



Preconception and Antenatal Health Care

Voices from women that have been pregnant in the past 10 years.

December 2023



What we did

We gathered voices to help Buckinghamshire Public Health develop a programme focussed on improving women's health before and during pregnancy. We heard feedback about the information, support and advice available to women at the time of their pregnancies.

We held six focus groups, a two-person interview and two individual interviews with women during October and November 2023. In one of these groups, we had help from a participant who translated our questions into Pashto when needed.

Feedback was gathered in settings across three areas in Buckinghamshire – Aylesbury, Chesham and High Wycombe. We listened to 31 voices in total.

Key findings

The following findings are based on the analysis of voices that we heard across all groups and interviews.

Preconception knowledge

- + The cohorts of women who knew most about preconception health were those that were planning their pregnancy for over 6 months, had experienced miscarriages, or worked in the health care sector.
- + Women who were planning to have a baby were more likely to take folic acid before their pregnancy.
- + Most women told us that they would have liked more information about diet and exercise before and during their pregnancy.

- + Rather than consult a health professional before becoming pregnant, women were more likely to do their own online research and/or seek advice from family.

Perinatal mental health

- + Women who had fertility challenges and women who had experienced miscarriages spoke about feeling stressed and anxious before and during pregnancy. In almost all the groups, there was at least one participant who'd experienced baby loss.
- + One woman told us about feeling depressed during each of her pregnancies as she felt that she could not do anything. Coming from an Asian background, she felt pressure from the elders to rest during pregnancy which meant not going social events such as weddings.
- + We heard from three women in the same focus group session who told us that they had mental health challenges before and during pregnancy. One of them was taking antidepressant medication before becoming pregnant. She took a lower dosage during her pregnancies.

Antenatal Care

- + Some women felt that it would have been useful if they had known about more birthing options other than vaginal delivery or C-Section.
- + Generally, women were happy with their hospital and midwife appointments. However, some women found it difficult to attend early morning appointments. Sometimes it was felt that these appointments were rushed and only covered necessary medical checks.
- + Apart from one participant, all women (30/31) attended their first antenatal appointment within the first 10 weeks of pregnancy.
- + Women who had fertility challenges and women from Asian backgrounds were most likely to mistrust health professionals.

Breastfeeding Support

- + 13% of our sample size (4/31) had tongue-tied babies which made breastfeeding challenging.
- + Most women intended to breastfeed when they gave birth. Only a few were not able to follow this intention through due to the flow of breastmilk. In two cases, the lack of support and judgement caused emotional distress.

Cultural differences

- + We spoke to women from a range of ethnic backgrounds. Women from Asian ethnic backgrounds who took part in our focus groups reported less positive experiences of maternity services than compared with those reported by women from other ethnicities.

Healthy Start Scheme

- + Only one participant mentioned the Healthy Start Scheme. This scheme helps women who are more than 10 weeks pregnant or have a child under 4 years to buy healthy foods like milk or fruits and to get free vitamins. Women need to be claiming certain benefits to apply. She told us that she had received a paper voucher for this scheme before it transferred to the NHS Healthy Start prepaid card scheme. She was unaware of the prepaid card scheme, which has been in place since September 2021.

Our recommendations

Over 5,000 women in Buckinghamshire give birth each year. Having listened in-depth to voices from a small sample of women (31), we recommend that Buckinghamshire Public Health take the following steps to improve women's health:

Education and Awareness Campaigns

- Educate and encourage women and their partners to adopt healthy behaviours before conception by raising awareness through campaigns focussed on improving women's health before and during pregnancy.
- Produce preconception information booklets/leaflets with translations for frequently spoken languages in Buckinghamshire such as Urdu, Panjabi and Polish.
- Target campaigns in community settings such as libraries, community hubs, local retailers.
- Campaign strategies should focus on the most effective ways to communicate with younger adults (18 years – 25 years). This could include posting information on social media platforms such as Snapchat, Instagram and Facebook.

