



Maternity Equity and Equality in Tower Hamlets

August 2023

healthwatch
Tower Hamlets

Contents

Introduction.....	2
Key Findings	5
Full Findings.....	7
GP Services	8
Midwife Services.....	12
Specialist Services.....	16
Screening Services	19
Urgent Care and Emergency Services.....	22
Giving Birth.....	26
Case Studies	29
Appendices	32
Appendix 1. Demographics.....	33

Introduction

Healthwatch Tower Hamlets are your **local, independent health and social care champion**. We help local people to voice their **views and opinions** about the services they use.



We **listen** to people and **collect their feedback** on health and social care services.



We **report on key findings** and **make recommendations** for improvement.



We **present these reports** to those involved in the planning and commissioning of the health and social care services.

Project Background

North East London has some of the most deprived areas in England with Tower Hamlets being ranked as the 22nd most income-deprived of the 316 local authorities districts in England¹. It is also one of the most diverse areas of London with over 50% of the residents in Tower Hamlets from Black or Asian ethnic background according to the 2021 Census data².

Health outcomes for people from Black and Asian communities and deprived areas are often poorer than those from White ethnicities and less deprived areas.

As the population in North East London is predicted to increase by 120,000 in the next five years³, it is important to ensure that maternity services are improved to meet the needs of all communities to give every child the best opportunity for a healthy start in life and women the best possible care during pregnancy and following birth.

Healthwatch organisations in North East London carried out a project looking into people's experiences of the local maternity services. The aim of the project was

¹ <https://www.ons.gov.uk/releases/mappingincome deprivationatlocalauthoritylevel2019>

²

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>

³ <https://www.northeastlondonhpc.nhs.uk/aboutus/>

to particularly focus on the experiences of women from Black and Asian ethnic minority communities and those from deprived areas in order to find out how services can improve to meet the needs of these communities.

Through a survey, we asked questions about:

- Using GP, Midwifery, and Urgent and Emergency Services
- Experiences with prenatal screening services
- What works well and what could be improved



“Equity means that all people and babies will achieve health outcomes that are as good as the groups with the best health outcomes”

North East London Local Maternity and Neonatal System Equity and equality strategy



Methodology

The feedback was collected through an online survey between July and August 2022. The survey was promoted widely by NHS North East London through their stakeholder and staff newsletters, website, social media and intranet. The survey was also shared with the Maternity Voice Partnership Chair in Tower Hamlets, as well as via a push notification to the users of the Baby Buddy app.

In addition to the online survey, feedback was also collected from Somali women through social media and over-the-phone interviews.



42 people
shared their
feedback with us.

Limitations

While we had 42 respondents in total, not all participants answered every question in the survey either because they had not accessed a particular

service, or they preferred to skip the question. Therefore, the total number of respondents to each question varies. Where there is a particularly low number of respondents, we have highlighted this in the report.

Only a small number of the respondents (n.18) shared their demographic information. Therefore, when comparing the experiences of services by different demographic groups (age, ethnicity, financial status, and level of English), the total number of respondents for some of these groups is very low. This is also the reason why we have combined ethnicities into the following groups: **Asian ethnicities, Black ethnicities, Other ethnicities, White British, and Other White ethnicities.** (See Appendix 1 Demographics for a detailed breakdown of the demographics.)

Due to this, we acknowledge that the findings may not be fully representative of the different demographics living in Tower Hamlets.

Report Outline

The report contains six main sections: *GP Services, Midwife Services, Specialist Services (including diabetes clinic and endocrinologist), Screening Services, Urgent Care and Emergency Services, and Giving Birth.*

Each section presents the key findings from the feedback received highlighting both positive and negative experiences of using these services. It also includes suggestions for improvements and compares the experiences of people from different demographic groups.

The report concludes with two case studies on experiences of miscarriage and a personal account of giving birth.

Key Findings

Booking an appointment

Overall, most respondents found booking an appointment with their GP easy. However, people from Asian and Black ethnic minority groups and people with a basic level of English were more likely to find it difficult.

