, to understand their experiences and consider how equality of care can be assured across the North West London area.

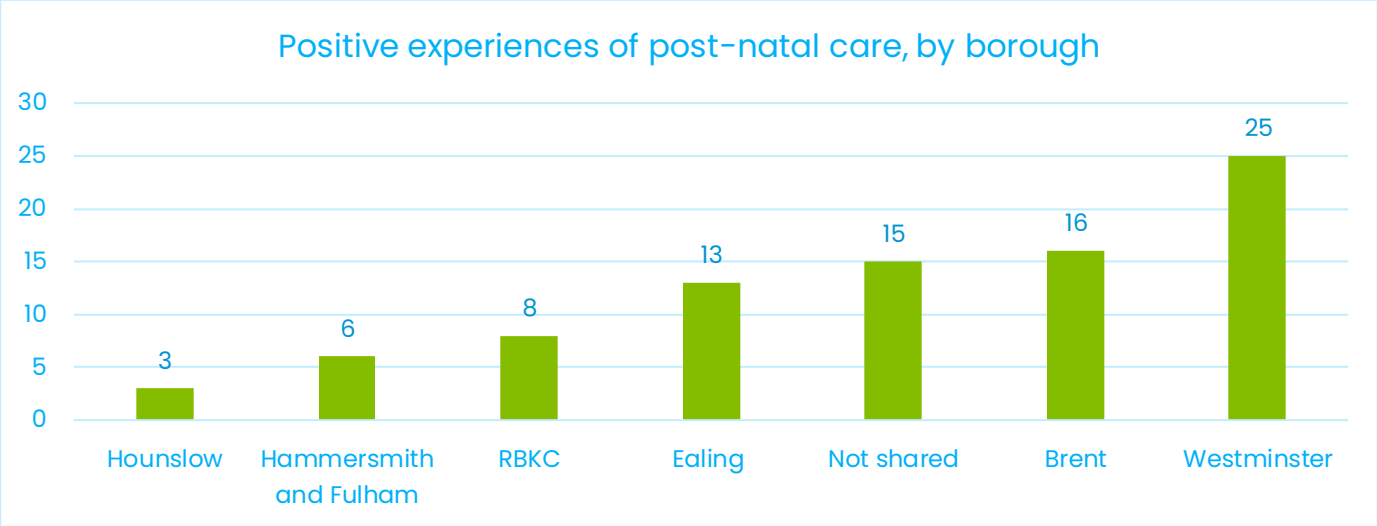
Acknowledgements

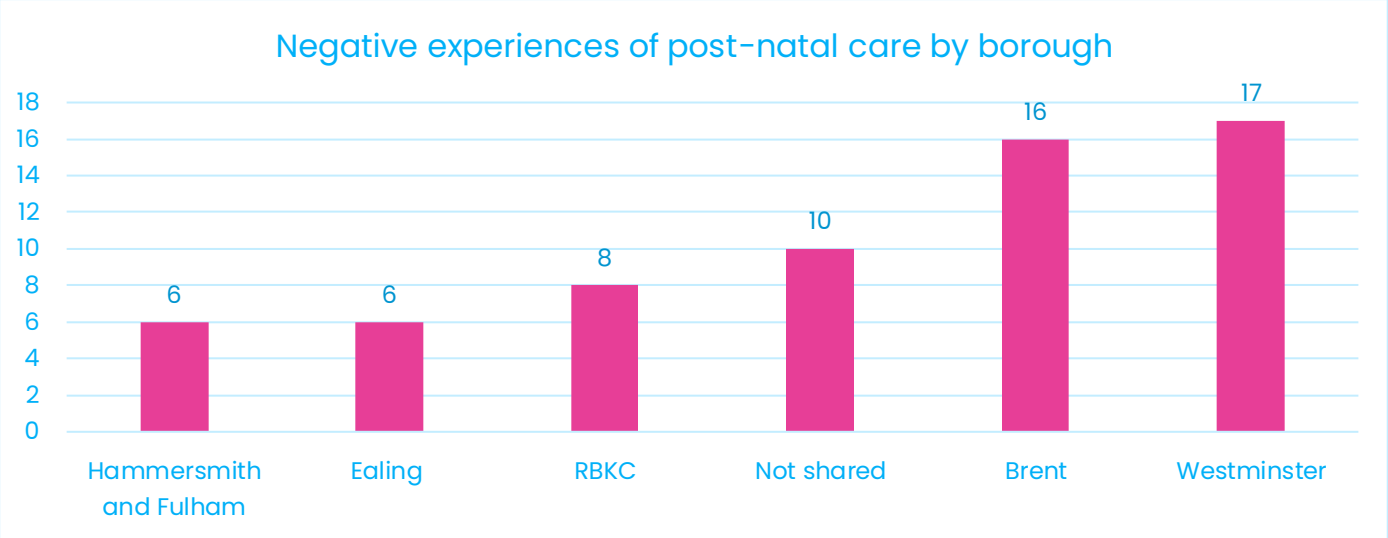
We would like to thank all the women who shared their feedback and experiences with us during our research. Thank you also to the North West London maternity services and Maternity Voice Partnerships for being so accommodating, and to the local community organisations who supported our research. Finally, we would like to acknowledge the volunteers, Advisory Board members and Healthwatch staff who supported this work.