Local public and private partnerships

- Work in partnership with places of worship across Buckinghamshire including faith-based community centres and social clubs.

- ✓ Improve local awareness of Be Healthy Bucks and other health and wellbeing services in the community.

Healthy Start Scheme

- ✓ More signposting to the healthy start scheme among community partners. Information about this scheme is available on Buckinghamshire Council Family Information Service website.

Gaps in support services

- ✓ Look at ways to bridge the gap in support services for younger mothers by working with Family Service Centres to provide drop-in sessions.
- ✓ Develop a programme to address the gaps in mental health care for mothers so that they receive more support before, during and after pregnancy.

Communication in maternity services

- ✓ Senior NHS staff should:
 - Identify opportunities to improve communication during antenatal appointments by looking at ways to enhance cultural competence and quality of services. Culturally competent care is sensitive to people's cultural identity or heritage.
 - Continue to support NHS healthcare staff to gain more understanding of issues around cultural and health by using learning resources such as 'The Cultural Competence and Cultural Safety elearning tool' which has been developed by Health Education England in collaboration with The Royal College of Midwives.

What was the project about?

We wanted to get a better picture of women's health both before conception and during pregnancy. The Office on Women's Health (OASH) defines **preconception health** as:

A woman's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant. For example, some foods, habits, and medicines can harm your baby – even before he or she is conceived.

We collected feedback on awareness of medical advice on how to improve the chances of a healthy pregnancy such as:

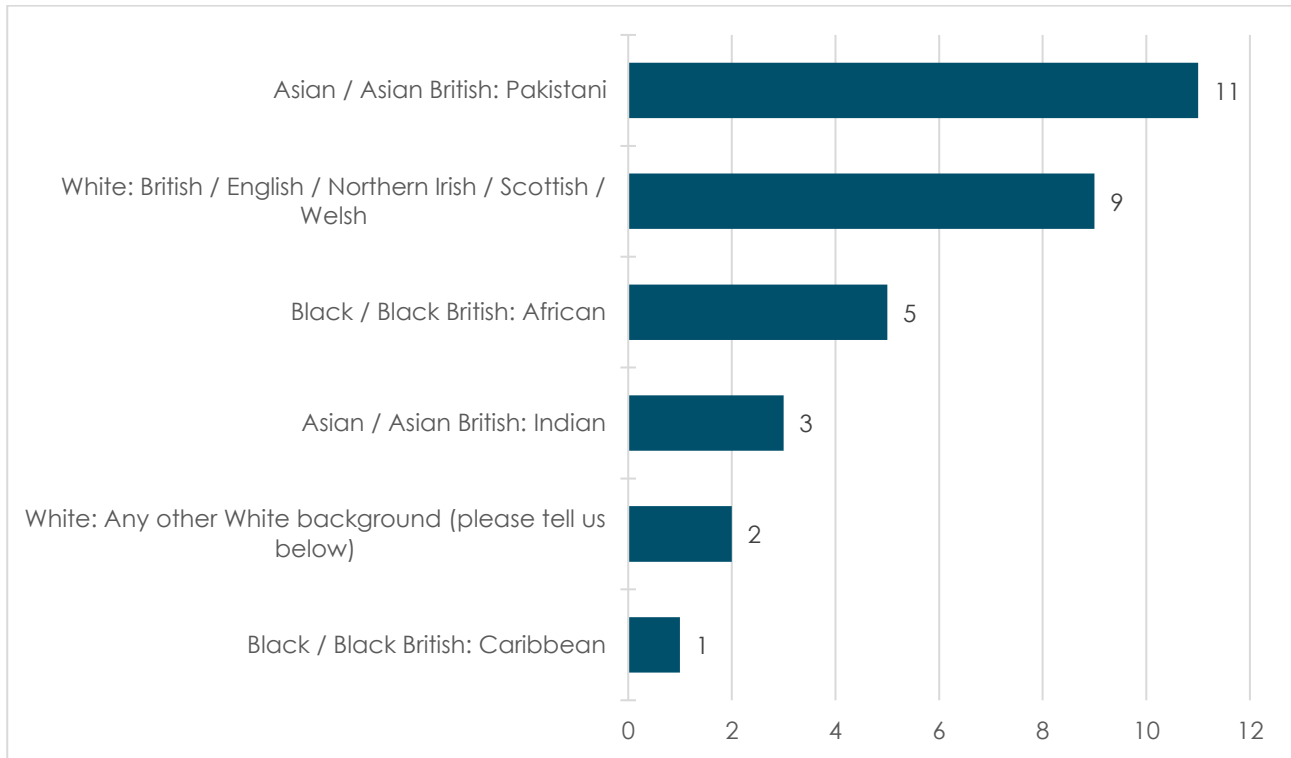
- The sort of things to eat/avoid
- To stop smoking
- To stop drinking alcohol and/or taking drugs
- To take folic acid or other supplements
- To take regular physical exercise
- To maintain a healthy weight.

