

Mothers' reflections on community postnatal care



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Summary

Why community postnatal care?

- Community postnatal care includes any care given to the mother and baby after birth at home or in the community.
- Effective community postnatal care is essential for facilitating recovery, preventing maternal and infant mortality, and fostering a healthy start for newborns.
- Historically, this area has tended to be under resourced and often rated of lower importance in comparison to other aspects of maternity care.

What we did

- Explored the availability and quality of community postnatal care in North Yorkshire, with a focus on understanding mothers experiences.
- Identified areas where services need to improve to ensure they provide equitable and effective support that promotes the health and well-being of all mothers and infants.
- 167 mothers that had given birth in the last 18 months shared their experiences with us.



Key findings

Did mothers receive enough support?

- 52% felt they would have liked more support.

Community postnatal visits

- Majority of mothers said the first community midwife and health visitor visits took place at home.
- Mothers praised the quality of care if they had several follow up in-person visits.
- Most mothers had their 6–8-week GP check-up at the GP practice.
- For some, subsequent midwife checks were carried out in the community which was challenging for those who had a c-section, live in a rural area, or don't drive.
- Mothers would prefer in-person health visitor appointments rather than online or phone calls.

Transfer & continuity of care

- Most mothers said they were informed about the transfer of care between the community midwives and health visitors.
- Having continuity of care & personalised care had a positive impact on their postnatal journey.
- Some mothers felt their medical information and personal circumstances were not always communicated between healthcare professionals which led to confusion.

Physical recovery

- Most mothers said healthcare professionals discussed signs and symptoms of physical health problems with them.
- The lack of physical examinations after birth, poor support for c-section recovery and lack of support for pelvic health were raised.

Mental health support

- When mothers were able to get the appropriate mental health support the quality of care was praised.
- Most mothers were asked if they had any mental health concerns, but some said discussions felt like a tick box exercise.

Infant feeding support

- Some mothers said the support from the community midwives and health visitors helped them to continue breastfeeding.
- Most mothers said their feeding decisions were respected.
- Some mothers said infant feeding support was too brief, lacked specialised support, and breastfeeding concerns were dismissed.

Infant wellbeing and development

- Most mothers said they were asked about their baby's general wellbeing and development.
- Some mothers were unhappy due to the loss of baby clinics.
- Mothers would like more opportunities to come together for support, social interaction and to seek advice.

Information provided

- Most mothers received information on key topics and felt they could ask questions about the information.
- Mothers would like more information on recovery and baby care before they give birth.
- Some mothers received conflicting information on feeding, sleeping and baby development.

Additional support

- Valuable support was received from community groups and voluntary organisations.
- Mothers highlighted the importance of advice and support from family and friends.

Recommendations

What mothers would like to happen

The recommendations below are based on feedback we received from mothers. Due to the complex nature of how community postnatal care is delivered, we would encourage commissioners, providers, and health care professionals to act together to make improvements in community postnatal care.

While some solutions may not require new resources others may and we would ask that these are considered to ensure the health and well-being of future mothers and infants.

1. Tailor postnatal contact based on individual need:

- 1.1. Consider the individual need of mothers when planning community midwife postnatal contact. For example, home visits should be provided for those mothers who live in rural areas, have had caesarean sections, or do not drive.
- 1.2. More health visitor contact should be conducted in-person to help facilitate communication between the health visitor and mother (including their family).

2. Improve the quality and frequency of postnatal visits:

- 2.1. Increase the number of postnatal contacts, based on individual needs to allow for more comprehensive monitoring of maternal and infant well-being.
- 2.2. Encourage community midwives and health visitors to regularly communicate, to ensure the timing of postnatal visits to mothers are evenly spread out in line with NICE guidance.

- 2.3. Where possible prioritise continuity of care by minimising the number of healthcare professionals involved in postnatal care. Ideally the same community midwife and health visitor should care for the family throughout the antenatal and postnatal journey.
- 2.4. Ensure there is a seamless transfer of medical history and personal circumstances between different healthcare professionals and providers.

3. Address the gaps in GP check-ups:

- 3.1. Recommend that all GP check-ups of mothers at 6–8 weeks after birth are in person rather than over the phone, allowing for a more thorough assessment of the mother's physical health and mental well-being.

4. Improve support for mothers' physical health recovery:

- 4.1. At each postnatal contact, provide guidance and support for issues such as wound healing and pelvic health, including incontinence and prolapse.
- 4.2. Offer access to multidisciplinary pelvic health clinics and pathways, to reduce the prevalence of pelvic health issues both in the postnatal period and throughout a mother's life.
- 4.3. Enhance caesarean aftercare and standardise protocols for wound monitoring, timely staple removal, and comprehensive guidance on scar healing.
- 4.4. Ensure postnatal pathways for women with physical disabilities and additional health needs are followed, addressing their specific needs and challenges.

5. Promote mental health support for mothers:

- 5.1. Ensure that discussions around signs and symptoms of mental health are delivered in a way that doesn't feel like a 'tick box' approach.
- 5.2. Offer a variety of support options, including counselling, peer support groups, and access to specialised mental health services, to cater for people's diverse needs and preferences.
- 5.3. Provide clear information (verbal, print & web based) about support available and how to access this, reducing the barriers to mother's seeking help.
- 5.4. Inform mothers about the availability of birth experience debriefing services and actively offer this option during community postnatal care discussions throughout the postnatal journey.

6. Strengthen feeding support services:

- 6.1. Enhance access to specialised breastfeeding support services within the NHS system, including lactation consultants and tongue tie clinics, to address common breastfeeding challenges.
- 6.2. Where possible offer in person breast feeding support, tailored to a mother's individual needs and provide this support beyond the first few weeks to help with continuation of breastfeeding.
- 6.3. Provide comprehensive information and support for all feeding methods, including formula feeding, to ensure that mothers feel empowered and informed in their feeding choices.
- 6.4. Health visitors work with the voluntary sector, family, and community groups to promote good infant nutrition, advice, and support.

7. Enhance infant well-being and development:

- 7.1. Develop monthly parent and infant wellbeing clinics in accessible venues around the county. These clinics should provide holistic advice and support around infant development and wellbeing. These should also offer opportunities for social interaction with other parents and allow questions to be asked and reassurance given.

- 7.2. Improve GP practice equipment to ensure the availability of functional weighing scales for baby check-ups, addressing issues of broken equipment and service disparities.

8. Improve the information provided for mothers:

- 8.1. Provide a comprehensive information booklet, covering a wide range of postnatal care topics, from physical recovery to infant feeding and developmental milestones. This should be developed with mothers/parents to ensure the booklet includes all relevant topics to meet their needs.

- 8.2. Provide information (for example via a leaflet or webpage) detailing who to contact to access support outside of the mandated visits. For example, include which service a mother/parent should contact for different concerns.

- 8.3. Make all information resources clear, accessible, and tailored to individual requirements (e.g. available in different languages, Easy Read, large print etc. and use non-jargonistic language). Provide these resources in both print and digital.

- 8.4. Offer pre-birth educational classes that focus on postnatal care and parenting skills, addressing gaps in knowledge, and reducing uncertainty among expectant parents. These classes should cover topics such as the mother's physical and mental health recovery, infant feeding, and infant social and emotional development.

8.5. Ensure that information provided by healthcare professionals is consistent, evidence-based, and tailored to individual circumstances.

8.6. Review the use and operation of the single point of contact and Harrogate District Foundation Trust's Children's Health Service / Growing Healthy app to ensure queries raised this way are answered promptly and effectively, ensuring people are not unnecessarily passed around different services.

9. Promote additional support services:

9.1. Ensure all healthcare professionals are aware of the voluntary support groups, baby groups and breastfeeding groups in their area and provide this information to mothers and families.



Introduction

Introduction

Why community postnatal care?

The provision of community postnatal care plays a crucial role in ensuring the well-being of new parents and their infants.

It includes any care given to the mother and baby after birth at home or in the community.

In **North Yorkshire** there are around **5,000 births per year**¹.

Effective community postnatal care is essential for facilitating recovery, preventing maternal and infant mortality, and fostering a healthy start for newborns.

The first 1001 days of life from pregnancy through to the first two years of a baby's life are a critical time for infants' physical, social, and emotional development, and care given during this period has more influence on a child's future than any other time².

The postnatal period is a transformative and complex journey characterised by a variety of physical, emotional, and social adjustments. Within this complex landscape, the National Institute for Clinical Excellence (NICE) guidelines outline key principles for healthcare professionals to follow, emphasising the significance of person-centred care, being responsive to people's needs, the acknowledgment of diverse parental choices and comprehensive breastfeeding support³.

¹ [Births in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

² [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³ [Recommendations | Postnatal care | Guidance | NICE](https://www.nice.org.uk/guidance)

Despite the importance of community postnatal care, historically, this area has tended to be under resourced nationally and often rated of lower importance in comparison to other aspects of maternity care.⁴

Evidence suggests there are significant gaps in the availability and quality of postnatal services, particularly for those groups who experience unique health inequalities. The most recent national data from MBRRACE-UK (October 2023) highlights the need for improvements in care during the postnatal period⁵.

Additionally, the Best Start for Life report (March 2021) indicates that inconsistent services that are lacking coordination are failing to meet the expectations of parents and caregivers which is impacting the ability for families to give their babies the optimal start in life⁶. Other research conducted by Healthwatch England also found a significant gap in postnatal services, with people highlighting the lack of care received and stating that postnatal care for the mother was not a priority⁷.

Aims of our project

1. Explore the availability and quality of community postnatal care in North Yorkshire, with a focus on understanding mothers experiences.
2. Identify areas where services need to improve to ensure they provide equitable and effective support that promotes the health and well-being of all mothers and infants to give them the best start in life.

⁴ [Women's successful transition to motherhood during the early postnatal period: A qualitative systematic review of postnatal and midwifery home care literature. - ScienceDirect](#)

⁵ [Reports | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

⁶ [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](#)

⁷ [Briefing \(healthwatch.co.uk\)](#)

What we did

We heard from people through a survey and in person, focusing specifically on mothers who gave birth in the last 18 months to avoid the influence of the COVID-19 pandemic.

Most maternity service users are women, so we use the term 'mothers', which includes birthing persons who do not identify as a 'mother'.

Data collection occurred from September to November 2023, capturing the experiences of 167 mothers. Our engagement did not set out to hear from all mothers but instead offer a collection of in-depth experiences from mothers across North Yorkshire. Our sample size represents between 2-3% of those mothers who had a child in the 18-month period.

Additional information on our research methodology can be found in **appendix one**, details on the participants can be found in **appendix two** and the survey questions can be found in **appendix three**.



**Did mothers receive
enough support?**

Did mothers receive enough support?

There was an almost 50/50 split in terms of whether mothers felt like they had received enough postnatal support overall.

52%

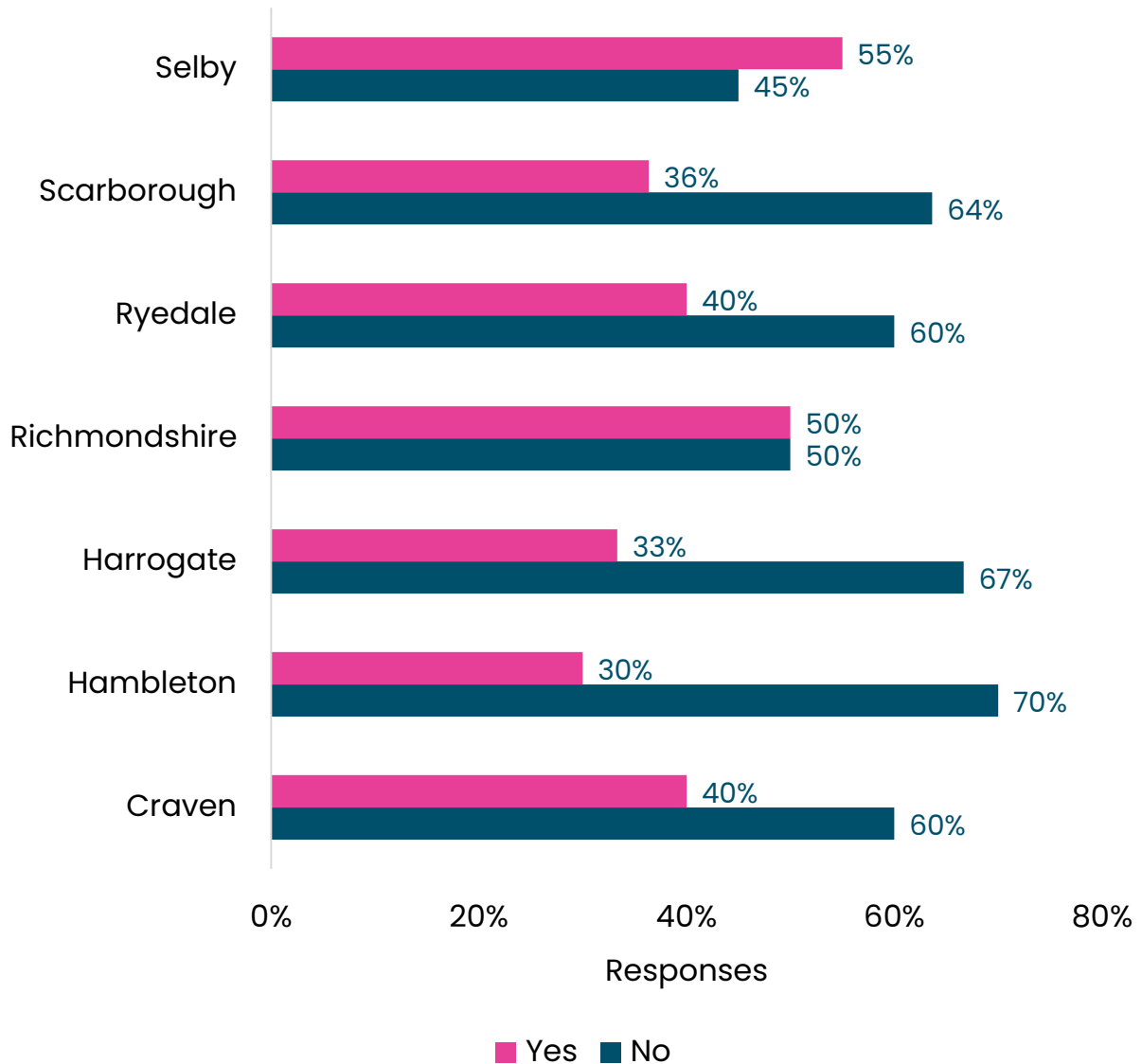
felt they would have liked more support



There was a slight variation in whether mothers felt they had received enough overall support based on the part of North Yorkshire in which they live. **Mothers from Hambleton reported the lowest levels of support, followed by Harrogate, Scarborough and then Craven.**