Appendix 1 – breakdown of data and demographics

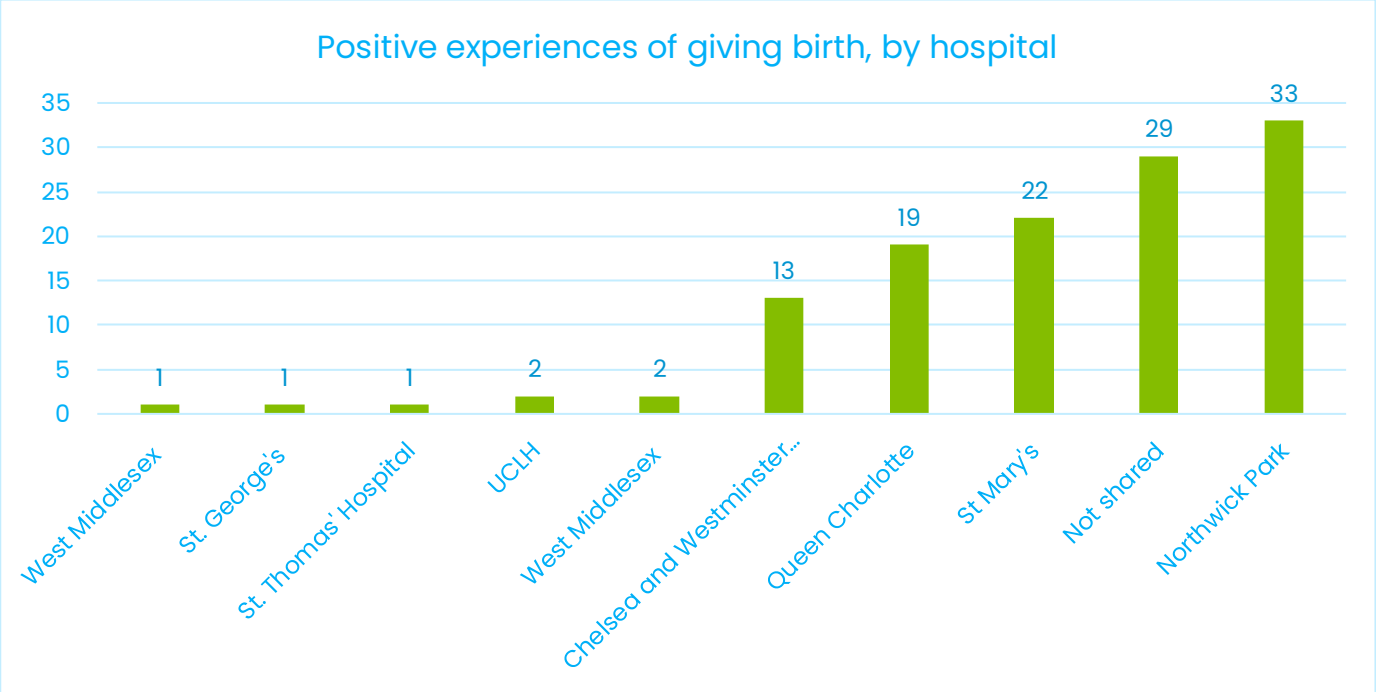


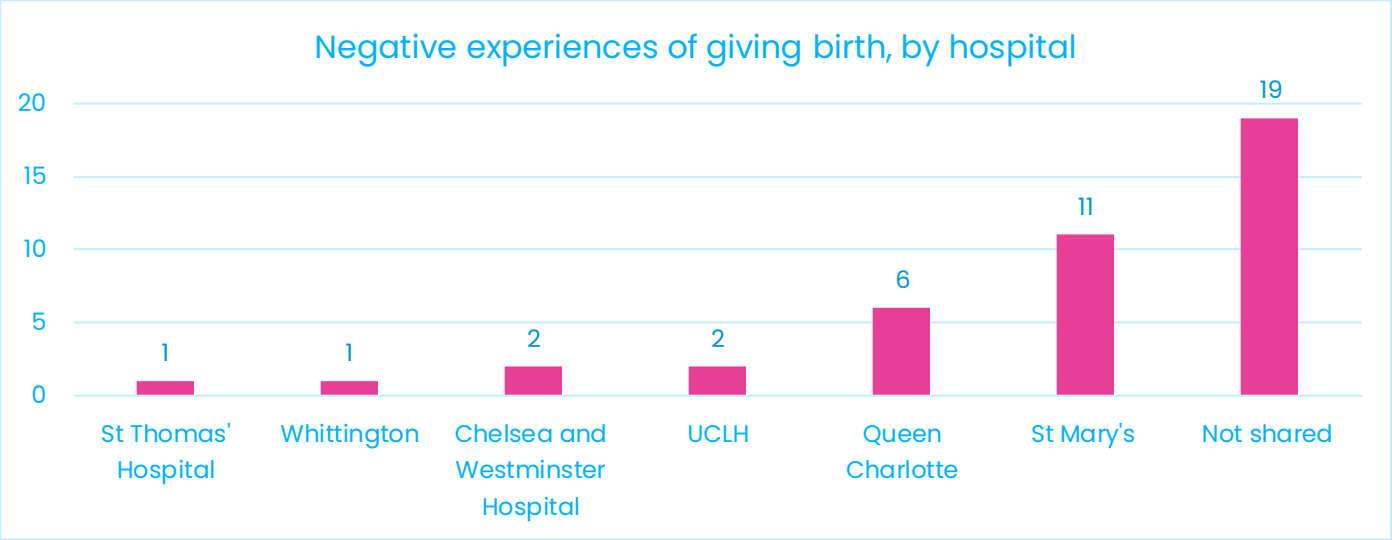






Breakdown of findings by hospital




Negative experiences of giving birth, by hospital