Waiting times

Long wait times and delayed appointments were reported across all services apart from screening services.

Shortage of midwives

Many respondents commented on midwives being under pressure and overworked which led to feelings of appointments being rushed and care not being personalised.

Staff

People reported good experiences with maternity services when they were able to see the same medical professional throughout their pregnancy, the staff were professional and friendly, they felt comfortable asking questions, and were being listened to. However, respondents reported experiences where they felt staff did not take them seriously, or their needs were not being listened to.

Care and support

Respondents shared experiences where they felt that their appointment was a tick-box activity, or where medical professionals were not supportive and did not listen to their specific needs.

Diversity and inclusion

Respondents commented on a need for the recruitment of more diverse staff that represent the communities that access these services.

Service Satisfaction

Overall, maternity services tended to have low patient satisfaction in terms of services being well-organised, being supportive to make informed choices about patient care, treating patients with dignity and respect, and treating everyone equally.

This was particularly true with respondents from Black and Asian ethnic minority communities who often disagreed with these statements.

Language

People told us that information, in particular regarding health conditions that cause pregnancy to be high risk, should be made available in different community languages so that people who do not speak English can better understand the risks.

Miscarriage

Two respondents told us they had experienced a miscarriage, and one of them told us they did not receive support from their GP and they did not speak to anyone about their grief.

Recommendations

The recommendations were produced by local Healthwatch organisations in North East London and were based on the findings from all 8 boroughs. The overall recommendations for North East London were based on 952 responses with 42 responses from Tower Hamlets residents and included the following:

- A vision for and commitment to co-production of maternity services with service users
- A commitment to work towards cultural engagement and contextual bespoke care for members of Black ethnic minorities with community outreach
- The provision of trauma-informed care for both staff and service users
- A single North East London-wide maternity telephone number running 24 hours
- A communications post in each Maternity Unit to support the provision of accessible, timely information
- Case studies to be used in midwifery training
- Cultural competency training specific to local communities provided to each Maternity Unit
- The provision of multilingual advocates on site

The detailed North East London report with the recommendations can be found on www.healthwatchtowerhamlets.co.uk.

Whilst this report does not outline any additional recommendations specifically for Tower Hamlets, it does highlight the findings for the borough, looking in detail at the Tower Hamlet resident responses to the survey. The borough breakdown is detailed in the following 'Full Findings' section.

Full Findings

GP Services

Findings

The majority of the respondents (40%) told us that they had at least one appointment with their GP, while just over a third (34%) had appointments with multiple health professionals at their GP practice.

Booking an appointment

The majority (65%) found **booking an appointment easy**.

- o **Telephoning the practice** (36%) **was the most popular method** of booking an appointment, followed by booking online (23%).
- o **More people told us they had a telephone appointment** (13%) compared to an in-person appointment (6%).

Service Satisfaction

We gave respondents a series of statements about GP services and asked them to tell us whether they agreed or disagreed with the statement.

Doctors and nurses were helpful



I felt comfortable asking questions



Doctors and nurses spoke to me in a way that was easy for me to understand



I felt supported to make informed choices about my care



I was treated with dignity and respect



The GP surgery was well organised and ran smoothly



In my GP practice, everyone is treated equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well with the care they received at their GP practice. Themes have been applied to free text responses received.

What went well?	Selected Comments
<p>Good experience overall Respondents reported having had a good experience with booking an appointment, staff members, and receiving support for their pregnancy.</p>	<p><i>“Booking the appointment, blood test and receiving pregnancy support.”</i></p>
<p>A quick referral to necessary services Respondents also commented on quick referrals to maternity services.</p>	<p><i>“Quick response from GP via online consultation – they phoned quickly and arranged various referrals very quickly.”</i></p>

What did not go so well?	Selected Comments
<p>Negative experience with reception staff Some respondents commented on reception staff being rude and needing more training.</p>	<p><i>“Reception Staff were rude.”</i></p>
<p>Long wait times People reported long wait times or having to wait past their allocated appointment time before being seen.</p>	<p><i>“The appointments took too long to book. The queues were too long.”</i></p>
<p>Didn’t feel supported Respondents told us they had received no support during Covid, the doctor did not listen to their needs, or the appointment was a tick box activity.</p>	<p><i>“Everything was on time, but I felt he didn’t listen to my complaints and dismissed me.”</i></p>

How could services be improved?