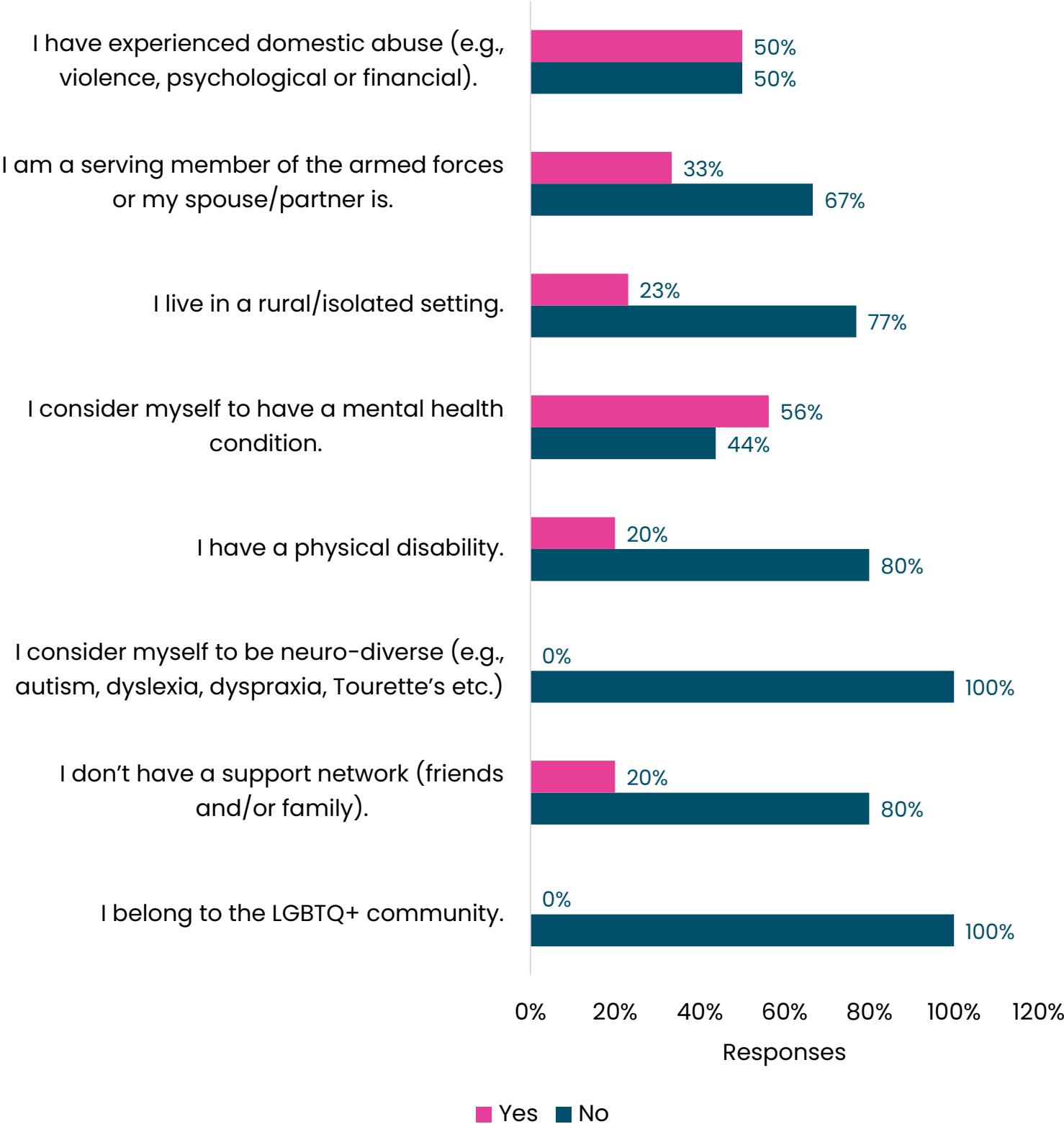
Did mothers receive enough support?



There was also slight variation in whether mothers felt they had received enough overall support based on different equality and diversity statements. Out of the mothers who responded from the LGBTQ+ community and the mothers who are neuro-diverse, no one said they had received enough support. The majority of those with a physical disability and those that live rurally also said they have not had enough support.

Please note, only a small number of our sample said they identify with these different statements, see **appendix two** for the specific numbers of mothers who identify with each statement.

Did mothers receive enough support?



How mothers rated the NHS support received

When asked on a scale of 1 to 5 (with 1 being poor and 5 being excellent), how they would rate the NHS community postnatal healthcare they have received...

Overall rating: 3.2



The reasons why mothers felt they hadn't received enough support and why they gave the above ratings will be explored in the report.



Community postnatal visits

Community midwife visits

What the guidance says

The NICE guidance states that the first postnatal visit by a midwife should take place within 36 hours after the transfer of care from the place of birth or after a home birth. The guidance also states that the visit should be face-to-face and usually at the woman's home, depending on her circumstances and preferences⁸.



91% of our sample said a community midwife visited them within 36 hours of returning home after birth.

Number of visits makes a difference



The importance of having enough visits from the community midwife was a key theme raised. One mother praised the quality of her care as she was able to have as many follow ups from the midwife as needed. Another mother who is a military wife said the number of visits from the midwife were invaluable as she didn't have any other family members to support her.

"Everyone who I saw after initially returning home was great. Everyone discussed my physical and mental health with me, and I was offered **as many follow-ups** with the community midwife as I needed. I felt that I could raise concerns about anything, and I would be listened to."

"The community midwives were really good and helped me so much because I had a C-section and **being a military wife I did not have any family around to support me**. They checked on a **number of occasions** about my mental health and spent time with me establishing breast feeding."

⁸ [Recommendations | Postnatal care | Guidance | NICE](#)

Midwife contact in the community rather than at home

Most mothers said the first midwife visit took place at their home, however some said that the subsequent midwife contact was carried out in the community rather than at home.

This created issues, particularly for those who had just had a c-section and therefore found travelling difficult. One mother said the first midwife who visited her at home advised that she should stay in bed to recover and establish breastfeeding, however she had to attend multiple appointments in the community for standard checks, meaning this was impossible.

Research

Other research conducted by Healthwatch in Buckinghamshire, Oxfordshire and Berkshire West coincides with this; they suggested there should be more postnatal support in the home as new mums found it hard to get out of the house to attend appointments during the early days because of physical pain and sleep deprivation⁹.

“The **expectation that new mothers should travel** to York hospital and Selby hospital a day or two after delivery (and subsequent days after this) is shocking. I was expected to be at York hospital 1 day post-delivery (this kept me out of the house for 4 hours with a brand-new baby) and Selby hospital 3 days post-delivery. Both times I had to sit in waiting rooms waiting for my appointments (which were late).

Community midwives should visit new mothers who should be at home focussing on recovery and bonding with their new babies.”

“I couldn’t walk after having my baby but had to go to an **appointment in the hospital 4 days after giving birth.**”

⁹ [Maternity-survey-Full-report.pdf \(healthwatchoxfordshire.co.uk\)](https://www.healthwatchoxfordshire.co.uk/maternity-survey-full-report.pdf)

The challenge of living rurally

Midwife contact in the community is a particular issue for those who live rurally or cannot drive.

Around 85% of North Yorkshire is classed as ‘super-sparse’ or very rural¹⁰.

Public transport is often sparse in rural areas and taxis are expensive, meaning it can be very difficult for people to attend appointment at the hospital with a new baby¹¹.

“The issue is community midwife appointments only being held at the hospital, which is not centrally located if you are a non-driver. It’s too far away to walk so soon after giving birth and incredibly stressful to attend/**expensive in taxis.**”



¹⁰ [North Yorkshire Rural Commission | North Yorkshire Council](#)

¹¹ [Rural health inequalities.pdf \(healthwatchnorthyorkshire.co.uk\)](#)

Health visitor contact

What the guidance says

The NICE guidance suggests the first postnatal health visitor home visit should take place between 7 and 14 days after transfer of care from midwifery care (so that the timing of contacts is evenly spread out)¹².



89% of our sample said someone from the health visiting team visited within 10-14 days of returning home after birth.

Positive impact of in-person visits



Several mothers said they had most of their health visitor visits in person and the positive impact of having face to face visits is evident from these people's experiences. One mother said the health visitor even came to see them the day after they had an incident where they accidentally dropped their baby which was helpful, and a young mother said she mostly had face to face visits which made her feel supported.

"I had an incident where I accidentally dropped my baby in the night, the health visitor came the next day in person to check on her. I had two or three health visitor appointments, and they were all in person which made a difference."

"My care has been good. The community midwives and health visitors have been supportive. They have done **mostly face to face visits.**"

"My health visitor was brilliant. I had 3 visits when we got home and she asked if I wanted her to come back which made it feel less it was a requirement."

¹² [Recommendations | Postnatal care | Guidance | NICE](#)

Concerns that infant wellbeing and development issues could be missed when contact is online or over the phone

Whilst the first health visitor visit tended to be in person at the mothers' home, many mothers said that subsequent contact was often conducted over the phone or online via Zoom/Teams.

Many mothers told Healthwatch that they would prefer face to face rather than phone calls and video calls.

The lack of in-person visits resulted in many issues being raised.

There were concerns that infants physical and emotional developmental issues cannot as easily be picked up on or identified over a phone or video call. One mother said she had a video call appointment and asked the health visitor if they wanted to see her baby during the call and they said no. Another said the one-year check was done over the phone whilst she was driving, and her child was asleep in the car.

Some said they would have been happy to travel to a clinical setting to have the health visitor do the checks rather than having them done over the phone or via video call, where they feel it's a tick box exercise.

Research

Other research echoes this desire for in person visits. **One study, which surveyed 1,000 women across the UK about health visiting, found** when asked how they would like to access the health visiting service, **face to face contacts were the highest rated option.**

People also said the health visiting service felt overly focused on the completion of performance management "tick boxes"¹³.

¹³ [7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf \(ihv.org.uk\)](#)

Personal story

6

"I saw the health visitor when my baby was two weeks old face to face then the 6-week check-up was over the phone. The one-year check-up was over the phone.

They can't perform a one-year check properly over the phone or virtually. Sometimes the baby could be asleep. I refused an over the phone contact and said I wanted them to come out, but they refused to come out in person unless I had any concerns, so my baby hasn't had the one-year check."

9



Challenges of sharing difficulties online or by phone

Some mothers said the use of virtual contact means it is often harder to build up a relationship with the health visitor meaning they are less likely to talk about any difficulties they are facing.

One mother said due to staffing issues they could not be seen in person, so the 6-week check was over the phone and the call lasted less than four minutes, which is not enough time to discuss any real concerns or struggles.

“The use of virtual appointments has meant parents have been **unable to build up a relationship with their health visitor**. The absence of a home visit means parents have been **less likely to open up about any difficulties**, while health visitors haven’t been able to identify developmental issues or safeguarding concerns so easily.”

“I have no idea who I can speak to. The second appointment [was] on video. **The call lasted 5 minutes maximum.**”



6-to-8-week check-up with a GP

What the guidance says

The NICE guidance recommends at 6 to 8 weeks after the birth, a doctor should carry out an assessment of the physical and mental health of the mother as well give the opportunity to talk about the birth experience.

The GP should also carry out a full physical examination of the baby¹⁴.



81% said they **had their 6–8 week check-up at their GP practice.**

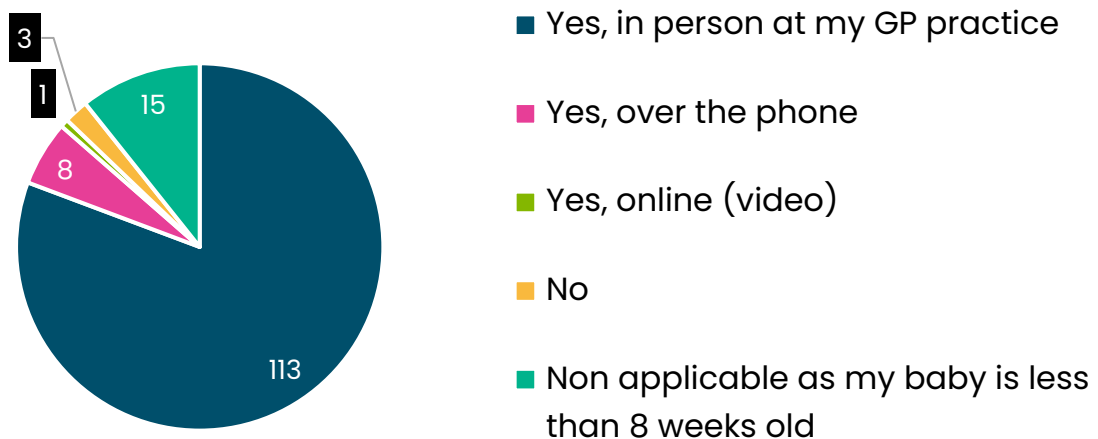
“My GP 6-8 week check was at the surgery and the **doctor did all the relevant checks on my baby** and **checked how I was recovering** from C section.”

6% had a check-up **over the phone and under 1% by video call.**

Only a small number in our sample (2%) said they had not had the check-up, some said this was due to staffing issues. Please note, 11% had not had the check as their baby was less than 8 weeks old.