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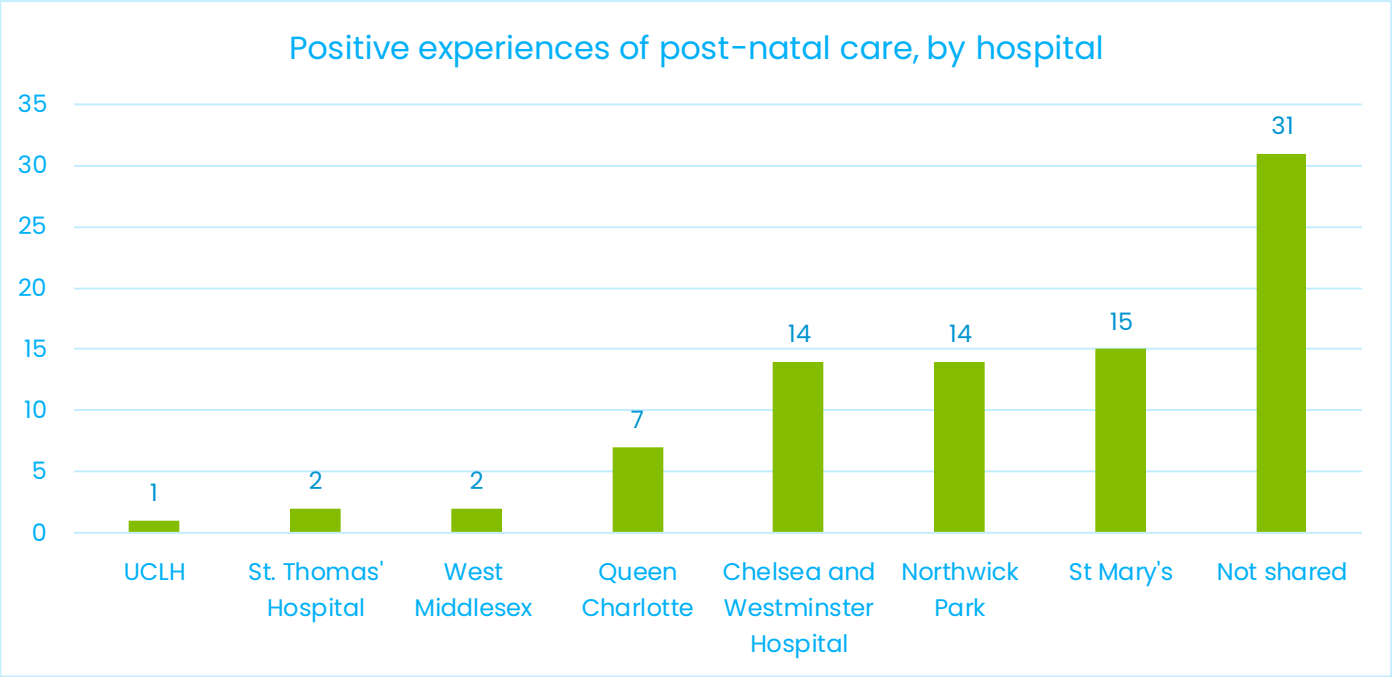
St Thomas' Hospital
Whittington
Chelsea and Westminster Hospital
UCLH
Queen Charlotte
St Mary's
Not shared