We also looked at women's experiences of health care during pregnancy, i.e. basic **antenatal care**. The antenatal period covers the time from conception until birth. It presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their babies.

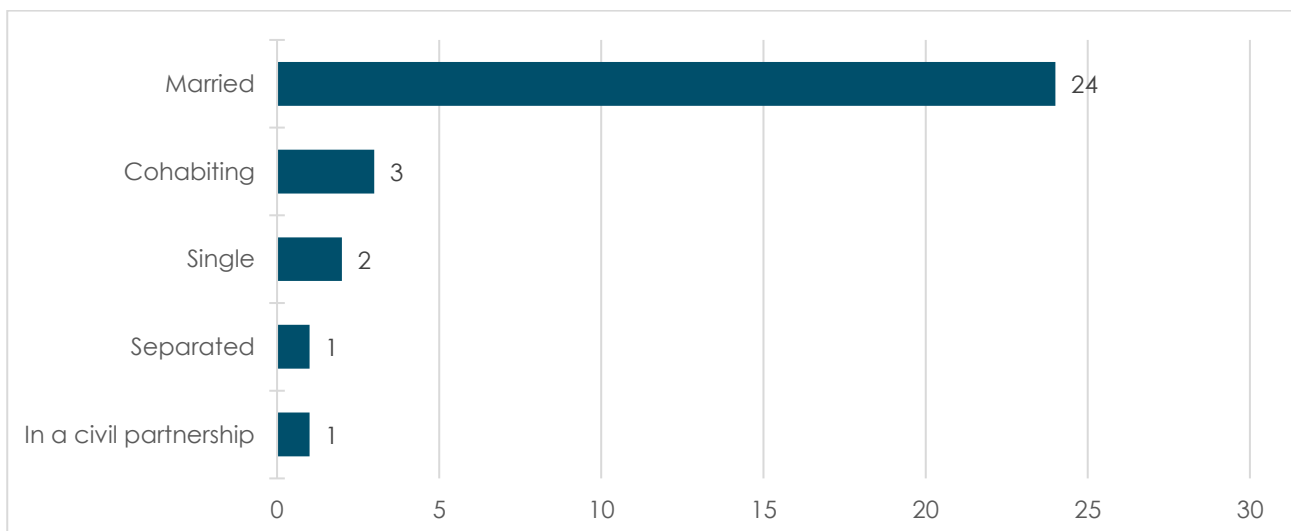
Finally, we collected voices on both physical and mental health before/during pregnancy. We were keen to capture the steps taken by women to improve their health during pregnancy and potential barriers to achieving these goals. We wanted to find out if the women that we spoke to made healthy choices in relation to their diet, physical exercise, vitamin intake and smoking/alcohol consumption. We asked women about their intentions to breastfeed before the birth of their babies and whether they were able to follow these through after the birth.