91% of mothers said their baby had a physical examination.



¹⁴ [Recommendations | Postnatal care | Guidance | NICE](#)

Transfer and continuity of care



Transfer and continuity of care

Transfer of care

What the guidance says

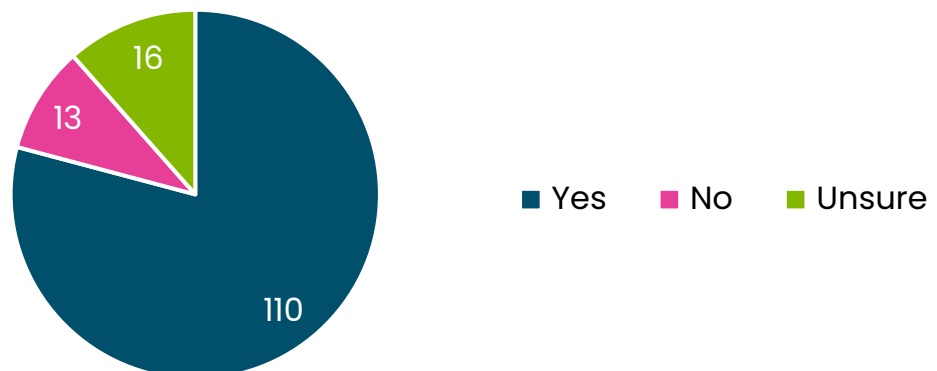
The NICE guidance states that the woman should be informed about the transfer of care from midwife to health visitor.

There should be effective and prompt communication between healthcare professionals when women transfer between services, and this should include sharing relevant information about the woman and her baby¹⁵



79% of our sample said they **were informed about the transfer of care.**

Were you informed about the transfer of care from the community midwife to the health visiting team?



54% said that during the transfer of care **they did not feel like their medical history, or personal circumstances were communicated** between the different healthcare professionals.

¹⁵ [Recommendations | Postnatal care | Guidance | NICE](#)

Transfer of care and services not working together

A number of mothers told us when information was not shared between healthcare professionals this led to confusion and inconsistent care.

Services not sharing information or working together effectively was also mentioned, particularly by those who live on the boundary between two areas.

One mother who lives on the border of North Yorkshire and Stockton expressed her frustration that it was not clear who was going to deliver their community postnatal care.

*“Felt like community midwife and health visitor didn’t speak to one another and **patient information wasn’t passed between teams** as there was some confusion around weighing my baby.”*

*“The **lack of communication between Trusts and professionals is unfathomable** in these modern times when all patient information should be accessible on a single platform.”*



Continuity of care

What the guidance says

The NICE guidance defines continuity of carer as consistency in any healthcare team involved in the care of the woman and her baby, including the midwifery team and health visitor team throughout pregnancy, labour, and the postnatal period.

It states that between 4 and 8 individuals is classed as continuity of care, however the guidance emphasises the importance of effective information transfer between the individuals within the team and ensuring that a trusting relationship can be developed between the woman and the healthcare professional(s) who cares for her¹⁶.

Positive impact of having continuity of care



Many mothers said they had good continuity of care. The positive impact of having good continuity of care is evident from these mothers' experiences. One mother said they saw the same health visitor who really helped with her mental health and breastfeeding. Another said they saw the same midwife throughout pregnancy and post birth which was helpful.

"The health visitor was brilliant, **I had continuity of care** and she really supported me with my mental health and once the feeding referral was done, she even chased it up. With her help and support I managed to breastfeed my baby again after having a break from it. She visited me at home every week until my mental health was better, and I had established breastfeeding again. I was given options of where I wanted my appointments and how often I could have support and **she made sure I was ready for her to stop the sessions when I felt better.**"

"The community midwives were great. Most of the time **I saw the same one through my pregnancy and post birth.**"

¹⁶ [Recommendations | Postnatal care | Guidance | NICE](#)

Lack of continuity of care

Frequent changing of midwives and health visitors.

Some mothers felt that key information was not always consistently communicated between healthcare professionals, resulting in repetitive storytelling and confusion. Building a trusting relationship with a healthcare professional was deemed important for sharing feelings and concerns, but this was often challenging with a revolving door of different health professionals.

Research

Other research highlights the importance of personalised care and continuity of care.

One study that involved surveying 1,000 women about health visiting found mothers valued being treated as an individual, with a personalised service that was responsive to their individual circumstances and needs, rather than a “one-size fits all” approach¹⁷.

“It would have been better to have seen the same midwife for postnatal care instead of having to go through everything again and **not feeling able to build any form of relationship with someone who knew my story.**”

“I saw 8 different midwives over the postnatal time, **I had to go over everything each time** and I had one extra appointment with the midwives as I was on antibiotics for mastitis, and they suggested one further appointment after the meds were finished. This appointment was by another new midwife who had no idea why I was there or why I had the extra appointment.”

¹⁷ [7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf \(ihv.org.uk\)](#)

Birth information not always shared

Having to re-tell the birth story at every appointment or visit was raised as being a particular issue for those who have experienced a traumatic birth.

A number of mothers said if information about their birth could have been passed on this would have made a big difference in their postnatal care experience.

“The health visitor came to see me a week after the midwives handed care over and were not aware of anything that happened in my pregnancy or birth. **I had to tell the whole story again which was hard as I had quite a traumatic experience** and my baby was in a special care baby unit.

They had not looked at my discharge papers. During the visit I was quite upset, and she just said to self-refer to North Yorkshire Talking Therapies if I wanted. No contact numbers were left for me including the health visitor one. I was not told about the health visitor app either.”

“I have struggled with having to tell different community midwives and then different health visitors my birth story and the birth trauma experienced. **I feel this [my birth story] could have been better communicated between staff** when I was due contact from professionals, so I wasn't having to re-live it so soon after the birth.”



Physical recovery

Physical recovery

What the guidance says

According to the NICE guidelines, at each postnatal contact it is recommended that mothers should be informed about the signs and symptoms of potential physical health problems and where to seek help.

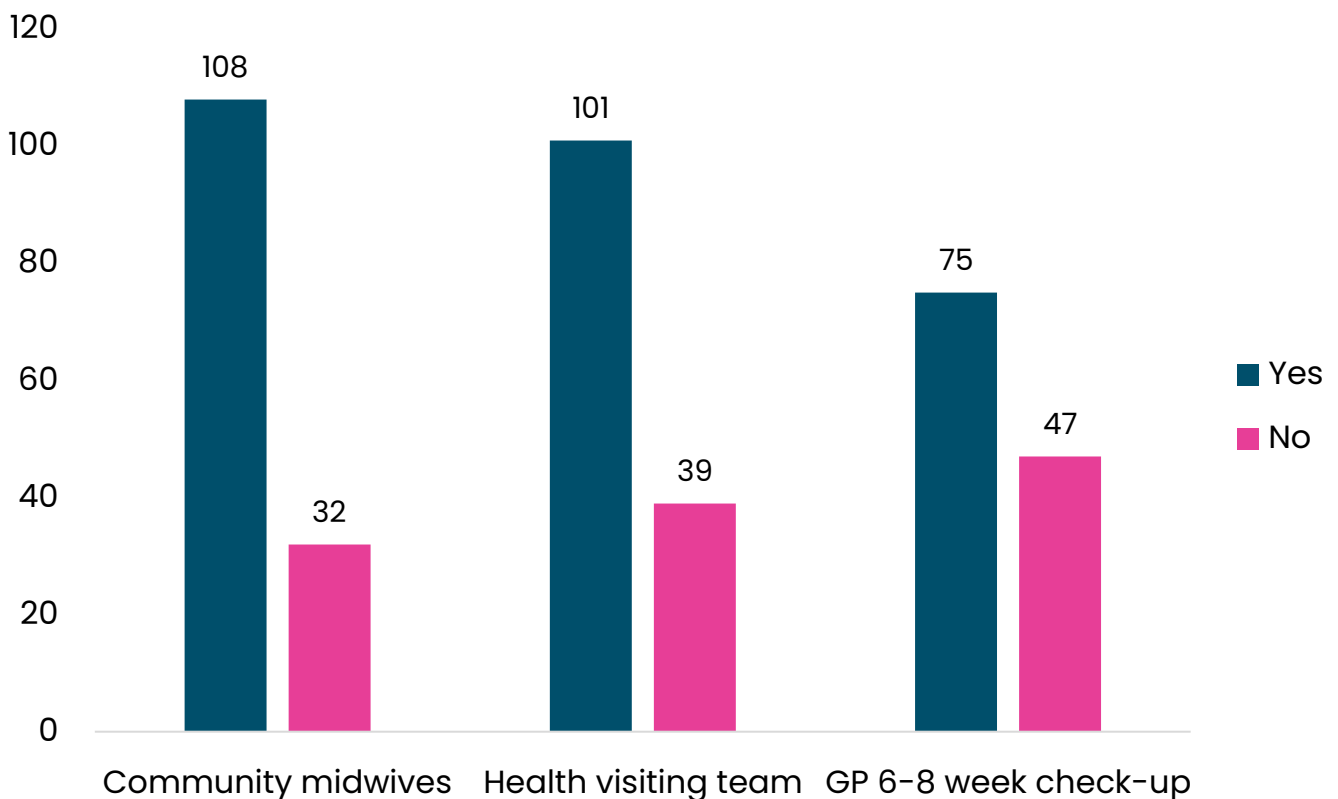
Also, during each midwife visit and GP check-up an assessment of the women's physical health should be carried out¹⁸.



77% said 'yes' for **community midwives** discussing signs and symptoms of physical health problems and how to seek help.

72% said 'yes' for **health visitors**

Nearly 40% reported having no discussions about physical health **during their GP 6–8 week check-up.**



¹⁸ [Recommendations | Postnatal care | Guidance | NICE](#)

More focus on checking the baby

Several mothers said at the GP check-up, the focus was often on the baby which overshadowed any discussion about their own physical recovery.

Some said they were not asked at all about how they were, leaving them feeling unsupported with their physical recovery. One mother said her check-up was appalling and another said she didn't feel listened to at all.

"The GP didn't explain what checks she was doing on the baby and all she wanted to talk about was contraception. I said I didn't want to be on any contraception, and she just didn't understand my point of view. She did not listen to me or what I wanted".

Physical health questions felt like a tick box exercise

Even for those that had discussions with healthcare professionals around the signs and symptoms of physical health problems, some mothers said the conversation felt as if questions were being asked without real concern.

One mother said the checks seemed pointless and surface level and if there was a real problem the questions asked wouldn't have covered it. Another said she was only asked two questions about how she felt and what contraception she was on which was not helpful. People recognised this may, in part, be due healthcare professionals being overstretched and therefore rushing through the conversation.

"I feel let down and unsupported by the NHS. The 8-week check-up for new mothers is a joke. I was asked two questions - 'how do you feel?' and 'what contraception are you on?'. I was expecting an examination and advice on physio options to support recovery post birth, but nothing like this was offered."

Lack of physical examinations

Some mothers expressed dissatisfaction around the absence of post-birth physical examinations.

The lack of these examinations has meant many have had to navigate their recovery alone, self-managing physical discomfort and issues with healing. One mother said they physically struggled for weeks following a difficult birth (after having episiotomy and forceps).

“I had a **difficult birth**, episiotomy, and forceps. I was very **shell shocked and physically struggled** for weeks, as well as emotionally. I feel I would have benefited from check ins.”

“I was not given a physical examination to check whether my body has healed from surgery - thankfully I can afford to get a mummy MOT.”

More support for pelvic health

Part of the NICE guidance recommends discussions at each postnatal contact around the importance of pelvic floor exercises, including how to do them and when to seek help¹⁹.

However, several mothers raised concerns about the lack of advice on physiotherapy and the worries of organ prolapse and the life changing impact it can have.

Research

Previous research by Healthwatch North Yorkshire also found that very little support was available for mothers experiencing incontinence after birth.²⁰

¹⁹ [Recommendations | Postnatal care | Guidance | NICE](#)

²⁰ [It's time to talk about continence.pdf \(healthwatchnorthyorkshire.co.uk\)](#)

This support is vital as it is reported that one in three women experience urinary incontinence in the first year after giving birth with another one in 10 experiencing faecal incontinence and a further one in 12 women will have a pelvic organ prolapse.²¹

“I was expecting an examination and advice on physio options to support recovery post birth, but nothing like this is offered. **New mums are left completely unsupported and forgotten about and it is beyond disappointing**”.

Some mothers even resorted to paying for private physiotherapy because of the lack of support available.

Personal story



“There was no interest in the healing of the mother or birthing person. In other countries, for example, a woman’s health physio is a normal part of the postnatal recovery. However, I had to find someone [privately] and pay a lot of money (£70) and drive to the other end of York to see her to get checked out.

There should at least be one woman’s health physio session to check on you to see if things are okay with healing.

If the organs are going back to their original places, even if you had to pay for some of the services, it should be made clear to birthing people that these things exist. Maybe as part of the 6-8 week check there should be something like that, check out potential prolapses etc. because that could really be life changing.”



²¹ [NHS Long Term Plan » Online version of the NHS Long Term Plan](#)

More support for caesarean section recovery

Several mothers who underwent caesarean sections highlighted the lack of attention given to their recovery.

In one instance, missed staple removal and limited guidance on wound management lead to an infection.

“I had a C section and was told that I had stitches but then I had pain and the midwife checked and said I had staples in, and they needed to come out days ago. **I had started with an infection.**”

I was told that a community midwife would come and take the dressing off after a week and check it. Then when I rung the community midwife to ask if I need to book an appointment, I was told they don't do this. I need to take it off myself and if I didn't think it looked right to call the GP.”

More specialised support

Those with physical disabilities and additional health needs often faced challenges.

Some mothers didn't feel confident discussing their additional health needs. One person said because her additional health needs weren't on her forms the healthcare professionals were not able to discuss it. Diagnoses such as hypermobile Ehlers Danlos syndrome, known to complicate recovery, were also reported as being overlooked, leaving one mother in extreme discomfort.