Positive experiences of post-natal care, by hospital
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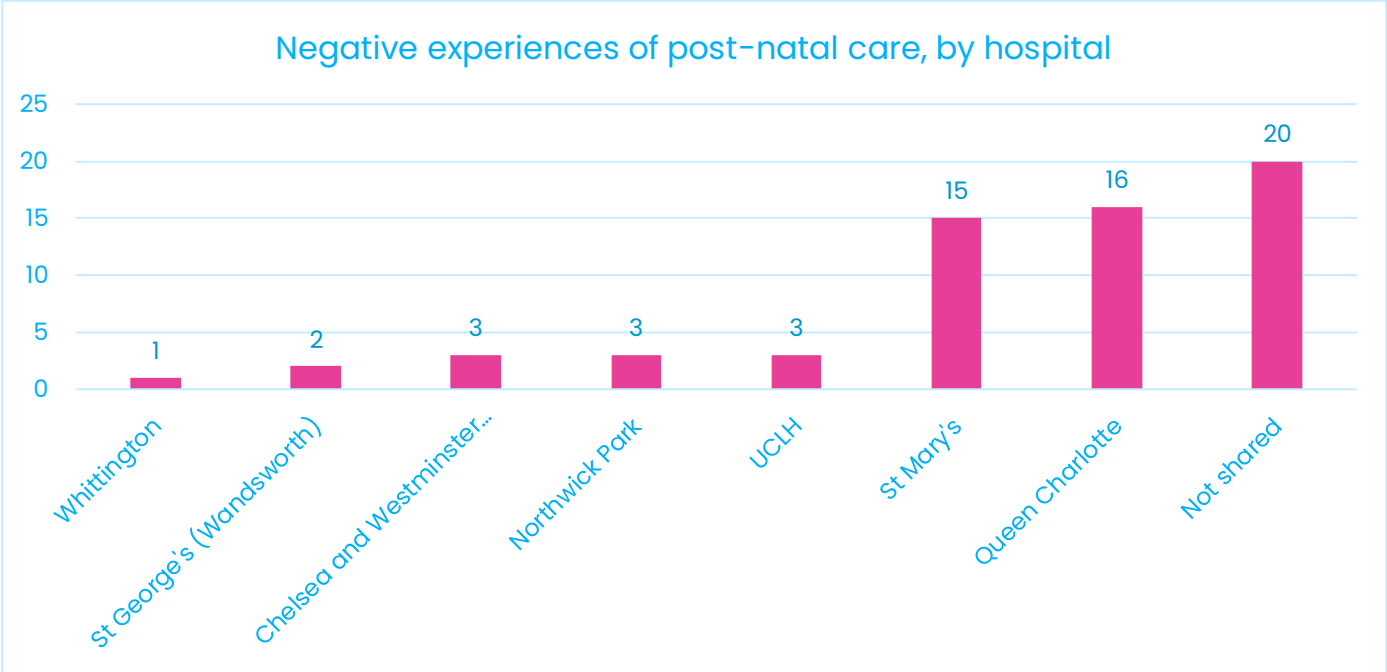
UCLH
St. Thomas' Hospital
West Middlesex
Queen Charlotte
Chelsea and Westminster Hospital
Northwick Park
St Mary's
Not shared