People told us they would like to improve:

- **Access to appointments** with more in-person appointments available and more flexible opening times to accommodate working people.
- **More interpreters** available to those with language barriers.
- **More diverse workers** at reception to reflect the different communities using the service.
- **Ensure pregnant women are seen on a regular basis by health professionals** – particularly those from Black and other ethnic minority communities.

Selected comment



"Making sure pregnant women are seen very regularly, particularly from Black and ethnic minority."



Commented [jw1]: In the printed out version of the report the layout of the quote and these next sections are all quite compact and it a bit more space in the layout would make all the difference. This comment is relevant for the same section throughout the report.

Comparing the experiences of people from different demographics

We compared the responses of people from different age groups, ethnicities, financial status, and level of English. As noted in the Limitations section of the report, only a small number of respondents disclosed their demographic information which means that the number of respondents for certain demographic groups is very low (See Appendix 1. Demographics). This could mean that the feedback does not always accurately represent the views of each of the demographic groups.

Ethnicity

- Those from Asian ethnic backgrounds were more likely to find booking an appointment difficult (60%) followed by respondents from Black ethnic backgrounds (28%) compared to other ethnicities.
- Booking an appointment over the telephone was the most used booking method for people from Asian and Black ethnic backgrounds.
- The majority of respondents from Black ethnic backgrounds (67%) and low-income backgrounds (75%) disagreed that they were treated with dignity and respect.

Age

- Booking an appointment online was the most used method for people aged 18-24 while booking an appointment over the phone was the most common method for respondents aged 25-34 and 35-49.

Level of English

- All respondents with a Basic level of English reported finding it difficult to book an appointment, although it has to be noted that there were only two respondents who reported having a Basic level of English.

Financial status

- The majority of respondents from low-income backgrounds (75%) disagreed that everyone at their GP surgery is treated equally.

Midwife Services

Findings

The majority of the respondents (79%) reported having accessed Midwife services during pregnancy. The rest of the respondents were still waiting for their first appointment, and one person told us they did not want to receive antenatal care from NHS midwives.

Booking an appointment

Most of the respondents were referred to midwife services by a GP (89%) with the rest of the respondents having self-referred or been referred by a hospital.

- **Wait time of 2-3 months for the first midwife appointment** was reported by the majority of the respondents (39%) while less than 1 in 5 (17%) had waited for less than a month.
- 40% thought this wait time was *Entirely reasonable* and 30% thought it was *Somewhat reasonable*.

Service Satisfaction

We gave respondents a series of statements about Midwife services and asked them to tell us whether they agreed or disagreed with the statement.

Antenatal midwives were helpful



I felt comfortable asking any questions



Midwives spoke to me in a way that was easy for me to understand



I felt supported to make informed choices about my care



I was treated with dignity and respect



The midwife service was well-organised and ran smoothly



Antenatal midwives treat everyone equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well when accessing and receiving care from midwife services. Themes have been applied to free text responses received.

What went well?	Selected Comments
<p>Good experience with a midwife</p> <p>Respondents told us that they had a good experience with a midwife in particular when they had the same midwife throughout their pregnancy.</p>	<p><i>"Good midwife, great rapport and could ask any question I needed."</i></p>
<p>Happy with the care provided</p> <p>Respondents felt they had received good care from midwives when they felt comfortable asking questions and had regular checks.</p>	<p><i>"Could ask as many questions as I needed, always did all the blood testing and checks frequently."</i></p>

What did not go so well?	Selected Comments
<p>Midwives overworked</p> <p>Many of the respondents felt that midwives were rushed and under pressure which affected their care.</p>	<p><i>"Midwives had too much pressure. I paid privately for some support."</i></p>

Long wait times

Respondents reported long wait times for an appointment or having to wait past their allocated appointment time before being seen.