“I got diagnosed with hypermobile **Ehlers Danlos syndrome** which makes things like prolapses and other complications more likely and can make healing more difficult. My stiches dissolved before I was fully healed so I was **extremely uncomfortable** and that was noted in my 5 day check-up, but nothing was really done about it”.

“I had **gestational diabetes** during pregnancy and should have had my blood sugar tested again after birth and every 12 months which didn't happen, and I didn't know that at the time. Luckily, I have had this tested, and everything is OK, but it could have been a different story.”

Mental health support

Mental health support

What the guidance says

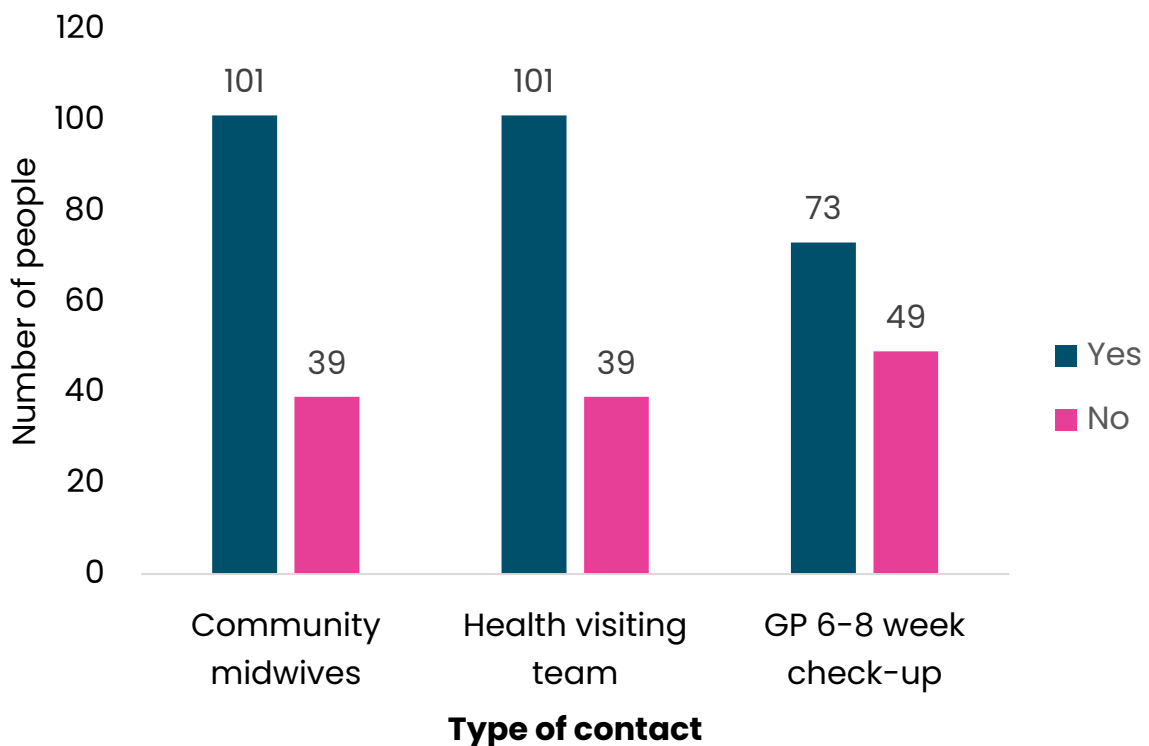
The NICE guidance suggests at each postnatal contact, symptoms, and signs of potential postnatal mental health problems and how to seek help should be discussed.

Healthcare professionals should also assess the woman's psychological and emotional wellbeing and if there are concerns, further assessment and follow up should be arranged²².



72% said community midwives and health visitors discussed mental health.

60% said mental health was discussed at their GP check-up.



²² [Recommendations | Postnatal care | Guidance | NICE](#)

Mental health support is praised



When people received mental health support this was praised.

There was positive feedback about the perinatal mental health team when people had been able to see them. Also, the positive impact of community midwives and health visitors being compassionate, caring and conducting home visits was evident. There was also praise for voluntary, community and social enterprise organisations such as Home Start for supporting mothers' mental health.

"I had postnatal depression and the care I received was good. I had visits more often from the community midwives and the health visitor because of this. I had therapy (through going to the doctors). I saw the health visitor weekly and then fortnightly and **they were really caring and understanding and concerned for my mental wellbeing.**"

"I live with postnatal depression, anxiety, obsessive compulsive disorder and post-traumatic stress disorder **so I was extremely grateful to the NHS York and Selby Perinatal Mental Health Team and Home Start as I honestly would not be alive today without them.** The mental health team provided therapy for my mental illnesses and to process the traumatic birth I experienced. **Home Start** provided me with a volunteer who would visit me at home once a week and help me with daily living, caring for my baby and getting out into the community to meet other parents."

"I feel very **grateful to the Perinatal Mental Health Team for their support** and I was so glad that I was quickly given support three weeks after birth. I was so unwell (mentally), I couldn't think straight, I hated myself, but after my therapy/treatment, **I am in a much better place now.**"



Not being asked

Some mothers reported not being asked about their mental health by healthcare professionals after having their baby.

One mother said she was struggling with postnatal depression and did not receive mental health support, affecting her ability to attend a breastfeeding group and worsening her mental health. This led to even more mental health difficulties due to feeding issues.

Research

Research has found that if left untreated, postnatal depression can hinder bonding and healthy attachment between the mother and infant²³.

Questions about mental health felt superficial

Even for those who said healthcare professionals had discussed symptoms and signs of mental health problems, some mothers felt the discussions came across as a tick box exercise.

“Whenever we are asked about mental health throughout pregnancy and after birth it always felt **like a box ticking exercise. I didn't feel like my midwife really cared how I answered.** I was shown compassion by a different midwife right at the end of my journey, so I know it is out there. I was just unlucky to be assigned to one who was driven to do everything 'by the book' with a great amount of anxiety and catastrophising and a major lack of reassurance and understanding.”

“My doctor asked about my mental health, but I did feel like the whole check-up was **a tick box exercise.** I went for the check up after accidentally dropping my baby and the GP noticed I was anxious and said I was on the fringes of postnatal depression so referred me to counselling but I never heard anything back.”

²³ [The best start for life a vision for the 1_001 critical days.pdf](#)
(publishing.service.gov.uk)

Research

Other research highlights the importance of developing a good relationship with healthcare professionals. One study found women's experience of accessing and engaging with care for mental health problems could be improved if they were given the opportunity to develop trusting relationships with healthcare professionals who acknowledge and reinforce the woman's role in caring for her baby in a non-judgemental and compassionate manner, and foster hope and optimism about treatment.²⁴

Support vs medication

Several mothers felt that they were encouraged to use medication straight away when they raised mental health problems, rather than being offered talking therapy first.

For example, one mother said she had postnatal depression and felt she would have really benefitted from talking therapy, but her GP immediately suggested medication which she didn't want to take.

Research

Other research conducted by North Yorkshire Council that explored asylum seekers postnatal experiences coincides with this. Although their sample was small (7 people) they found of those who needed mental health support (3) they would have preferred support from a psychologist or to have been offered a combination of both therapy and medication²⁵.

²⁴ [Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research | Archives of Women's Mental Health \(springer.com\)](#)

²⁵ North Yorkshire Council Public Health (contact dora.machaira@northyorks.gov.uk for more information)

"I told my health visitor that I was struggling with my mental health after our very traumatic birth. **She told me to see my GP for antidepressants.** I told her I didn't want that, but I needed some form of counselling to talk about the birth.

She told me she'd call me back in a week to see how I was. She never called. I called her and left a message saying I was really struggling, mentally, and wanted support. **She never called me back."**

Support criteria too strict

Other concerns were raised around mothers' mental health problems not being severe enough to get support.

One mother was told the perinatal mental health team would only work with her if she had suicidal thoughts or thoughts of harming her baby. She was told to look into antidepressants on a breastfeeding network website.

Passed around services

Services were reported as often feeling disjointed with mothers being passed around many teams.

For example, from the perinatal mental health team to the GP, to the midwife and health visitor, with care not feeling continuous or cohesive. Issues with miscommunication between services were also raised by some mothers.

"The perinatal mental health team discharged me back to my GP when my child was 12 months even though I was in the middle of eye movement desensitisation and reprocessing treatment. I contacted North Yorkshire Talking Therapies, and they fast tracked me and offered help, but it was different to perinatal mental health support and **not as effective"**.

Loss of social support from baby clinics

Since closures in 2020, mothers have felt a loss of social support.

Many mothers said the clinics were not just about the weighing, they helped people connect and feel less isolated and were a good incentive to get out of the house. Mothers said they were a place to meet other parents and share concerns.

Research

Other research highlights the importance of peer support during the postnatal period. One study found that peer support can significantly reduce depressive symptoms for women experiencing postnatal depression as peer support directly reduces social isolation and can increase social activities outside the home for women experiencing perinatal mental health difficulties²⁶.

“You could also meet other parents there at baby weighing clinics and that **helps with the isolation**. Not everyone wants to go to groups but if it was to get your baby weighed and see the health visitor you are more likely to go and then you would get support. My first baby [was born] 8 years ago and I met lots of other parents and the health visitor would sit with us and just talk. I think this was good.”

“It was not just about weighing at the baby weighing clinics, it was a place to see other mums. It can be isolating when you have a baby, especially for first time mums. The **weighing clinics gave an incentive to get out of the house**. You can bump into other mums and meet other people. **The clinics were a social place to go.**”

²⁶ [4. Key findings - Peer support in perinatal mental health: evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/key-findings-peer-support-in-perinatal-mental-health-evidence-review/pages/4/)

Birth experience discussions

59% said they were **given the opportunity to talk about the birth experience by community midwives.**

56% by health visitors and concerningly **only 34%** said they were given this opportunity **at the GP check-up.**

While some mothers said they had the chance to talk about their birth experience with healthcare professionals, many said they weren't told about the debrief service the hospitals provide after having a baby.

"Birth trauma is very real but it feels there is an underlying culture **that 'we have all been through it', 'women have been doing this for years'**. This is completely true but that should not diminish the fact that each person's experience is very personal and unique to them."



The positive impact of having an official debrief was strongly reflected by those who had one.

Those who would have liked a debrief but did not get offered one said it would have been beneficial to able to talk about their birth experiences and the trauma they faced in a safe space.

"I had a debrief by the obstetrician that performed the C section which was really helpful. **I didn't know that was an option**, I only found out that existed because somebody else I knew had one."



Infant feeding

Infant feeding

What the guidance says

The NICE guidance emphasises the importance of following the principles of care when discussing babies' feeding.

This includes being responsive to the woman's' needs and preferences and being respectful of parents' choices.

Breastfeeding care should be tailored to individual needs with face-to-face support supplemented (not replaced) by written, online or telephone support. There should be continuity of care and healthcare professionals should provide information about what to do and who to contact if additional support is needed²⁷.

69% said they had **received infant feeding support** (including both breast and formula feeding).



72% said the support **met their needs**

There was variation in whether mothers said they had received infant feeding support based on the part of North Yorkshire in which they live.

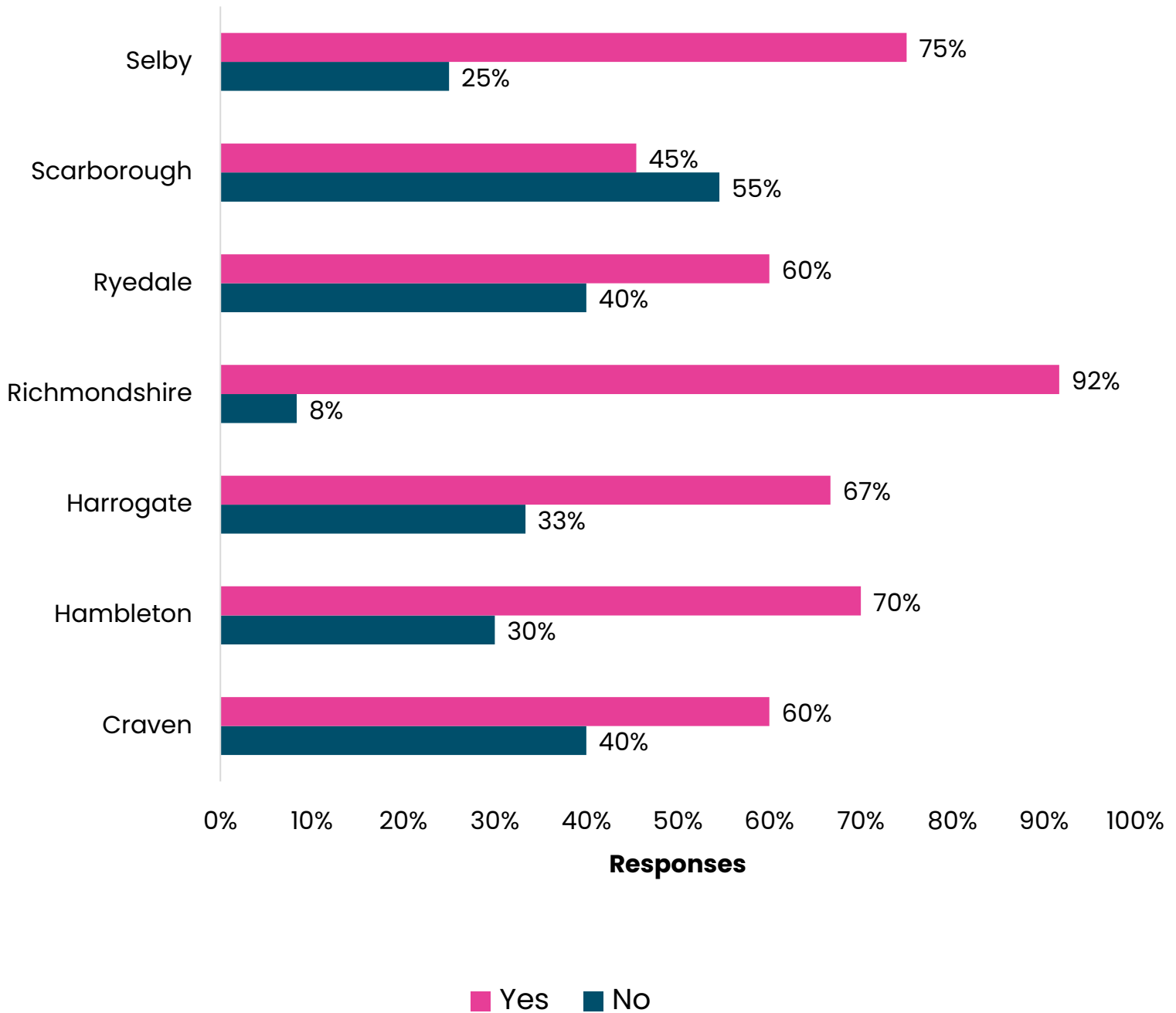


Those living in **Richmondshire** reported the **highest levels of support** (92% said they received infant feeding support)

²⁷ [Recommendations | Postnatal care | Guidance | NICE](#)

Those living in **Scarborough** reported the **lowest levels** (only 45% said they received infant feeding support).