Negative experiences of post-natal care, by hospital
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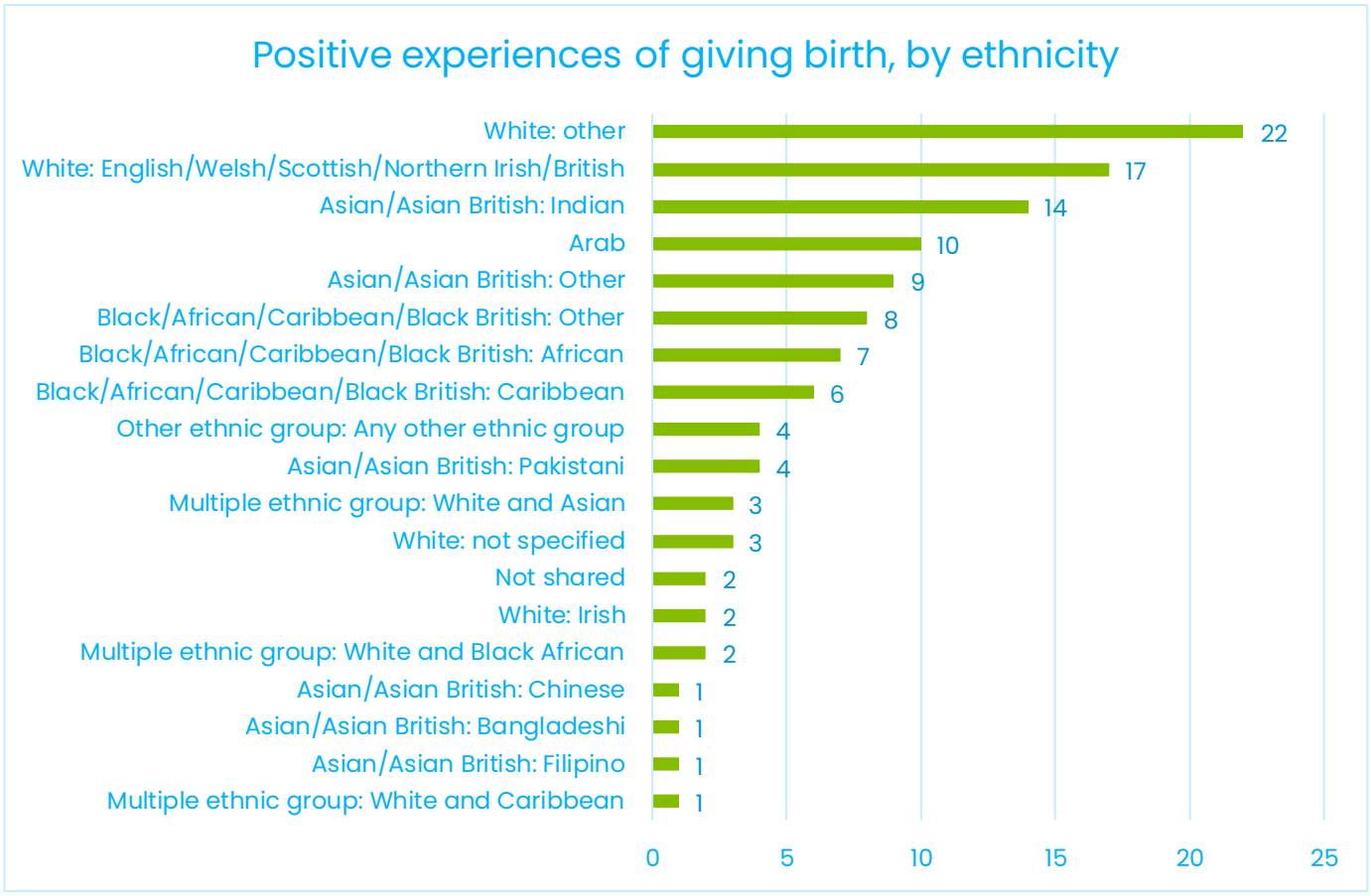
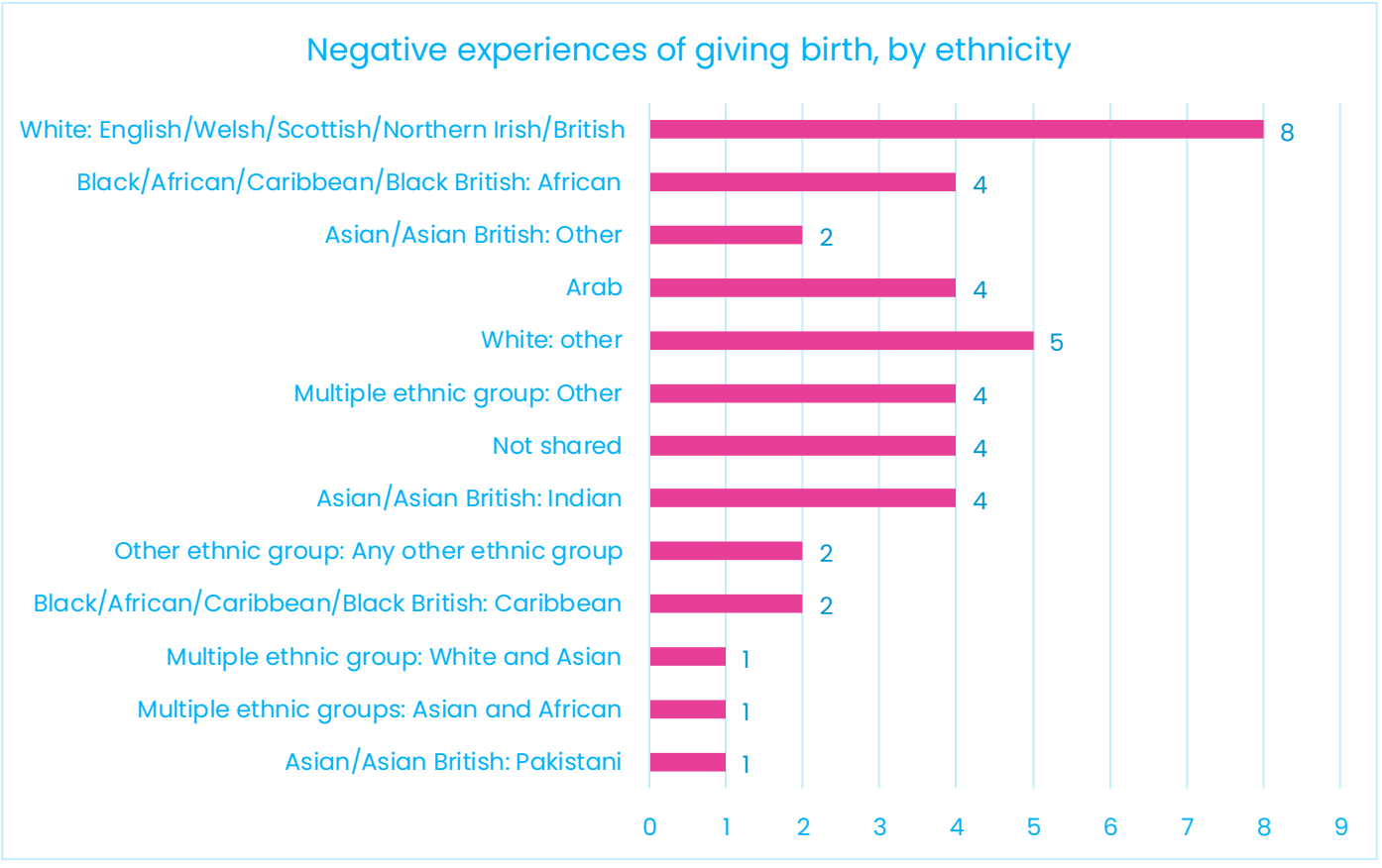
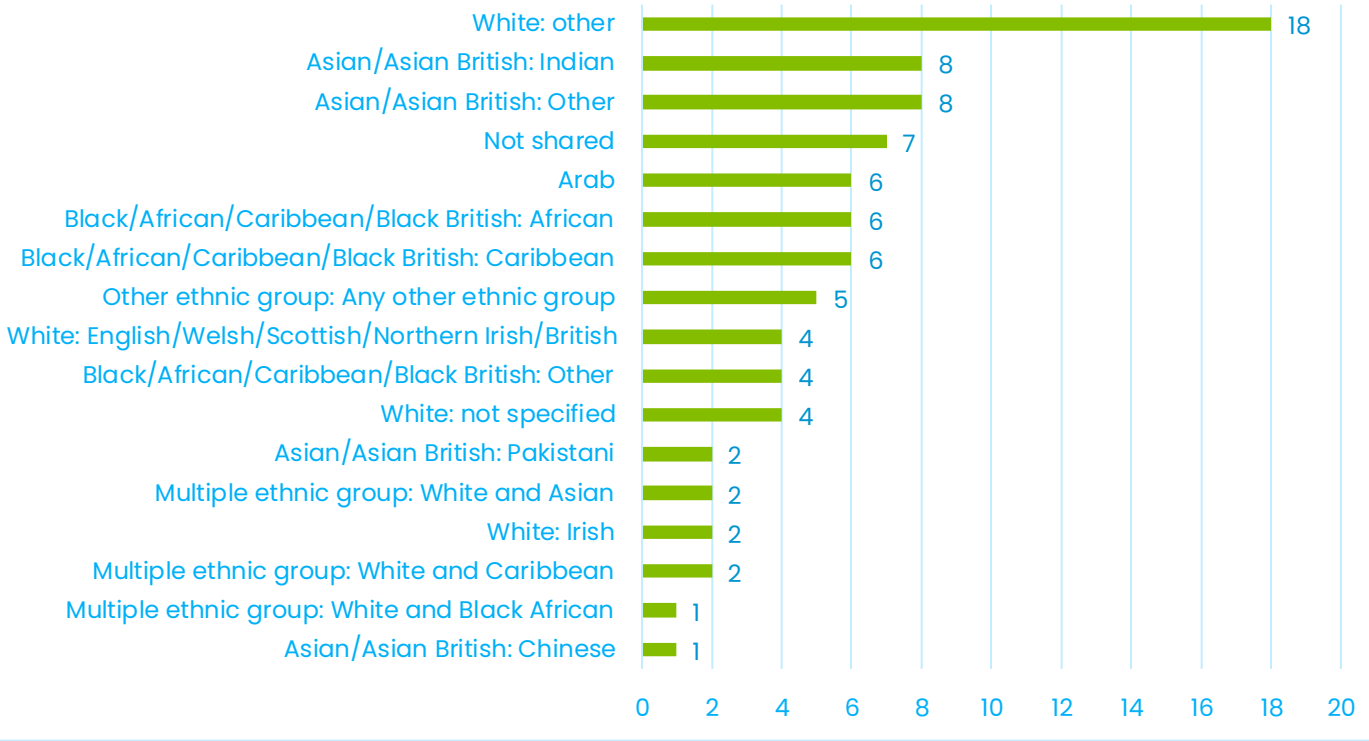
Whittington
St George's (Wandsworth)
Chelsea and Westminster...
Northwick Park
UCLH
St Mary's
Queen Charlotte
Not shared