"The waiting time. I would be on time and still have to wait further 20 or more minutes to be seen."

More personalised care needed

Respondents commented on the need for more personalised care where midwives listen to the specific needs of the patient.

"Midwives need to listen to each individual patient and not put all pregnant women in the same bracket."

How could services be improved?

People told us they would like to improve:

- **Recruitment for midwives** as they are currently overworked which can affect the quality of care, and recruiting from ethnic minority communities to reflect the people who use the services.
- **Access to appointments** with one respondent commenting how it would be useful to have access to community doulas who speak the community languages. Other respondents commented on enabling self-referral and shortening wait times for appointments.
- **Care and support offered by midwives** including listening to patients and more personalised care.

Selected comment



"More recruitment from ethnic minority groups would help especially in Tower Hamlets so mirror the community they are serving".



Comparing the experiences of people from different demographics

We compared the responses of people from different age groups, ethnicities, financial status, and language backgrounds. See Appendix 1. Demographics for the total number of respondents for each demographic group.

Ethnicity

- Those from Asian and Black ethnic backgrounds were more likely to disagree that they were treated with dignity and respect, they felt supported to make informed decisions about their care, the midwife service was well-organised and ran smoothly, and that antenatal midwives treat everyone equally compared to other ethnic groups.

Financial Status

- All respondents from low-income backgrounds disagreed that antenatal midwives treat everyone equally.
- 75% of the respondents from low-income backgrounds disagreed that they were treated with dignity and respect.

Specialist Services

Findings

9 respondents were told that their pregnancy was high risk. 6 of them were referred to another health professional by their GP or midwife, and one person told us they had self-referred.

They were referred to specialist services including Diabetes Clinic, Endocrinologist, and a specialist consultant (not specified), and one respondent told us they had an external cephalic version (ECV) due to their baby being breech (lying bottom or feet first).

Booking an appointment

Wait time of less than a month was reported by the majority of the respondents (60%) with 2 weeks being the general waiting time.

- o Most agreed (86%) that the wait time was reasonable.
- o One person told us that they had to wait for 6 months for an appointment that they self-referred to (they did not specify which specialist appointment it was) and they considered the wait time way too long.

Service Satisfaction

We gave respondents a series of statements about specialist services and asked them to tell us whether they agreed or disagreed with the statement. There were only 6 respondents to these statements.

Medical professionals were helpful



I felt comfortable asking questions



Medical professionals spoke to me in a way that was easy for me to understand



I felt supported to make informed choices about my care



I was treated with dignity and respect



The service was well-organised and ran smoothly



Medical consultants/ specialists treat everyone equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well when accessing specialist services and receiving care from them. Themes have been applied to free text responses received.

What went well?	Selected Comments
Good experience overall Respondents reported having had a good experience with the service when staff were professional, friendly, and supportive, and the service was well run.	<i>"With my blood infusion that went really well, and the nurse was very supportive."</i>

What did not go so well?	Selected Comments
Long wait times Respondents told us they had to wait for their appointment or to be contacted to book the appointment.	<i>"Time it took for them to call me."</i>

How could services be improved?

People told us they would like to improve:

- **Sharing information about labour and high-risk pregnancies** more readily to help patients better understand their condition, such as diabetes.
- **Sharing information in different community languages and providing language assistance** to make it easier for people who speak other languages to understand their condition.
- **Waiting times for appointments.**

Selected comment



“Make it easier [to] understand in my language and why diabetes is risky in pregnancy.”



Comparing the experiences of people from different demographics

We compared the responses from different age groups, ethnicities, and financial backgrounds. See Appendix 1. Demographics for the total number of respondents from each demographic group.