Who we heard from

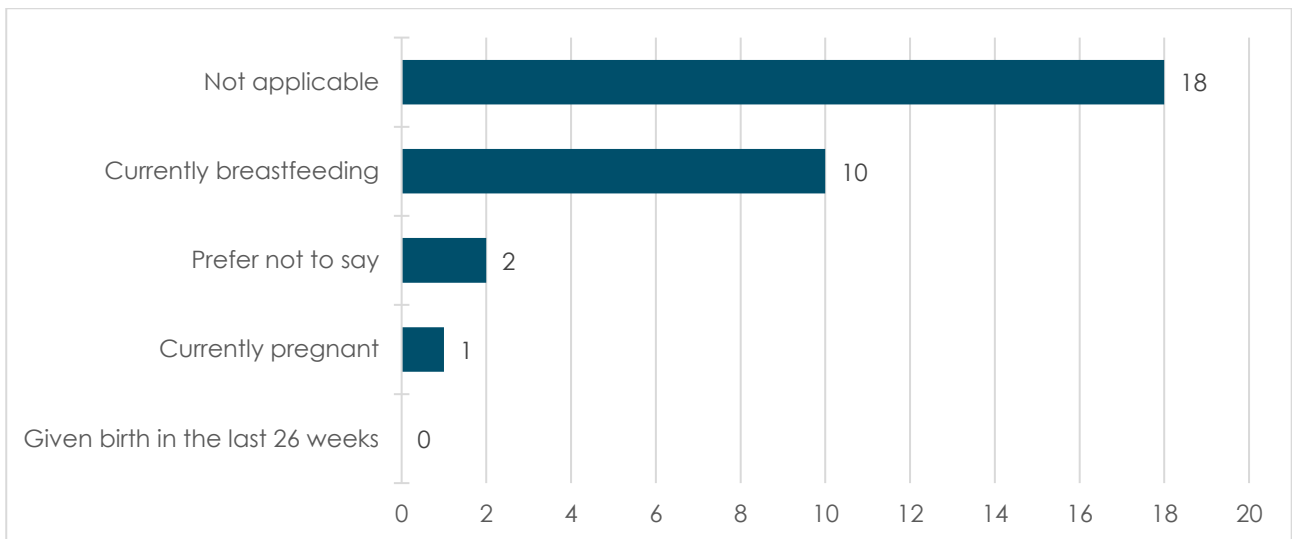
- All of the people we spoke to identified as women.
- We spoke to people from a range of ethnic backgrounds.



- Most people we spoke to were in the 26-35 age group.
- 77% (24/31) of the participants were married.



- Only one person we spoke to said they had a disability but seven reported that they had long-term conditions.
- At least one person was currently pregnant and 10 were breastfeeding.



What we heard

Preconception health knowledge and information

We asked participants about their knowledge of medical advice on how to improve the chances of a healthy pregnancy. While most women were aware of the health impacts of smoking, drinking and taking drugs before/during pregnancy, they were less aware of the impact of steps such as healthy eating, exercise and taking folic acid.

Planning for pregnancy

A planned pregnancy is likely to be a healthier one, as unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Currently, 45% of pregnancies and one third of births in England are unplanned or associated with feelings of ambivalence.

Public Health England Health matters: reproductive health and pregnancy planning

26 June 2018

Overall, we heard that women who were planning their pregnancy for over 6 months knew most about preconception health. The only exception came from women who were working in the health sector before their pregnancies.

If you're planning, you know how to improve chances of getting pregnant.

If you're not planning a pregnancy, you're not reading about it.

Healthy weight and diet

One focus group participant us that she was overweight and had problems getting pregnant. She heard about diet and healthy eating from a gynaecologist:

I was overweight before pregnancy. We'd been trying to have a baby for 12 years. The gynaecologist told me about diet.