Breakdown of findings by ethnicity

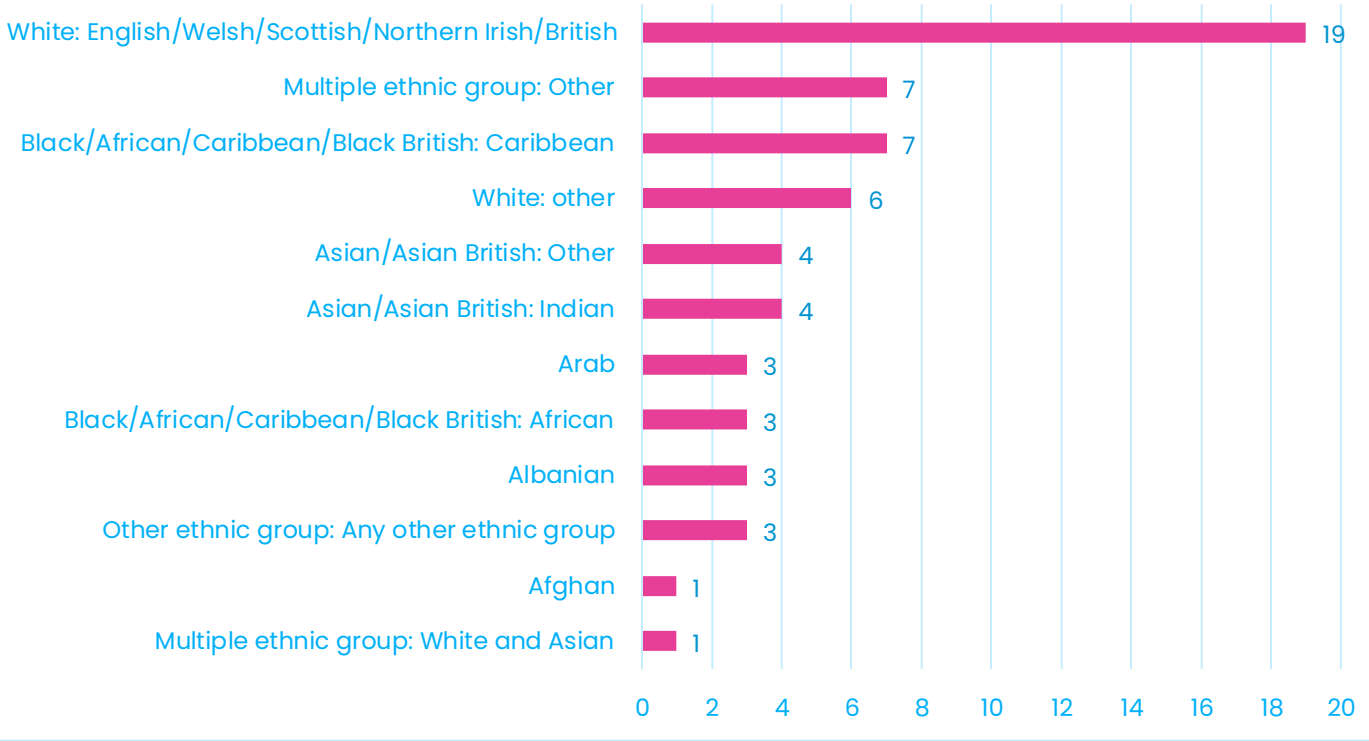




Positive experiences of post-natal care, by ethnicity

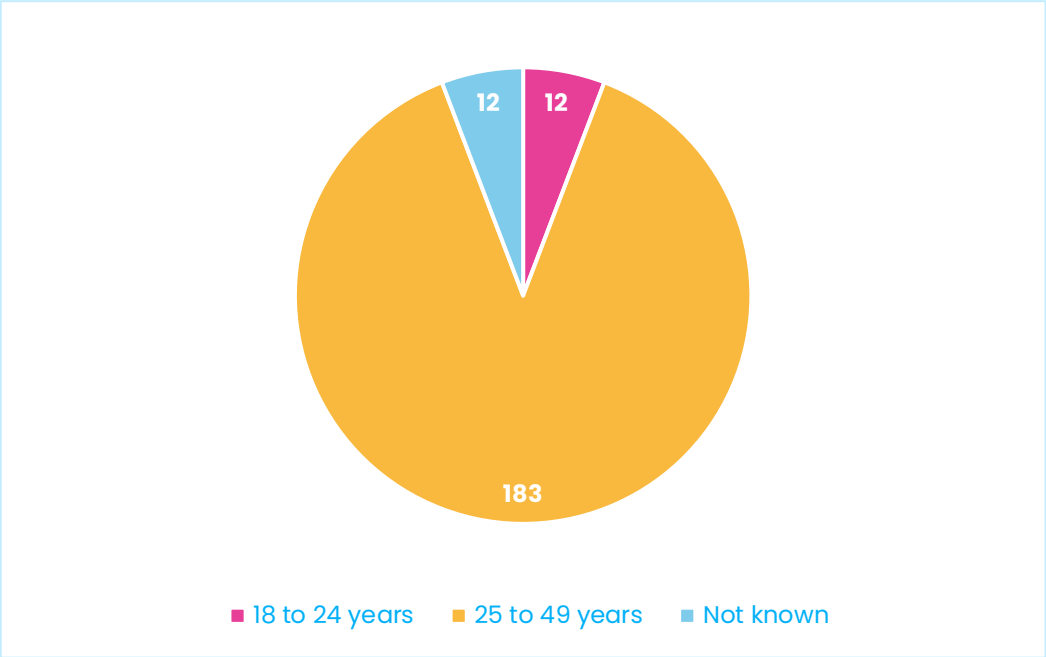


Negative experiences of post-natal care, by ethnicity



Age of participants

The majority of people we spoke to were in the 25 – 49 age group. There was not enough data in other age categories to disaggregate this information.



Additional information

We also asked participants to share additional information about their personal situation. Notably, 10 participants identified as carers, and 14 had a long-term health condition.