Ethnicity

- Half the respondents from Black ethnic backgrounds disagreed that they felt supported to make informed choices and that medical consultants/specialists treat everyone equally.

Financial Situation

- 2 out of 3 respondents from low-income backgrounds disagreed that they felt supported to make informed choices and that medical consultants/specialists treat everyone equally.

Screening Services

Findings

There were 12 respondents in total in this section of the survey.

The majority of the respondents told us they had a scan at 12 weeks (77%) and at 20 weeks (92%) and a screening test for Down's syndrome, Edwards' syndrome and Patau's syndrome (75%).

Slightly less than half of the respondents told us they had a Blood test for hepatitis B, HIV and syphilis (46%), and just over a third had had a blood test for sickle cell and thalassaemia (38%). 38% of respondents told us they were not sure if they had had these blood tests.

Screening and test appointments

Most (69%) told us that they had experienced no delays to their screening and test appointments, but almost a quarter (23%) told us that they had experienced delays of more than two weeks.

- When asked what had caused the delay, one respondent told us that they only found out that they were pregnant at 15 weeks. Two people told us that when they were due for their scan, they were told that there were no appointments available.
- Most people told us they were accompanied to their test or screening appointment by their partner and/or a friend or family member (69%).
- Almost a third of the respondents (31%) said they wanted to have someone to accompany them, but they were not allowed which bothered them slightly.
- Just over half (54%) had experienced some type of administration issue in relation to their screenings. These included a misspelt name; a lost sample; delayed results; and not receiving a notification regarding an appointment.

Selected comment



"My appointment was delayed as there were none available at my 20-week scan."
Bangladeshi patient, 25-34



Service Satisfaction

We gave respondents a series of statements about the screening services and asked them to tell us whether they agreed or disagreed with the statement.

Medical professionals were helpful



I felt comfortable asking questions



Medical professionals spoke to me in a way that was easy for me to understand



I have been told the outcome of screenings within a reasonable time



Receiving the results of my screenings helped me make informed choices moving forward



I felt I was treated with dignity and respect



The service was well-organised and ran smoothly



Medical professionals treat everyone equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well with their antenatal screenings and tests. Themes have been applied to free text responses received.

What went well?	Selected Comments
<p>Good experience overall</p> <p>Some respondents told us that the medical professionals they had seen treated them well and were efficient and that their appointment had been quick and results were given in a timely manner.</p>	<p><i>"The appointment was swift and the results were given in a timely manner."</i></p>

What did not go so well?	Selected Comments
<p>Negative experience with staff</p> <p>Respondents reported negative experiences with staff members who did not listen to the patient's needs, made assumptions based on their ethnic background or were under pressure which affected the care they were giving to their patients.</p>	<p><i>"After giving birth to 2 sons I was very excited for my third pregnancy 20 weeks scan to find out the gender. The person doing the scan was very rude and condescending and just assumed I wanted a boy so gave me a lecture on how the health and measurements were her priority and I could wait to find out the gender when she was all done. When I mentioned I wanted a girl she said: Oh ok, let's get straight to it. The assumption that I was a Muslim/Asian mother who would automatically want a boy."</i></p>

How could services be improved?

People told us they would like to improve:

- **Being able to see the same doctor throughout pregnancy.**
- **More representation from ethnic minority communities.**
- **Easier access to booking appointments.**

Comparing the experiences of people from different demographics

We compared the responses from different age groups, ethnicities, and financial backgrounds. See Appendix 1. Demographics for the total number of respondents from each demographic group.

Ethnicity

- 2 out of 3 respondents from Black ethnic backgrounds disagreed that they were treated with dignity and respect.

Urgent Care and Emergency Services

Findings

There were 8 respondents in total for this section of the survey.

Just over half of the respondents told us that they had attended Accident & Emergency services (A&E) due to reasons relating to their pregnancy, while just under a third had attended an Early Pregnancy Unit (EPU). Only a small portion had used III services.

Attending urgent care and emergency services

People were most likely to have waited either 1-2 hours or more than 4 hours to receive care when attending A&E or EPU.