According to NHS UK, being overweight (having a BMI over 25) or obese (having a BMI over 30) also raises the risk of some pregnancy problems, such as high blood pressure, deep vein thrombosis, miscarriage and gestational diabetes. Four (4/31) women told us that they had gestational diabetes during pregnancy. They were from ethnic minority groups:

I never looked into it [healthy weight] before I got pregnant. I was diabetic during pregnancy, before that I didn't know about healthy diet and weight.

I knew that my weight might go up. I was not healthy before my pregnancy. I had gestational diabetes [during pregnancy].

The majority of women told us that they did their own research about diet and exercise during pregnancy. One said:

There's not much information about diet unless you ask questions.

We also heard that women would have liked more information about healthy eating and cooking during pregnancy.

Smoking

All women knew about the harmful effects of smoking during pregnancy on an unborn baby. Three women told us that they smoked before pregnancy. Two quit completely when they discovered that they were pregnant. One of these women told us that she had a miscarriage during her first pregnancy. She smoked before this pregnancy. She quit smoking before and during her next pregnancy. She started smoking again after the pregnancy.

Meanwhile, the other woman told us that she reduced her smoking whilst pregnant:

I asked for help with cutting down [smoking]. It's a matter of wanting to do it. I managed to cut down a bit.

Although we did not ask about the use of electronic cigarettes (vaping) before/during pregnancy, we heard that one woman vaped before her pregnancy. She stopped vaping during her pregnancy.

Alcohol and drugs

All the women knew about medical advice with regards to taking alcohol and drugs during pregnancy. Those that were trying for over 6 months had reduced their alcohol intake or given up completely prior to becoming pregnant.

Although we heard that women were asked about drinking alcohol and/or taking drugs in their antenatal appointments, some women from Asian backgrounds told us that health professionals sometimes skipped past these questions:

I think because they see us, they presume that we don't smoke or drink for religious reasons. They ask about smoking, but we don't get past that, they don't ask about alcohol or drugs. I think they should ask anyway, they assume a lot.

Folic acid and other supplements

Taking folic acid before and during pregnancy reduces the risk of babies having a neural tube defect, such as spina bifida. NHS UK recommends that women should take a 400-microgram supplement of folic acid every day before they get pregnant, and every day afterwards, up until they're 12 weeks pregnant.

Most of the women told us that they did not know about the benefits of taking folic acid before becoming pregnant. Those who knew about this supplement had been planning to conceive for over 6 months or had suffered miscarriages prior to becoming pregnant again.

I knew about folic acid because of a previous miscarriage. I took a higher dose of folic acid before conception.

I had an early miscarriage. I knew afterwards.

However, upon medical and shared advice from family and friends, all women took folic acid during pregnancy. We heard that women would have taken folic acid before pregnancy had they known about its health benefits for their baby:

Maybe if I'd know about folic acid I would've taken it [before pregnancy].

The common sources of information about folic acid during pregnancy came from:

- Family and friends
- Primary care services– general practitioners, community pharmacists
- Antenatal care services – midwives
- Online research – we heard positive comments about the NHS website.

As well as taking folic acid, we heard that some women took Pregnacare (pregnancy supplement) during pregnancy. In one of the focus groups, a participant spoke about the cost of supplements:

Pregnancy vitamins are expensive. If people were struggling, they wouldn't buy them.

Physical exercise before/during pregnancy

Some women told us that they were active before becoming pregnant.

We're a healthy family so I was eating well anyway.

A few told us that they would like more information about the types of physical exercise that they should do during pregnancy. One of them said:

They [health professionals] talk about exercise, what kind of exercise? I still don't know. I didn't think that I could do exercise during pregnancy and now I see it all over YouTube.

Information before pregnancy

There was very little discussion about sources of information on having a healthy pregnancy before becoming pregnant. Women that had been trying to become pregnant for over 6 months or had a miscarriage were most informed about preconception health. Their sources of information came from GPs, family members and online research.