Did mothers receive infant feeding support?



Positive impact of good feeding support from community midwives



Many mothers said they had good support from the community midwives, and this played an important role in supporting them to establish breast feeding. Several mothers reported receiving exceptional support including extended home visits and appointments which helped to address feeding challenges and build confidence leading to a positive feeding experience.

One mother said the continued support they received from midwives and the referral for a tongue tie assessment meant they were still breast feeding their infant at 9 months old and another said they were grateful for all the support with breast feeding as they were really struggling and almost giving up.

“Midwife was brilliant – had a 1.5 hour home visit and 1.5 hour appointment elsewhere – **made an incredible difference**. I had a bad night one night and was meant to be going to see the midwife the next day but called and said I couldn’t make it. The midwife came to my house instead and spent 1.5 hours with me. **Having that time was amazing** she helped my husband too.”

“All of the **Catterick community midwifery team were amazing** – I was visited lots of times at home by the team to support me in establishing breastfeeding.”



“The **local midwives were amazing**, really helpful about feeding and gave me confidence. They gave their number and said you could ring with any questions- they came on days 1 and 3 but it was on day 2 I was struggling so I rang and **they helped**- people need to be made aware of this extra help (that you can ring).”

Positive impact of feeding support from health visitors



Several mothers reported positive feeding support from health visitors, which had a significant impact on their ability to maintain breastfeeding. One mother said they had months of support and felt they would not have continued breastfeeding without the support, whilst another said they are still breastfeeding at 7 months which they feel is due to all the support they received.

Research

Work carried out by Treasure Chest emphasised the importance of encouragement and emotional support from health visitors in helping individuals continue breastfeeding¹.

“**The health visitor has been brilliant** and helped me when I was struggling with the pain of breastfeeding.”

“**I had a lot of feeding support from my health visitor at the time. If it wasn't for her, I would not have continued breast feeding.** She gave me weeks and months of support.”



Infant feeding decisions **respected**



94% of mothers indicated that their feeding decisions were respected and supported, regardless of whether they chose to breastfeed or formula feed. Whilst many mothers felt listened to and individual support was offered based on preference and circumstances there were instances where mothers felt pressured to breastfeed.

“I found it difficult to solely breastfeed, so I decided to do mixed feeding and the health visiting team in particular were **very supportive of this.**”

“I did not exclusively breast feed due to my mental health and **I feel this was respected and I was supported with this decision** which I was very grateful for!!”

“I was devastated that I couldn’t breastfeed my baby and felt ashamed to tell my health visitor as the hospital had pushed breastfeeding so much but she was amazing and **made me feel really comfortable** with bottle feeding.”



Not receiving infant feeding support

Experiences varied for those that didn't receive infant feeding support.

Some said they weren't sure why they didn't receive support, just that nobody asked them if they needed any and they were too overwhelmed to proactively ask for support themselves. Another mother said they were disappointed as breastfeeding is encouraged and discussed during pregnancy, but they felt like they had no support once they had their baby. Other people felt they had no support even when trying to access it.

"I struggled with breast feeding, no numbers left to ring anyone for help".

"I even drove 20 miles to a group up the road 4 weeks after having a c-section as I was **never told about the local support** which was much closer. No plan was put in place to help with feeding even though my baby was still losing weight."

"I didn't think I wanted to breastfeed to start with. Two weeks at most, post-birth, I was still lactating and wanted to try and breastfeed. I asked my health visitor for support and was told because I hadn't breastfed from the start that **no support was available to me**".

Infant feeding support too brief

Several mothers expressed dissatisfaction with the infant feeding support received, stating that the verbal advice and conversations about infant feeding felt brief, with little follow-up or assistance provided.



“I feel I would have benefited from **more support** after the initial couple of weeks due to latch issues... **I wish there had been information about further support groups beyond the support I got from the midwives.** I feel sad about having to stop combi feeding at 8 weeks as my supply disappeared overnight”.

“The midwife who visited the following day post birth provided some very high-level feeding advice, but since then I **have not received or been made aware of any feeding support.**”

Breastfeeding support preferred in person

Online or over the phone breastfeeding support options were reported to be ineffective and insufficient by many mothers.

Some mothers felt the scheduled online support sessions were not helpful when support was needed sooner, and others felt that virtual appointments lacked the necessary cues for accurate assessment of breastfeeding challenges.

“When I was **struggling** with breast feeding the health visiting team offered virtual appointments, but they didn’t work for me it was **really awkward** and they could see the latch properly”.

“There is breastfeeding support online/zoom but you must book on it at a certain time of the day which is **not good** when you are **having problems**”.

Research

Healthwatch findings were echoed in the work carried out by Treasure Chest in York, which reported that practical support was found to improve mothers’ confidence in that they were breast feeding correctly²⁸.

²⁸ [Treasure Chest Research Report – Treasure Chest Breastfeeding Group York](#)

More feeding support for experienced mothers

Some second and third-time mothers felt that healthcare professionals presumed they were familiar with feeding practices, resulting in less support being offered.

This assumption meant there were missed opportunities to address feeding challenges and provide necessary guidance.



74% of first-time mothers said they received infant feeding support.

60% of those that were **not first-time mothers** said they **received infant feeding support.**

Personal story



“My baby struggled with feeding he couldn’t latch on properly and **because it was my 3rd baby I was expected to get on with it.**

I found out after 6 months my baby had tongue tie. If I had access to the infant feeding team, they would have picked it up and my mental health wouldn’t have suffered as it was a constant struggle with sore, cracked nipples and thrush... I used a lactation specialist through Instagram, but you have to pay for it. They told me to speak to my GP as they suspected tongue tie.”



More support for formula feeding

Several mothers noted a predominant focus on breastfeeding support, with limited emphasis on formula feeding.

Some said they were left feeling unsupported during the transition to formula feeding and experienced limited support when dealing with issues like reflux and vomiting.

“I **didn’t feel supported**, my baby was struggling with reflux and vomiting I contacted them [health visitors] through the app and they said I shouldn’t change milk and they said to speak to the GP. **The GP just said the reflux was normal**, but it wasn’t, and my baby was always vomiting so I changed the baby milk myself and he was much better after that.”

More help for breastfeeding difficulties

Some of those that raised concerns felt they were not always taken seriously, leading to feelings of being dismissed by healthcare professionals and in some instances the lack of support resulted in cessation of breastfeeding.

Considering that it is recommended for mothers to exclusively breastfeed for the first six months of life it is concerning that the lack of support resulted in some people stopping breastfeeding altogether²⁹.

“I raised **my concerns** between 0–3 weeks old on many occasions but **was dismissed as my baby is content and gaining weight with no obvious issues**. However breastfeeding hurts and continues to hurt at 5 weeks. As my concerns were dismissed, we are unable to be seen for future appointments with the infant feeding team as my baby will be older than 6 weeks at the next available appointment so we have been referred to an ENT clinic which could be weeks away”.

²⁹ [Public health need and practice | Maternal and child nutrition | Guidance | NICE](#)

Research

A study carried out in the UK reported similar findings that mothers felt they were left to 'learn the hard way' often due to a lack of time, expertise or practical assistance from health professionals³⁰.

More support for specialised feeding

Some mothers found that NHS services lacked specialised support and felt services were only able to provide basic standard care.

One mother said they had no in-depth assessment of their feeding issues as the healthcare professionals lacked the right knowledge and training. Instead, they found better advice from support groups and even through social media.

"It felt like the health visiting service was very procedural and **couldn't support with anything that wasn't the standard.** I feel there should be specialist lactation services to support new mums with breastfeeding, especially in cases where a baby isn't putting weight on. Where they observe the whole feed and offer a more in-depth assessment."

Private lactation specialists bridging gap in NHS

The limited availability of specialist support and some mothers being discharged from midwifery care with inadequate breastfeeding guidance, resulted in a number of mothers turning to private lactation consultants for support.

One mother said when their baby became significantly underweight, they accessed private support to resolve it and another person said that private support is the only thing that allowed them to continue breast feeding.

³⁰ [Learning the hard way: expectations and experiences of infant feeding support - PubMed \(nih.gov\)](#)

“Private support was needed, and this did allow me to **continue breastfeeding**, as was my strong preference”.

“Felt lost and ended up going privately. Felt a bit let down given the push there seems to be with breastfeeding. Didn’t need support with it at the start as it was going well then when I did need help it felt like the support was gone”.

While many said they were able to access private support there was concern raised for those that are not able to afford this, resulting in the widening of the health inequality gap.

“I sought help from a private lactation specialist, but I suppose I am fortunate I can afford it. It must be very difficult if you can’t afford to pay for help.”



Seeking private treatment for tongue tie

Some delays in diagnosing tongue tie led to prolonged pain, difficulties latching and breastfeeding struggles lasting several weeks or months.

In some cases, even after referrals had been made, further delays were experienced by mothers due to long waiting times or cancelled appointments.

Some mothers resorted to seeking private assessments and treatments for tongue tie due to facing these barriers and delays within the NHS system. One mother said she was in agonising pain for 16 weeks before seeking a private specialist and another person said the midwife had stated the tongue tie was not severe, but it turned out to be severely restricted, which was discovered through private treatment.

“My first baby was struggling so much with feeding in the first 16 weeks and I was in **agonising pain for 16 weeks** and then finally one day it suddenly became better [after my baby had their **tongue tie** sorted]. **It cost £200** to have the tongue tie sorted privately.”

“My baby’s **tongue tie nearly caused me to end my breastfeeding journey** and left me in a lot of pain for around 8 weeks. I had to pay privately to get it realised **it cost £280**, money I didn’t really have due to being on maternity leave.”

Support received from community feeding groups

Many mothers said they sought assistance from voluntary breast-feeding groups due to the limited availability of NHS support services.

One mother said they didn’t receive enough support from the health visiting team and instead had to go out and find breastfeeding groups themselves.

“Would have liked more support during first few weeks definitely more breast-feeding support **I would have given up if it wasn’t for finding breast feeding group myself** to give me support.”

Infants' well-being and development

Infant well-being and development

What the guidance says

According to the NICE guidance, at each postnatal contact, healthcare professionals should ask parents if they have any concerns about their baby's general wellbeing or development³¹.



86% said community midwives asked.

83% said health visitors asked.

85% said they were asked at the GP check-up.

Unhappiness over the loss of baby clinics

When we asked if mothers had any concerns, the loss of baby clinics in North Yorkshire since 2020 was a key theme raised from the feedback received in relation to their baby's well-being and development.

The NICE guidance suggests babies should be weighed in the first week and at around 8 weeks, and at other times only if there are concerns³².

Some mothers reported being anxious because they couldn't weigh their babies, particularly for breastfed babies when it is often difficult to tell if they are getting enough milk or for babies who have issues such as reflux. Some mothers said the weighing clinics would be helpful due to long gaps between visits.

"Baby had reflux and wasn't putting on weight. Had to go to hospital every other day for her to be weighed. **Ended up buying own scales to weigh her** for peace of mind due to there being no weighing clinics."

³¹ [Recommendations | Postnatal care | Guidance | NICE](#)

³² [Recommendations | Postnatal care | Guidance | NICE](#)

“Beyond the first 6–8 weeks you are just left to it until the 9–12-month review which is online. There is no access to local weighing clinics or children's centres to provide a new mum with support. My baby will not be weighed at her upcoming appointment, and I think this is very poor particularly as she was low birth weight, and we were extensively checked during pregnancy.”

Baby clinics were valuable to ask questions

The baby clinics were also a good place for mothers to ask questions and get reassurance about minor issues and concerns about their baby.

Some mothers said they would rather ask questions at a clinic than ring up the health visitor number as they said they felt silly or not confident enough to do this. Many mothers said they would like the clinics to be re-instated, even if the clinics could be once a month that would be invaluable.

“The health visitor weighing clinics were not just about getting your baby weighed, it was a **place to ask questions or raise concerns**. With my other child I once asked about a rash she had, and the health visitor reassured me and said it was just a heat rash. If we could have the clinics back, maybe not once a week but **even once a month** that would be good.”



Personal story



"I would like to see the health visitor come out face to face for every mandated contact and put the clinics back. Just 1 per month, have a health visitor there for 2 hours to have baby weighed and ask questions about things you wouldn't dare ring up about in case you felt silly asking...The clinics were removed in lockdown and the consultation to cut services was not advertised anywhere. People thought it was because of COVID-19 not because of funding. It was all done very quietly."



GP practices not being able to weigh babies

Some mothers said GP practices didn't always have baby scales so their baby couldn't be weighed.

In one case, the paediatrician requested a baby was weighed regularly to check for development issues, however this could not be done due to the loss of baby weighing clinics and the lack of baby weighing scales at the GP practice. Another mother said the baby weighing scales were broken at their GP practice and another said their practice didn't have any.