- Those who had waited 1-2 hours were most likely to find the waiting time reasonable, while those who waited for more than 4 hours were likely to find it too long.
- Respondents were most likely to have been accompanied by their partner when attending urgent care or emergency services.
- Two of the respondents were not allowed to have anyone accompany them when attending these services, which bothered them a great deal.

Service Satisfaction

We gave respondents a series of statements about urgent care and emergency services and asked them to tell us whether they agreed or disagreed with the statement.

Medical professionals were helpful



I felt comfortable asking questions



Medical professionals spoke to me in a way that was easy for me to understand



I have been told the outcome of screenings within a reasonable time



Receiving the results of my screenings helped me make informed choices moving forward



I felt I was treated with dignity and respect



The service was well-organised and ran smoothly



Medical professionals treat everyone equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well when attending urgent care or emergency services. Themes have been applied to free text responses received.

What went well?	Selected Comments
Quick service Respondents reported positive experiences where they had been seen quickly and referred to necessary services.	<i>"They triaged me quickly and send me to EPU for a scan as the baby movement had not been felt or heartbeat clear."</i>

What did not go so well?	Selected Comments
<p>Long wait times</p> <p>Respondents told us of long wait times to be seen and where they were left uncomfortable while waiting.</p>	<p><i>"We waited for too long in the corridor as a fully 8-month pregnant woman on an uncomfortable chair, not given a bed or comfy chair to sit on to wait. Really horrible I waited for at least 4 hours."</i></p>
<p>Not being listened to</p> <p>One respondent was left worried while waiting to be seen and staff did not offer reassurance, and another told us staff did not listen to them.</p>	<p><i>"I was rushed, I was worried about the bleeding. They didn't understand how scared I was or why they were taking so long to get a doctor to see me."</i></p>

How could services be improved?

People told us they would like to improve:

- **Access to urgent care and emergency services** either through direct triage or by having a separate urgent care service for pregnant patients.
- **Staff to listen to patients' needs and be more caring and understanding.**
- **Waiting areas with comfortable seating**, particularly for those who are further into their pregnancy.

Selected comment



"Shorter waiting time at A&E, and also give pregnant women a bed or comfy chair to sit on while they wait." **Somali patient, 35-49**



Comparing the experiences of people from different demographics

We compared the responses from different age groups, ethnicities, and financial backgrounds. See Appendix 1. Demographics for the total number of respondents from each demographic group.

Ethnicity

- Respondents from Asian and Black ethnic backgrounds were most likely to have accessed an A&E due to reasons relating to their pregnancy.

- 75% of respondents from Asian backgrounds disagreed that they were treated with dignity and respect, the service was well-organised and ran smoothly, and that everyone accessing urgent care is treated equally.
- Half of the respondents from Asian backgrounds disagreed that medical professionals were helpful and that they spoke in a way that was easy to understand.

Age

- All respondents aged 18-24 disagreed that medical professionals spoke to them in a way that was easy for them to understand, they were treated with dignity and respect, and that everyone accessing urgent care is treated equally.

Giving Birth

Findings

There were 10 respondents in total for this part of the survey.

Most respondents told us that they initially planned to give birth in a hospital either at a midwife-led unit (40%) or with a doctor (40%). A few respondents told us they had planned to give birth at home with a midwife.

Half of the respondents ended up giving birth at a hospital in a midwife-led unit, while just under a third had had an emergency C-section. None of the respondents had ended up giving birth at home.

Childbirth

The majority of the respondents told us they had given birth at Royal London Hospital's maternity ward, while some had given birth at the Royal London's Lotus birth centre, and one person had given birth at Newham Hospital.

- Half of the respondents' birth plans had ended up being different to their original plan, but only one person disagreed that giving birth differently was necessarily the best course of action.
- Half the respondents waited for more than an hour to be admitted, and roughly a third were admitted straightaway or waited for less than an hour. A few respondents were told to come back later.
- Most respondents had their partner with them in the delivery room, and only one person was told they could not have anyone with them, which bothered them a lot.