I did all of my own research. The doctor didn't give me much advice. I was told that I had a low fertility rate. I went private [for help]. I felt a bit neglected. It took 6 years to get pregnant, I had two miscarriages. They kept saying that it was my low fertility. I was getting to the age where it gets harder to try to get pregnant. I went abroad and did it [IVF] privately. NHS need help too, I felt like they failed me. I don't trust them. We are taxpayers, we deserve support. Every year I would go back to the doctor, still not pregnant. I had two miscarriages and did not get much help with doctors.... If anything serious happens now, I would speak to a doctor. If not, I do my own research.

One woman who had a pregnancy in her teens told us that she was unaware of preconception health partly because she was young at the time:

I was 17 years old when I first got pregnant. I didn't get told a lot of information. How would you know?

We heard that the main sources of information during pregnancy included:

- NHS website
- Bounty
- Emma's Diaries
- GP/Midwife.

Information about each step of pregnancy and the development of the foetus was the most researched. One woman who was pregnant at the time we spoke to her told us:

I love the NHS website. I look at stages every week. It's good to know that what I'm feeling is normal, its what's meant to happen.

Preferred information before getting pregnant

We asked women about the types of information that they would have found useful **before** becoming pregnant. We heard that some would have liked more information on physical exercise and diet:

I had gestational diabetes, I could have done with a better diet before getting pregnant. I had a big baby, could have managed my diet better.

Others mentioned economic factors like the cost of living:

[I wish I'd known] How hard it is... it's expensive

The cost of nurseries. There should be a guide for first-time mums with all the information, cost of living etc.

Others listed the types of information that would have been useful to know **during** pregnancy such as about breastfeeding and different ways of giving birth:

I wish I knew about different ways of having birth. There is an alternative way. I needed to be mentally prepared before having a c-section. It would have been good to have information about having a doula. I was sitting the first time [giving birth] I didn't know to squat.

I didn't know much about giving birth, just the generic c-section or natural birth. My mum had 7 natural births and I ended up having three c-sections.

I didn't have any idea about forceps. They [health professionals] should talk about different things that could happen.

Options during birth, I didn't have a lot of information about that. I didn't know about epidurals.

Physical or mental health challenges before/during your pregnancy

We heard about mental health challenges before pregnancy. In some cases, this was linked to anxiety about becoming pregnant.

Stress of people asking when you are going to have a baby. People always ask in the first year especially in the Asian community.

I felt a lot of pressure to get pregnant. I was told that I had to lose weight [health professionals].

You stress about it not happening.

I felt negative, every time looking at negative pregnancy tests.

There was also increased anxiety amongst women who had previous miscarriages. One gave an emotional account of her experience:

I had two miscarriages, so I was very anxious. I had anxiety and fear about miscarrying again. I had to watch what I could eat and drink. I spoke to family members for support after the miscarriages. The doctor said that I shouldn't try again so soon. My mother and husband have always been supportive. Other families give you more mental stress by asking questions. When I did get pregnant, it was stressful because I had more blood tests and got extra scans. Late in the pregnancy, the midwife couldn't find the baby's heartbeat or feel movement. I was so worried that I was going to have a miscarriage again. She held my hand and told me that she was so sorry. She referred me for a scan. I was so worried, my husband's hands were shaking when he was driving [after midwife appointment]. The scan was fine, and baby was ok. The midwife called me after the scan to see how it was.

Women who were concerned about the health of their baby during pregnancy also experienced increased anxiety.

I was told that my blood platelets were low by a GP over the phone and that I was at risk of having a blood clot. I was scared so I googled more information. The follow-up test was fine.

We heard that the way in which medical information is delivered can also cause stress which could be decreased or avoided:

Sometimes there's a problem with the delivery of information.

In one case, we heard about the stress caused by a lack of information about the development of their baby and mixed communication from hospital teams:

We knew something was wrong when we went for the 12-week scan, there were whispers, and a consultant was called to the room. They said that it could be a genetic defect as I'm related to my husband. We were told that treatment wouldn't be covered by the NHS if it was genetic. We were asked if we would consider having an abortion. I couldn't plan for anything until the baby was born because I wasn't sure if it would happen...There was a lot of mixed communication.