One mother said they were told to use the Harrogate and District NHS Foundation Trust health visiting app to monitor their baby's growth, but she found this difficult, and it just kept closing when they tried to use it.

"I asked if my baby could be weighed (as the health visitor said the GP would do it) and she sighed and said, "do I have to weigh?". She then reluctantly went to get the scales, but they were broken so still couldn't weigh my baby. **What doctors' surgery has broken scales?!"**

A perceived postcode lottery for support

Some mothers raised the postcode lottery issue whereby people's access to health services is determined by the area in which they live.

One mother said she has travelled to a baby clinic in East Yorkshire as they are provided there. Another said she has a friend in Buckinghamshire where the health visitor clinics still run. The quality and provision of care was also dependent on where within North Yorkshire people live, with mothers in Selby reporting the highest levels of overall support and mothers in Hambleton reporting the lowest levels (see **appendix two** for the graph illustrating this).

"I sometimes go to a group that weighs your baby and have even visited a baby weigh clinic that runs in East Yorkshire at a children's centre. **It's about funding and a postcode lottery** they get support in East Yorkshire."

"One of my friends lives in Buckinghamshire and she said there are health visitor clinics still running and couldn't believe there weren't any here. **Why are they still running in other places but not here?**"



Information provided

Information provided

What the guidance says

The NICE guidance suggests women should be given information about the postnatal period and what to expect. There are nine specific areas the NICE guidance recommends information is shared about³³.

- **41%** said they **received information from the health visitor**
- **38%** said they **received information from community midwives**
- **12%** said they **received information from the GP**
- **4%** said they **received information from voluntary, community and social enterprise organisations**

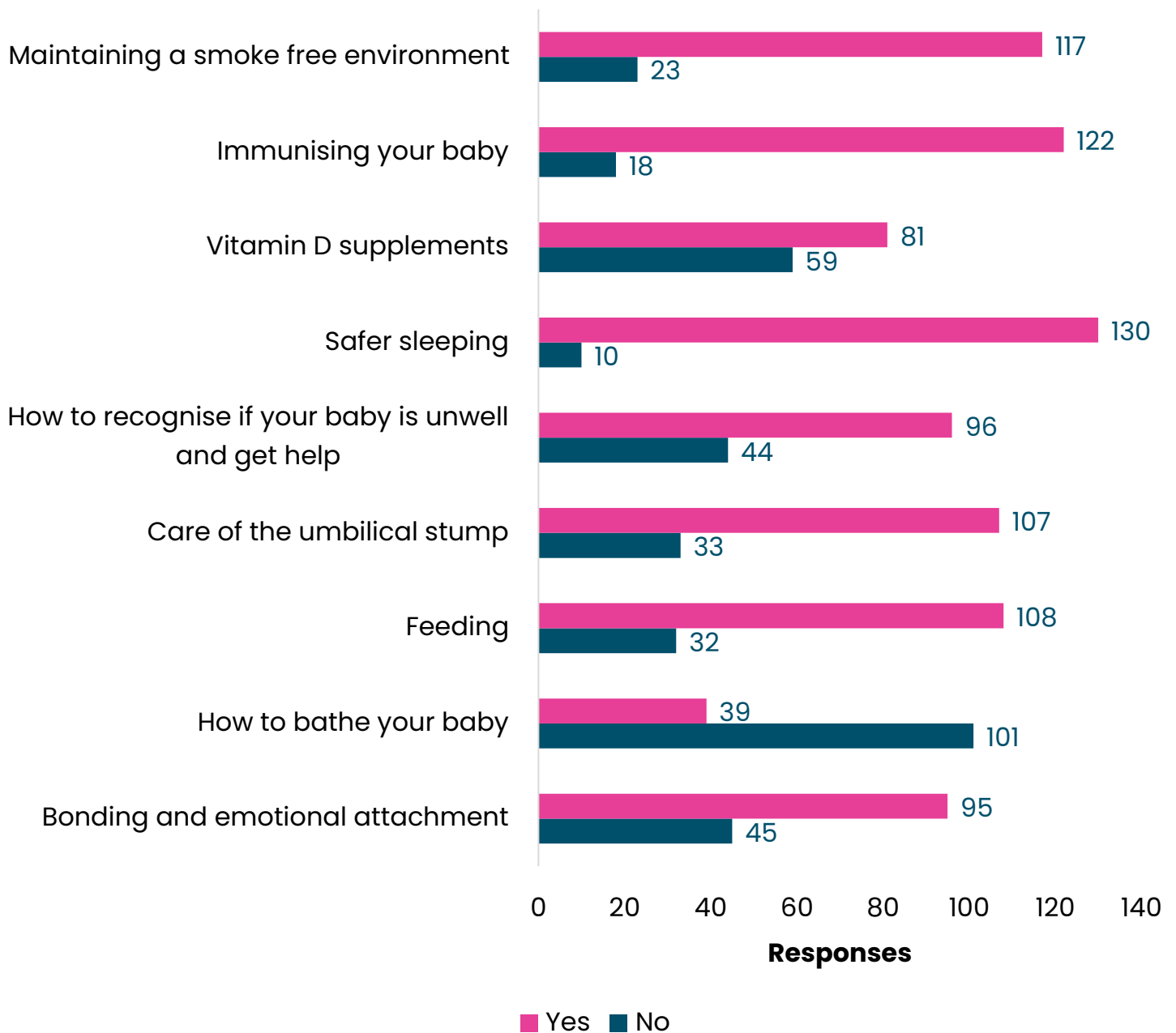


³³ [Recommendations | Postnatal care | Guidance | NICE](#)

Types of information

Mothers reported receiving a wide variety of different information that they felt was helpful in supported them and how they supported their babies, such as baby immunisation, feeding and safer sleeping.

Did you receive the following information about caring for your baby?



Asking questions about information



86% of mothers said they felt able to ask questions about the information that was shared.

“The community midwives were very good, **really helpful to be able to ask them questions** and they were always caring and understanding.”

Format of information

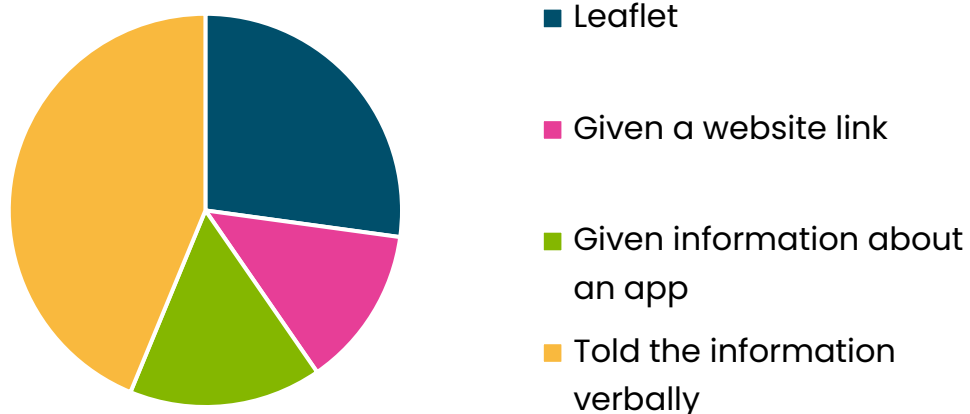
The NICE guidance suggests that it is helpful to deliver information in different formats.

For example, via face-to-face discussions and via printed or digital materials³⁴.

Most mothers said they either **received information verbally (44%)** or **via a leaflet (27%)**.

19% said they **would have preferred a different format**.

How did you receive information?



³⁴ [Recommendations | Postnatal care | Guidance | NICE](#)

Practical demonstration classes favoured

Feedback from many mothers suggests that there are too many leaflets and booklets given out, instead they would prefer some sort of in person class.

Some mothers said they would like to have demonstrational, in person classes before birth about what to expect postnatally. These classes should cover both a mother's recovery and infants physical, social, and emotional development as well as infant feeding.

Personal story



"All the information about feeding is given in a booklet and I don't think that is the correct format these days. Maybe it **needs to be a bit more demonstrational.**

Perhaps some sessions before you have your baby would be helpful. Those type of sessions are available, but they are very birth focussed. If you could have some kind of session where it is a bit more focussed on those first three months after birth. Maybe even get some new mums in themselves to talk about their experiences."

"There should be **more antenatal classes on the aftermath of birth** and how families, partners can support the birthing person and what the birthing person should expect or look out for."

An information booklet would be beneficial

Mothers favoured one comprehensive information booklet instead of multiple leaflets to avoid duplication of key information.

The importance for this booklet being easy to understand and user friendly was highlighted. One mother said getting an email with links to all the relevant websites would also be helpful, so they are all in one place.

“Sometimes it’s a lot to take in information especially from a lot of various people, **an information pack would be more beneficial** with sections on each topic.”

“**Generic email with all information** would be helpful with links on where to access information online.”

“Given so many leaflets, **some duplicates** and it was too much.”

More information pre-birth about postnatal care

Issues raised around missing information and the timing of information.

There was a consensus that there is often too much focus on the birth and less information on the aftermath for the mother so instead there should be more focus pre-birth on what to expect postnatally. Others said information is often given when you get home when you are exhausted, so it would be better to receive some of this information before birth so it can be properly digested.

Research

Other research found mothers experience of the transition to parenthood could be improved by antenatal (care received during pregnancy) access to comprehensive information about the timing, location, content, and purpose of postnatal care³⁵.

“There is **too much focus on the birth** and not the aftermath there is nothing about what happens next (what you should be doing, what you should be watching out for) there is no interest whatsoever in the recovery of the birthing person’s body and their healing and I found that very difficult to come to terms with”.

³⁵ [“Reassurance that you’re doing okay, or guidance if you’re not”: A qualitative descriptive study of pregnant first-time mothers’ expectations and information needs about postnatal care in England - ScienceDirect](#)

Help to access maternity records

Not being able to access information via [Badger Notes](#) was raised by a number of mothers.

This is an online portal and app where you can access your maternity records. Even after raising this issue with the community midwives and receiving help some mothers said they have still struggled to get access to their information and notes postnatally.

*"I was told to access postnatal information via Badger Notes. I was logged out of badger notes the day after I gave birth. When I raised this with midwives they were perplexed and **unable to grant access, meaning I've never been able to use badger notes postnatally.**"*



Some mothers unsure of where to get advice

Several mothers said that they didn't know where to get advice from or who to turn to.

They said the health visitor often said go to the GP but then the GP said go to speak to the health visitor. Mothers said it would be good to have more information about who to contact when they are not sure, and when to ring their GP or when to ring the health visitor.

"I found it **difficult to know who to get support from**. Health visitors would often point me to GP and GP had suggested talking to a health visitor."

"Every time I have phoned the health visitor (single point of contact number) about anything **they just tell you to go to your GP** so no point in ringing them."

"The healthcare professionals presume you know who to go to, who all these different sections are, it's confusing, there are all these teams within the teams. **They presume you know about all the resources**, there is this underlying tone that because they may have done it for 25 years everyone else knows."

Slow or no response

Some mothers have experienced long wait times or no response when contacting health visitor services (via the Single Point of Contact number or the app) for urgent questions or concerns.

One mother with a baby waited over two days for a response, leading them to seek private support for their baby (who had colic) instead.

"We can't directly contact the health visitor anymore; I'm not meant to directly text her; I must ring the number then they call you back when they can. **The problem is where I live there is no phone signal!**"

"It is difficult to open up to a stranger you need to build up that trust. You ring the number and speak with a receptionist and tell her your problems then **wait 1 or 2 days to hear from them. Asking for help can be detrimental to it.**"

Conflicting information from professionals

In the NICE guidance the importance for healthcare professionals to provide evidence-based and consistent information throughout the woman's care is highlighted³⁶.

From the feedback received, it appears some mothers felt that they sometimes received conflicting information from the different healthcare professionals they saw postnatally.

41% (57 people) said they had **received conflicting information**

59% (81 people) **did not receive conflicting information**

Conflicting information on different topics

Mothers received conflicting information on feeding, physical recovery, sleeping and baby development.

A small number of mothers sometimes felt unsure which advice to follow after receiving conflicting feeding advice from midwives, health visitors, and GPs. Some resorted to their own research due to misinformation on tongue tie and allergies. Others sought help from private lactation consultants for current evidence-based guidance.

A few mothers noted that they had received different advice for their physical recovery, such as care of c-section scar and continence issues. The conflicting advice around care of c-section scar led to one mother getting sepsis. Another mother reported that professionals within the same field would even conflict one another.

“Advice about feeding differed between midwives - one community midwife told me my baby needed to be fed every 2 hours, another told me every 4 hours. Also, information about burping a breastfed baby differed between community midwives.”