Service Satisfaction

We gave respondents a series of statements about delivery services and asked them to tell us whether they agreed or disagreed with the statement.

Medical professionals were helpful



I felt comfortable asking questions



Medical professionals spoke to me in a way that was easy for me to understand



I felt I was treated with dignity and respect



The service was well-organised and ran smoothly



Medical professionals I dealt with treated everyone equally



What went well and what did not go so well?

We asked the respondents what went well and what did not go so well when giving birth. Themes have been applied to free text responses received.

What went well?	Selected Comments
<p>Positive experience with childbirth</p> <p>Some respondents told us that the birth of their baby had gone well.</p>	<p><i>"The giving birth went well, and my midwife was present in the room, but got a bit confused as to when I was ready to push, and it caught the midwife off guard."</i></p>

What did not go so well?	Selected Comments
<p>Negative experience with staff</p> <p>Some respondents reported poor experiences with staff members where the staff did not take the patient seriously, the patient was given wrong information by midwives, or the aftercare had been poor.</p>	<p><i>"I had a spontaneous labour and gave birth within 2.5 hours. On arrival at the birth centre, the staff did not take me seriously. After admittance, I was lying on the bed and they kept insisting that I sit in a wheelchair, but I couldn't as my cervix was already open. I knew I was already in labour. I had to speak up to be taken seriously. When the midwife finally examined me, my contractions [were] too frequent and baby's head was already locked into position."</i></p>

How could services be improved?

People told us they would like to improve:

- **Staff listening to patients and communicating with them better** which would help patients to understand what is going on.
- **Better training for staff to improve care.**

Selected comment



"Patients to be listened to and staff not to automatically brush them off when busy."
Bangladeshi patient, 25-34



Comparing the experiences of people from different demographics

We compared the responses from different age groups, ethnicities, and financial backgrounds. See Appendix 1. Demographics for the total number of respondents from each demographic group.

Ethnicity

- All respondents from Asian backgrounds disagreed that they felt in control of their own care.
- 75% of respondents from Asian backgrounds disagreed that they had access to appropriate pain relief, they were treated with dignity and respect,

Case Studies

Two of the women we spoke to told us they had experienced a miscarriage.

Respondent A: Suffered a miscarriage before they attended their first scan.

Respondent A told us they had attended both EPU and A&E services due to reasons with their pregnancy. They had also had an appointment with a Practice Nurse at their GP practice and disagreed with almost all the Service Satisfaction statements. When asked what went well and what did not go so well, the respondent said she was treated “insensitively” and would have appreciated help when they needed it. When asked how GP services could be improved, they told us that GP practices could offer a separate service for maternity and early pregnancy support.

Respondent A was not sure if their GP practice was notified of their miscarriage. They tried accessing help after their loss through their GP but were unsuccessful. They told us that they did not speak to anyone about their grief, and they did not contact a bereavement charity.

Respondent B: Suffered a miscarriage before their first midwife appointment. This respondent told us that they attended A&E and an EPU where they had to wait a few hours which they thought was reasonable. They agreed with almost all the Service Satisfaction statements apart from where they neither agreed nor disagreed that services were well-organised and ran smoothly and were not sure if everyone is treated equally in urgent care and emergency services.

When asked what went well, they commented on a speedy service which they were happy about.

They did not want to share details of their mental health after suffering a miscarriage.

We also heard from a Somali woman who shared her experience of giving birth.



"I had an ECV as my baby was breeched, they felt the baby was in distress, so I had to be induced. I had the first pessary at 12pm, it was my first induction ever, previously had 4 natural births, without any pain relief.

The midwife gave me no information or guidance, apart from saying I will be checked in 24 hours, an hour later I started cramping, and the pessary fell out and at 2pm I was in a lot of pain.