Other challenges during pregnancy, both physical and mental, included:

- Vomiting and trying to hide pregnancy before the first scan (especially at work)
- Swollen ankles
- Pelvic pain
- Feeling fat
- Anxiety about giving birth
- Covid-19 – challenges due to lockdown restrictions.

Antenatal services

Antenatal services include the care women receive while they're pregnant.

The midwife or doctor providing antenatal care will:

- Check the health of mother and baby
- Give useful information to help women have a healthy pregnancy, including advice about healthy eating and exercise
- Discuss options and choices for care during pregnancy, labour and birth
- Answer any questions relating to pregnancy.

Except for one participant, all women found out that they were pregnant within the first six weeks of conception. This participant told us:

I missed my period and thought it was normal. I took a test which was negative. I was only 23 or 24 years old.... My timing could have been better, if I knew I was pregnant I could have seen a midwife sooner.

Most women went to their GP when they found out that they were pregnant. They were then referred to a midwife. One woman told us that she went to a sexual health clinic

first as she was not sure if she wanted to keep her baby. After the appointment she decided not to have an abortion.

Midwife appointments

Women had mixed experiences with their midwives. While most women were happy with their care, for example:

My midwife was great. She answered all of my questions.

There was general acknowledgement that midwives were 'stretched'. Some women felt that they were not supported enough due to the heavy workload of midwives:

The midwife was always busy. It took one and half hours to be seen one time. She missed that I was there.

One woman told us that the midwife would often stereotype women from Asian backgrounds:

The midwife would ring me back a few days later. She would stereotype Asian women... about boy/girls...She would also talk about the number of kids [you should have] two was enough, don't overpopulate the world.

We heard that women generally went to midwife appointments alone but attended hospital scans with their partners/family members. Feedback about hospital appointments included:

- **Early appointments:** Appointments early in the morning (round 9am) were tricky for some women to attend. This sometimes resulted in changing appointment times.
- **Public transport:** Buses were not always reliable causing women to feel anxious about being late for appointments.
- **Hospital car parks:** NHS Hospital car parking charges were too expensive.
- **Waiting times:** One participant told us that she waited two hours to be seen for a scan.
- **Communication:** Women found it hard to get in touch with health professionals.

One woman believed that there should be more support during these appointments:

Hospital appointments could provide you with more information. They take your urine [sample], everything is fine and that's it. They don't speak about anything else.

When asked what could be improved in antenatal health care services, we heard various opinions including:

- Waiting times for hospital appointments could be improved
- There should be more information about healthy eating
- The focus is on the first two trimesters there should be more support for last trimester
- More discussion around birthing options
- More compassion from medical professionals
- Clearer communication from health professionals.

With regards to compassion, one woman told us:

I had two different consultants because I had [Twin-twin transfusion syndrome], I had a high-risk pregnancy. One of the [consultants] was compassionate, the other was not.

Twin-twin transfusion syndrome (TTTS) affects identical twins who share a placenta (monochorionic). TTTS affects 10 to 15% of monochorionic twins and can have serious consequences.

Birth options was another significant theme in our groups with some women feeling that there was not enough information given to them on options to consider about giving birth. As one participant said:

Antenatal classes focused on having a vaginal birth and breastfeeding. I couldn't do either. I felt like I failed. They skipped over the c-section part.

Health during pregnancy

Across our focus groups and individual interviews, we heard that women took the following steps to improve health during pregnancy:

- Started taking folic acid

- Starting taking iron tablets if prescribed by GP
- Stopped drinking alcohol
- Cut down/gave up smoking – this related to three women
- Stopped vaping – this related to one woman
- Changed diet due to medical advice where the expecting mother developed gestational diabetes
- Avoided certain foods.