³⁶ [Recommendations | Postnatal care | Guidance | NICE](#)

Additional support

Additional support

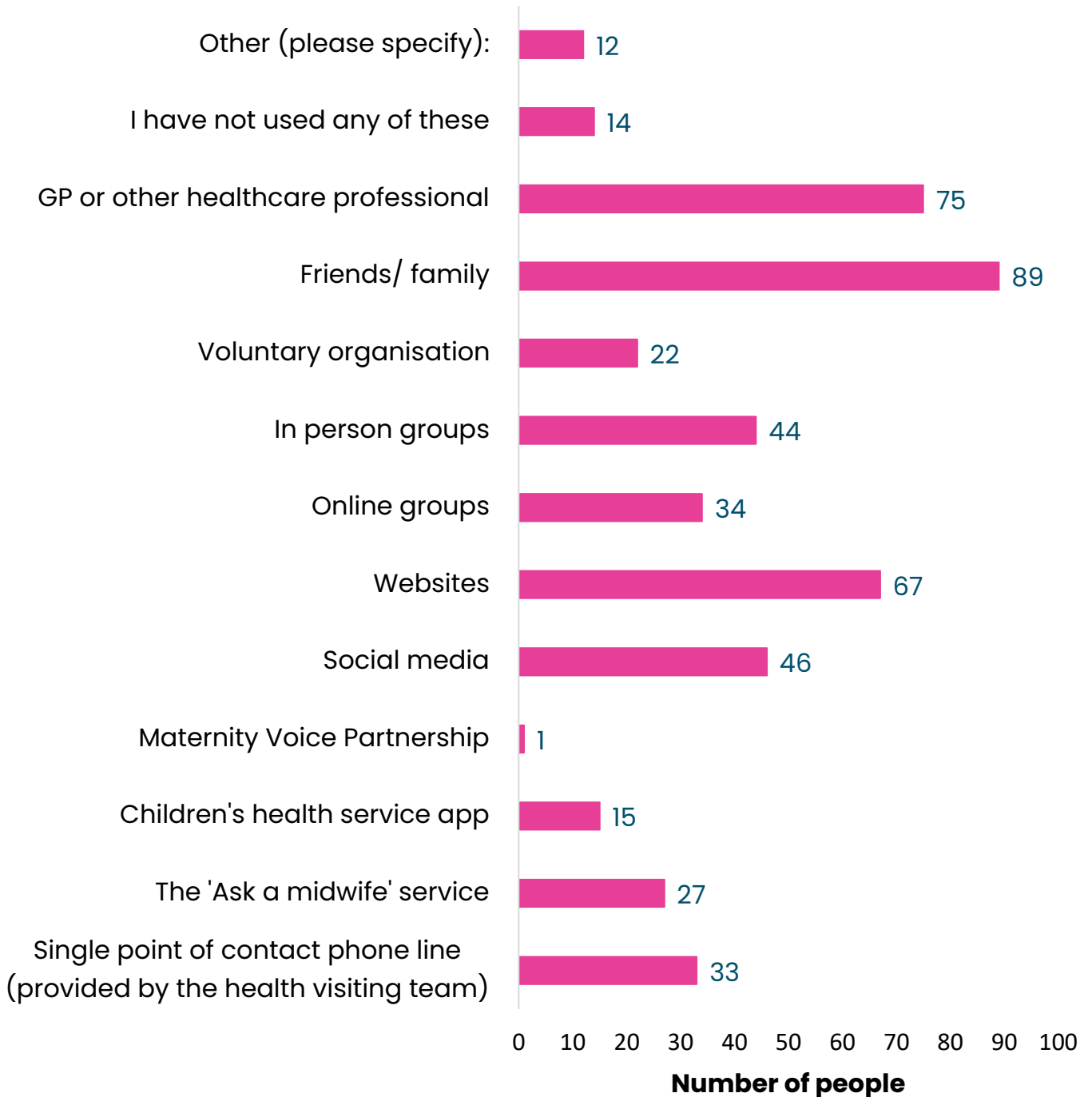
Beyond the mandatory health and social care framework, friends, family, community groups, and support organisations play a pivotal role in providing a holistic support network for new mothers after birth.

Recognising the significance of emotional support, information sharing and community connection alongside clinical guidance is essential for fostering positive postnatal experiences.

Whilst most sources of additional support came from GPs or other healthcare professionals, many mothers also sought support, advice and information from their family and friends.



Have you sought support, advice or information from any of the following?





Attendees of community baby and breastfeeding groups expressed the positive impact of connecting with other new parents, sharing experiences, and forming supportive relationships. Attendance was linked to mental health benefits, reducing feelings of isolation, and providing companionship, especially for military spouses new to the area.

“Any support is helpful to make you feel you are not alone. As resources are limited, a group of local mums have set up a mum's and baby group, so **mum's have a friend network for support and somewhere to go.**”

“I come and let my toddler play and this gives me a bit of time to **chat to other mums as I am on my own.**”

“The baby group I attend has been really good for my mental health as **being a military spouse can be very isolating** especially being new to the area and my first baby. I enjoy coming along with my baby to the groups and we both get to interact with other people. It is good for us both”.



Sharing of information through baby and breastfeeding groups



Mothers also mentioned that these groups not only provide social benefits but also serve as platforms for exchanging valuable information on infant care and breastfeeding.

Sharing concerns and experiences within a supportive community environment was deemed essential.

“Mum and baby groups were so helpful – the chance to speak to other mums and share concerns really helped!”

Some mothers also expressed the desire to see healthcare professionals attending community mother and baby groups to offer advice and support.

“I think health visitors attending mum and baby groups would help and a mental health person so we could talk to them. It’s hard finding help...I think I will just get through it myself.”

Invaluable support from voluntary organisations



Specific support organisations such as Treasure Chest and Homestart were highlighted for their invaluable contributions. Treasure Chest was credited with providing essential guidance on infant feeding and Homestart offered

assistance that enabled mothers to participate in local baby groups, improving their mental wellbeing.

“Treasure chest is invaluable. Learnt more from 10 minute chat than I did from multiple midwives.”

“I wouldn't be breast feeding without treasure chest support, they are fantastic.”

“My mental health midwife referred me to Homestart. The support from them was really good and they helped me to go out and attend a local baby group.”

Advice and emotional support from family and friends

Most mothers highlighted the importance of receiving advice and support from family and friends.

Mothers said this advice played a crucial role in helping them to navigate the challenges during the postnatal period, ranging from support establishing routines to offering emotional support. Worryingly this leaves a gap for those mothers who do not have a family and friends support network.

“I find the support from my family the best. Without having support from family, I think a lot of women must be getting missed.”

Support from online platforms including ‘Ask a Midwife’ and the Growing Healthy app

Many mothers turned to online platforms for support in addition to face-to-face groups, reflecting changing trends in accessing advice and information. While websites, online groups, and social media were more commonly used, the Growing Healthy app and Ask a Midwife service saw less adoption. Users of these platforms had varied experiences.

“NHS website helpful. Also, mutual support websites such as Mumsnet”

“I used Instagram – Mama’s Milk”.

“Ask a Midwife is responsive and helpful”.

“I contacted a health visitor on the **Growing Healthy app and it told me to go and see my GP”.**

“The Growing Healthy app **doesn’t really tell you much”.**

Conclusion

Conclusion

The findings from this research on community postnatal care in North Yorkshire highlight both successes and challenges within the current healthcare system. While there were many positive experiences reported, over half of the mothers that responded felt that they would have liked more support, with many issues emerging that require improvement.

Addressing these issues requires:

1. A multi-agency approach that prioritises continuity of care and personalised support.
2. An increased availability of in-person appointments.
3. Comprehensive mental and physical health support and infant feeding support.
4. Improved dissemination of information and resources, covering a wide range of postnatal care topics and essential contact details for easy access to support services.

The journey through the postnatal period is dynamic and unique for each individual person. A comprehensive community postnatal care pathway should be inclusive, responsive, and ultimately contribute to the well-being of both mothers and infants, fostering a healthy start. The complex nature of postnatal care necessitates a collaborative effort to address gaps, enhance existing support structures, and ensure that mothers feel empowered and supported on their unique postnatal journeys. We hope this study will help policy makers, commissioners and providers reflect on the findings and make improvements where necessary to address concerns.

Thank you to everyone who shared their experiences with us, your voices will help inform and shape the postnatal services across North Yorkshire.

We would also like to thank everyone who worked with us on this project. It would not have been possible without the help and support from several different organisations, individuals, volunteers, and trustees.

Appendices

Appendix one: research methodology

Survey

Our survey questions were based around the National Institute of Clinical Excellence (NICE) guidelines for community postnatal care.

Once the survey draft was developed this was shared with a small group for comment (it consisted of members of the North Yorkshire Council Public Health team, a representative from Treasure Chest (feeding support group), a Harrogate community midwife, the chair of Harrogate Maternity Voice Partnership and the chair for York & Scarborough Maternity Voice Partnership. We also had the support of three of our trustees with relevant professional experience. See **appendix three** for the survey questions.

The survey was distributed across North Yorkshire, both online and via paper copies and there was the option for people to complete the survey by phone. Some of the people who shared their views via the survey also offered to be case studies so spoke to us in more depth over the phone. Healthwatch North Yorkshire shared the survey through our website and social media (through mother and baby Facebook groups) as well as through leaflets. The voluntary, community and social enterprise sector also helped to share the survey. Others who shared the survey included the MVPs across North Yorkshire, North Yorkshire Council Public Health team and the Harrogate and District NHS Foundation Trust healthy child team.

We were also keen to hear from those people who experience unique health inequalities and so shared the survey with groups who support some of these communities, such neurodiverse people, people who live rurally, people with mental health conditions, people who are a serving member of the armed forces or their partner/spouse is, younger people, people with physical disabilities and refugees/asylum seekers to name a few.

In-person participation

Healthwatch North Yorkshire staff and volunteers also attended several baby groups and breastfeeding groups across North Yorkshire to gather more in-depth experiences. This consisted of speaking with mothers, with conversations being guided by a shortened version of the survey.

We ensured we attended groups across North Yorkshire and spoke with some mothers in the most deprived areas of North Yorkshire, such as in Scarborough.

Please note, most of the graphs and tables in the main body of the report include the responses from people who completed the survey. The accompanying themes and quotes are derived from a mix of the survey responses and feedback we received via the in-person participation.

Literature search and mapping exercise

Prior to the data collection phase, a number of our volunteers supported this project by conducting a light literature search on the topic of postnatal care. Some of the research found is included in the body of the report.

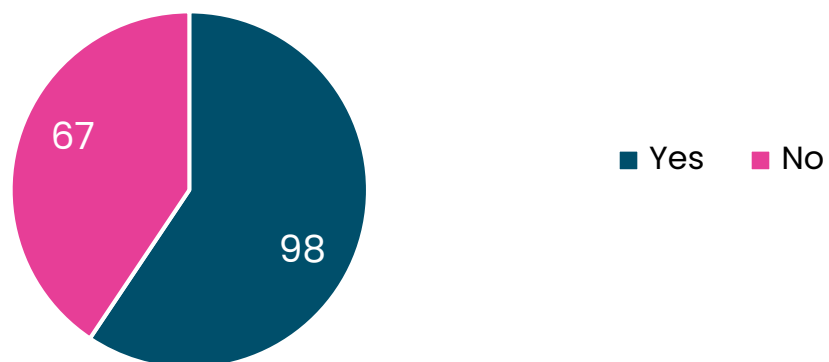
During the data collection phase our volunteers also undertook a mapping exercise. For this task, they searched online for baby groups and feeding groups that were free or low cost, running across North Yorkshire. The baby groups our volunteers found through this mapping task can be found on our website. Please note, this resource does not include an exhaustive list of every group that is running in North Yorkshire, it only includes groups our volunteers could find by searching online. This also means some of the information on the resource could be outdated so if you would like to attend any of the groups, please contact the group beforehand to ensure they are still running at the time and location stated on the document.

Appendix two: who did we hear from?

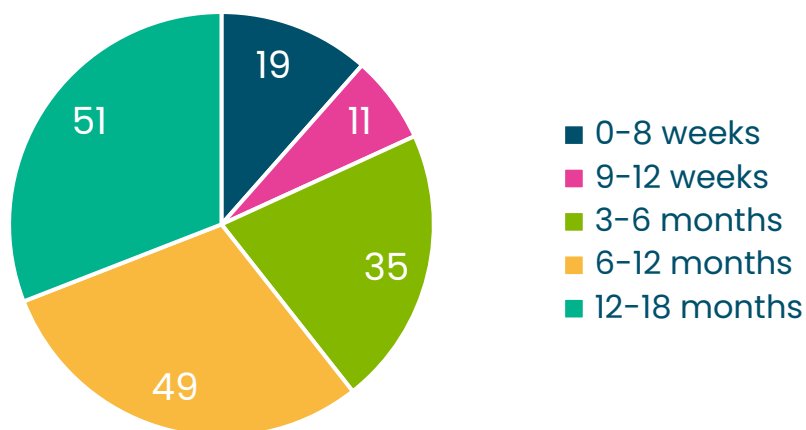
We received feedback from 167 mothers

Of our sample, 59% said it was their first baby. As shown in the pie chart below, most mothers had babies who were between 6–18 months old (31% said their baby was between 12–18 months and 30% said their baby was between 6–12 months).

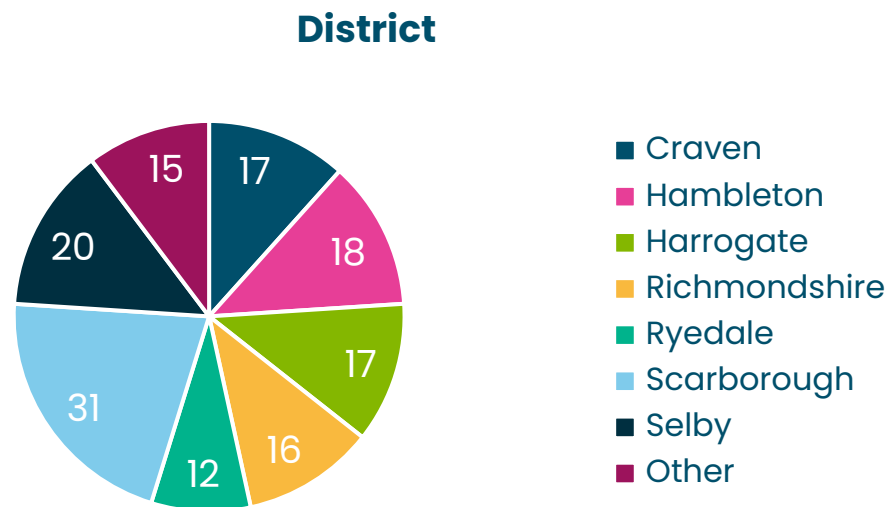
Is this your first baby?



How old is your baby?



A spread of responses across North Yorkshire



Please note, the 'Other' includes York, Darlington, Bridlington & East Riding.

Age

Most people (94%) were aged between 25-49 (5% were between 18-24 and only 1% under 18).

Gender

In terms of gender, 99% said they identify as a woman (1% prefer not to say) and 99% said their gender identity is the same as their sex recorded at birth (1% prefer not to say).