I asked her to check me as I'm in labour, and she laughed and said don't be silly, I asked her again and begged her. Then she put me on the scan machine and said I can see some contractions but it's not regular so we'll move you to the labour ward. She told me to walk and I said I can't, I'm in a lot of pain. I had to beg for a wheelchair. Alhamdulillah I made it to the labour ward. She did a handover to a Somali midwife, and I said thank goodness! I felt relieved. I asked her please can you check me, she said I'm not allowed to because they said you only had the pessary a few hours ago and they said you're not in active labour. I had to swear in the name of Allah that I'm in full labour. I said just because I'm speaking calmly or not screaming and shouting it doesn't mean I'm not in labour. She said: "Please don't tell them that I checked if you're in labour". She checked me, and then she immediately pressed the emergency button for help and she shouted: "Please don't push!"

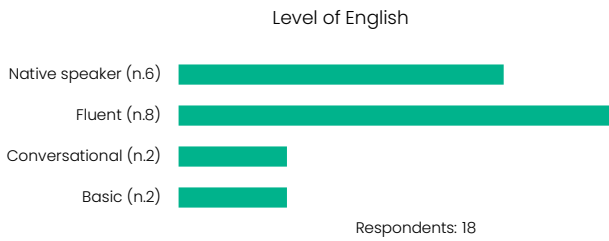
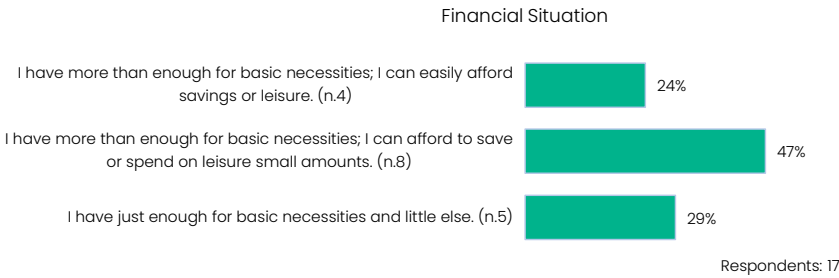
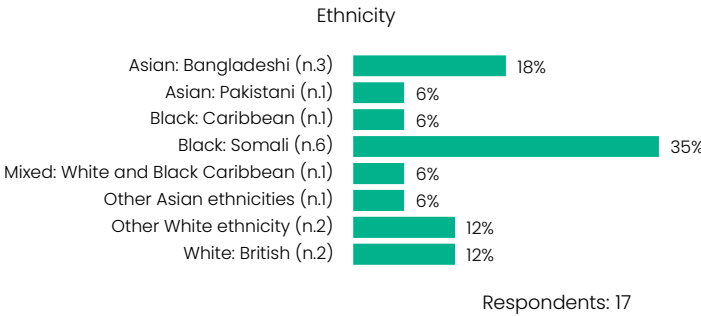
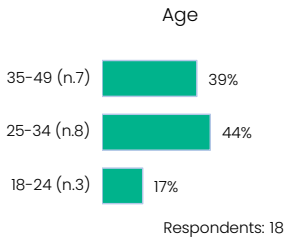
At 3pm exactly my daughter was born, I didn't make it to the labour bed, but thank goodness, I didn't drop her on the floor. This day still traumatises me. Some Black African women in maternity wards are heartless and need to believe women when they say they are in labour, especially a 5th pregnancy. The sad thing was I spoke English and knew the system and I didn't feel safe, I wasn't respected or listened to, imagine women who don't speak English!"



Appendices





Appendix 1. Demographics





healthwatch
Tower Hamlets

Healthwatch Tower Hamlets
Unit 104, The Pill Box
115 Coventry Road
Bethnal Green
E2 6GG

www.healthwatchtowerhamlets.co.uk
t: 0800 145 5343
e: info@healthwatchtowerhamlets.co.uk
 [@HWTowerhamlets](https://twitter.com/HWTowerhamlets)
 [Facebook.com/healthwatchtowerhamlets](https://www.facebook.com/healthwatchtowerhamlets)