Ethnicity

98% of people were White, 1% selected any other background (which included Nepalese) and 1% would prefer not to say.

Financial status

Just over half of our sample said they have more than enough money for necessities and a little spare for saving or leisure, as shown below.

Financial situation	Count	Percentage
Prefer not to say	12	8%
I have more than enough money for basic necessities and a lot spare that I can save or spend on extras or leisure.	24	16%
I have more than enough money for basic necessities and a little spare that I can save or spend on extras or leisure.	74	51%
I have just enough money for basic necessities and little else	31	21%
I don't have enough money for basic necessities and sometimes or often run out of money	5	3%

Equality and diversity statements

We asked people whether any of the statements listed in the table below apply to them. Those who said none of the above or prefer not to say have been removed from the table.

To reach people from these communities we contacted many different organisations who support these groups asking them to share the survey. However, we had difficulties in getting a large response rate from people who identify with these groups which may partly be because the proportion of people from these groups who have had a baby in the last 18 months is likely to be small.

Equality and diversity statement	Count	Percentage
I have experienced domestic abuse (e.g., violence, psychological or financial).	2	3%
I am a refugee or asylum seeker	0	0%
I am a serving member of the armed forces or my spouse/partner is	10	15%
I live in a rural/isolated setting	14	21%
I consider myself to have a mental health condition	20	29%
I have a physical disability	6	9%
I consider myself to be neuro-diverse (for example, autism, dyslexia, dyspraxia, Tourette's)	7	10%
I don't have a support network (friends and family)	6	9%
I belong to the LGBTQ+ community	3	4%

Appendix three: survey questions

Your experience of community postnatal care

Introduction

Healthwatch North Yorkshire want providers to make postnatal care better for you and your baby. We want to determine what postnatal care services are available at home and in your community, including voluntary and community organisations, and we want to understand what experiences and challenges there have been after the birth of your baby when you arrived home.

Through this survey we want to hear about your experience of health and social care services at home and in your community, including NHS community midwives and the 0-6 health visiting team. We also want to know what GP checks have been like after birth. We want to engage with parents who have given birth in the last 18 months to share good practice and improve postnatal care in the community across North Yorkshire.

The feedback we gather will be used to produce a report that will then be shared with service providers to help influence how services are designed and delivered.

Your feedback is anonymous and the survey will take around 20 minutes to complete.

If you would like to fill out the survey by phone, please contact Healthwatch North Yorkshire on 01423 788128.

The closing date for the survey is **Thursday 30th November 2023**.

Did you have your baby in the last 18 months?

- Yes
- No - for this project, we are only collecting feedback from people who have had a baby in the last 18 months. But if your baby is over that age, you can still have your say, please visit <https://www.healthwatchnorthyorkshire.co.uk/your-views-matter> or phone 01423 788128.

Is this your first baby?

- Yes
- No

How old is your baby?

- 0-8 weeks
- 9-12 weeks
- 3-6 months
- 6-12 months
- 12-18 months

Section 1. Community midwifery

In certain questions we would like to know about your experiences with specific healthcare professionals, such as the community midwifery team, the health visiting team and your GP Practice. Someone from the health visiting team will usually visit you at home for the first time around 10 days after your baby is born. Until then you'll be cared for by the local community midwifery team.

Did a community midwife visit you within 36 hours of you returning home after having your baby?

Yes

No

Thinking about all the postnatal checks you and your baby have received from **community midwives, whether that was at home, in clinic or via a phone or video call...**

Please tick either Yes or No

	Yes	No
Were you asked about your general health and wellbeing?		
Did they discuss symptoms and signs of postnatal physical health problems and how to seek help? For example, continence issues, pain, symptoms, and signs of infection.		
Did they discuss symptoms and signs of mental health problems and how to seek help? For example, anxiety, depression.		

Were you given the opportunity to talk about your birth experience?		
Did you feel listened to and were they responsive to your needs and preferences?		
Were you asked if you had concerns about your baby's general wellbeing or development?		

Were you informed about the transfer of care from the community midwife to the health visiting team?

- Yes
- No
- Unsure

During the transfer of care from the community midwifery team to the health visiting team do you feel like your medical history and personal circumstances were communicated between the different healthcare professionals?

- Yes
- No

Section 2. Health visiting

Did someone from the health visiting team visit you within 10-14 days of returning home after having your baby?

Yes

No

Thinking about all the postnatal checks you and your baby have received from the **health visiting team, whether that was at home, in clinic or via a phone or video call.**

Please either tick Yes or No.

	Yes	No
Were you asked about your general health and wellbeing?		
Did they discuss symptoms and signs of postnatal physical health problems and how to seek help? For example, continence issues, pain, symptoms and signs of infection.		
Did they discuss symptoms and signs of mental health problems and how to seek help? For example, anxiety, depression.		
Were you given the opportunity to talk about your birth experience?		
Did you feel listened to and were they responsive to your needs and preferences?		
Were you asked if you had concerns about your baby's general wellbeing or development?		

Section 3. 6–8–week GP check up

Have you and your baby had the GP 6–8 week check-up?

- Yes, in person at my GP practice
- Yes, over the phone
- Yes, online (video)
- No (please skip to Section 4. Infant Feeding)
- Non applicable as my baby is less than 8 weeks old (please skip to Section 4. Infant Feeding)

Thinking about you and your baby's 6–8–week GP postnatal check-up, whether that was in clinic or via a phone or video call

Please tick Yes or No

	Yes	No
Were you asked about your general health and wellbeing?		
Did they discuss symptoms and signs of postnatal physical health problems and how to seek help? For example, continence issues, pain, symptoms and signs of infection.		
Did they discuss symptoms and signs of mental health problems and how to seek help? For example, anxiety, depression.		
Were you given the opportunity to talk about your birth experience?		

Did you feel listened to and were they responsive to your needs and preferences?		
Were you asked if you had concerns about your baby's general wellbeing or development?		
Did your baby receive a complete physical examination?		

Section 4. Infant feeding

Did you receive infant feeding support? This includes breastfeeding and/or bottle feeding.

Yes

No

If you have selected 'No' please explain why you did not receive any infant feeding support (then please skip to Section 5. Information received during postnatal period)

Who did you receive infant feeding support from?

Community midwifery team

Health visiting team

Other (please specify):

Were your feeding decisions respected and supported?

Yes

No

Please specify why you selected this option

Did the feeding support meet your needs?

Yes

No

Please specify why you selected this option

Section 5. Information received during the postnatal period

Thinking about all the postnatal contact you have had; did you receive the following information about caring for your baby?

Please tick Yes or No

	Yes	No
Bonding and emotional attachment		
How to bathe your baby		
Feeding		
Care of the umbilical stump		
How to recognise if your baby is unwell and how to seek help		
Safer sleeping		
Vitamin D supplements for babies		
Immunising your baby		
Maintaining a smoke free environment for your baby		

Who did you receive this information from? Please tick all that apply.

- Community midwife
- Health visiting team
- GP or other healthcare professional
- Voluntary community organisation
- Other (please specify):

How did you receive this information? Please tick all that apply

- Leaflet
- Given a website link
- Given information about an app
- Told the information verbally
- Other (please specify):

Would you have preferred to receive the information in a different way?

- Yes
- No

Please specify how you would have liked the information if you selected 'Yes'

If you need information in a different, more accessible format for you (for example, Easy Read, large print, in a different language etc) did you receive the information in this format?

- Yes
- No
- Non applicable

Did you feel able to ask questions about the information?

Yes

No

Were you given conflicting advice/information from different healthcare professionals (for example, did the community midwife give advice that was then conflicted by the health visitor or GP)?

Yes

No

If you selected Yes, which healthcare professionals gave conflicting information and what information was this?

Healthy Start - If you're more than 10 weeks pregnant or have a child under 4, the Healthy Start scheme can help you: buy healthy foods like milk or fruit get free vitamins You need to be claiming certain benefits to qualify. If you're pregnant and under 18 you can claim even if you do not receive any benefits.

Did you receive information about the Healthy Start scheme?

Yes

No (please skip to Section 6. Early help received during the postnatal period)

Do you know what eligible families can get through the scheme i.e. a pre-paid card and free healthy start vitamins?

Yes

No

Where would be a good place for you to collect free/cost price maternal and child vitamins?

Schools/nurse

GP Practice

Pharmacy

Libraries

Children and families' centres

Food banks

Other (please specify):

If you have faced any barriers to signing up or using the Healthy Start scheme, please outline these below

Section 6. Early help

Early help is an approach to ensure children, young people and their families receive the right support at the right time when need is identified.

Have you received support from the early help team during the postnatal period?

- Yes
- No (please skip to Section 7. Level of support received during the postnatal period)

Please provide more detail about whether this early help support was helpful

Section 7. Level of support received during the postnatal period

Overall, do you feel you have received enough support during the postnatal period?

- Yes (skip to Section 8. Accessing postnatal support)
- No

Why do you feel you have not received enough support?

At what stage would you have liked this extra support?

- 0-14 days
- 2 weeks to 8 weeks
- 2 months – 6 months
- 6-12 months

In what areas would you have liked extra support? Please tick all that apply

- Infant feeding
- Infant crying
- Infant sleeping
- Physical recovery
- Mental health
- Birth experience
- Other (please specify):

Section 8. Accessing postnatal support

Thinking about accessing postnatal support, have you faced any barriers?

Have you sought support, advice, or information from any of the following? Please tick all that apply

- Single point of contact phone line (provided by the health visiting team)
- The 'Ask a midwife' service
- Children's Health Service- Harrogate & District NHS Foundation Trust app
- Maternity Voice Partnership
- Social media
- Websites (e.g. NHS Choices)
- Online groups
- In person groups
- Voluntary organisation (e.g. Home Start, Treasure Chest)
- Friends/ family
- GP or other healthcare professional
- I have not used any of these (please skip to section 9. Overall rating of your NHS postnatal healthcare experience)

Other (please specify):

If you have selected **voluntary organisation, online or in person** groups please name them if you are happy to do so as this information will be shared in the report so other parents know what support is available.

Please provide details about whether you found the support helpful

Section 9. Overall rating of your NHS postnatal healthcare experience

On a scale of 1 to 5 with 1 being poor and 5 being excellent, overall, how would you rate the NHS postnatal healthcare you have received?

- 1 (poor)
- 2
- 3
- 4
- 5 (excellent)

Is there anything else (both positive or negative) that you would like to tell us about the postnatal care you have received?

Section 10. Sign up to our mailing list

If you would like to sign up to our mailing list to receive updates and news from Healthwatch North Yorkshire please leave your name and email address below.

First name

Last name

Email address

Section 11. Case study

Would you be interested in talking to us in more detail about your experience of postnatal care? If so, please leave you contact details (email address and/or phone number) below and we will be in contact shortly after you have submitted the survey.

Section 12. Questions about you

You don't have to answer these questions. But by telling us more about you, you will help us ensure that we are hearing from different people in different situations.

Where in North Yorkshire do you live? Please choose the district that best represents where you are.

- Craven
- Hambleton
- Harrogate
- Richmondshire
- Ryedale
- Scarborough
- Selby
- Other (please specify):

How old are you?

- Under 18
- 18 – 24
- 25 – 49
- 50 – 64
- 65 – 79
- 80+
- Prefer not to say

Which of the following statements apply to you? Please tick all that apply.

- I belong to the LGBTQ+ community.
- I don't have a support network (friends and/or family).

- I consider myself to be neuro-diverse (e.g., autism, dyslexia, dyspraxia, Tourette's etc.)
- I have a physical disability.
- I consider myself to have a mental health condition.
- I live in a rural/isolated setting.
- I am a serving member of the armed forces or my spouse/partner is.
- I am a refugee or asylum seeker.
- I have experienced domestic abuse (e.g., violence, psychological or financial).
- None of the above.
- Prefer not to say

Which gender do you identify with?

- Woman
- Man
- Non-binary
- Intersex
- Prefer to use my own term
- Prefer not to say

Is your gender identity the same as your sex recorded at birth?

- Yes
- No

Prefer not to say

What is your ethnicity?

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: any other Black / Black British background
- Mixed multiple ethnic groups: Asian and white
- Mixed multiple ethnic groups: Black African and white
- Mixed multiple ethnic groups: Black Caribbean and white
- Mixed multiple ethnic groups: any other mixed multiple ethnic groups
- White: British / English / Welsh / Scottish / Northern Irish
- White: Irish
- White: Gypsy, Traveller, Irish Traveller
- White: Roma
- White: other white background
- Any other ethnic group

Prefer not to say

Other (please specify):

Which of the following best describes your current financial situation?

- I have more than enough money for basic necessities and a lot spare that I can save or spend on extras or leisure.
- I have more than enough money for basic necessities and a little spare that I can save or spend on extras or leisure.
- I have just enough money for basic necessities and little else
- I don't have enough money for basic necessities and sometimes or often run out of money
- Prefer not to say

If you need further support, there is some information below:

Health visitors

You can contact the health visitors for support for anything to do with your baby/child and their development. Their number is **0300 303 0916** and is open Mon-Fri 9am-5pm.

Midwives

If you are still under the care of the community midwives in those early weeks they can be your first port of call before they discharge you to your GP.

GPs

Your GPs can help you with any medical concerns for either you or your baby. Your GP can also support you with your mental health if you feel like everything is a bit too overwhelming.

North Yorkshire Talking Therapies

This is a self-referral service for mental health issues and can provide you with talking therapy.

<https://northyorkshiretalkingtherapies.co.uk/>

National Breast Feeding Helpline

If you really need someone to talk to about breastfeeding give the NBH a call. Lines are open from 9.30am to 9.30pm 365 days a year. **0300 100 212**

- <https://www.nationalbreastfeedinghelpline.org.uk/>

If you have any other health or social care experiences that you would like to share with us please feel free to have your say on our website

(www.healthwatchnorthyorkshire.co.uk/have-your-say) give us a call or send an email.

Call: 01423 788 128 between the hours of 09:00 – 17:00 Monday to Friday.

Email: hello@hwny.co.uk



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