Breastfeeding

Except for one, all women intended to breastfeed their babies. Most were able to follow this through.

We heard mixed views on the support that women had to help with breastfeeding. While most women were encouraged to breastfeed in hospital, we heard that hospitals were busy:

Not much support for breastfeeding, how to latch on. The hospital was busy, short of staff. I did my own research. The health visitor was more supportive. I didn't get much help from midwife. I did it [breastfeed] for a bit.

There wasn't enough support. They just check if the baby has done a poo before they discharge you from hospital. You don't produce enough milk in the first few days to know if the baby is really breastfeeding properly.

Need to be prepared for breastfeeding, its hard work. I didn't realise how difficult it would be. I had to use force to see the lactation consultant in hospital. I went around the post-natal ward until I found the consultant. The consultant was amazing.

When my baby was born they put the baby on my boob. The nurse said you are going to breastfeed. I had so many contractions, the milk wouldn't come in but the baby was latching on. I didn't know that you could breastfeed from two boobs.

We were told that other sources of support for breastfeeding included:

- Breastfeeding clinics
- Health Visitors
- Midwives.

A focus group participant who intended to breastfeed told us that she couldn't follow it through but felt pressured to carry on:

I tried [breastfeeding] but it was too painful, nothing was happening. I went to see the midwife, I had a lot of pressure to carry on. I wanted to do 50/50, breastfeed and bottle feed. She said that it wouldn't work, I needed to do 80/20. I was so upset.

We heard that there was not much support for women who were unable to breastfeed. One woman told us that the midwife told her not to breastfeed as she couldn't do it.

Another woman told us that she got support with breastfeeding in the beginning but then her baby got colic and she found it harder to breastfeed. She said:

I got support [with breastfeeding] then after 2-3 months the baby got colic. I needed more support but didn't get it.

Tongue-tied babies and breastfeeding challenges

A tongue-tied baby might have problems latching on during breastfeeding.

Tongue-tie is when the strip of tissue attaching the tongue to the floor of the mouth (called the frenulum) is shorter than normal. It can make it harder for a baby to breastfeed by preventing them from latching on properly, which can then lead to sore or cracked nipples.

<https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/tongue-tie/>

Four women told us that their babies were tongue-tied. In all cases, it was diagnosed after they were discharged from hospital. They told us:

My baby was tongue-tied which affected breastfeeding. There was no support around having a tongue-tied baby. There's not enough advice around breastfeeding. The GP recommended the breastfeeding clinic.

It took a while to find out that [baby] was tongue-tied. I went to breastfeeding clinics then things were good.

I intended to breastfeed. The hardest part was having a tongue-tied baby. The midwife spotted this straight away and referred me to X hospital.

NHS vaccinations

Although we did not have a section for vaccinations in our topic guide for focus group discussions (Appendix 2), one focus group with four participants gave us some feedback about them. The participants in this group came from British Pakistani backgrounds. We heard:

[There is] pressure to do vaccinations for children. I got about 30 letters saying that we'd be taken off the register if we don't get [baby] vaccinated.

I didn't do the BSG vaccine for my child. A doctor came in to talk to me about it when I was in hospital. After that another doctor and another doctor. Not good to pressurise the patient.

I had the Covid vaccination. There should be more evidence about other vaccines. Doctors' opinions aren't based on anything. I can do my own research. I know what's best for me and my child.

Physical and mental maternal health

We asked for feedback about improving women's physical and mental health **before** or during pregnancy. Here are some suggestions that we heard for improvements before pregnancy:

More support for mental health when trying to get pregnant as that can be stressful.

Fertility and mental health... should be counselling for women. You only get support for up to one year after the baby is born. Before that it's like you don't exist.

Suggestions for improving women's physical and mental health **during** pregnancy included the availability of more information on:

- Fertility and contraception after pregnancy
- How to manage morning sickness
- Healthy eating
- Hormone changes and emotions
- The importance of doing pelvic floor exercises
- Local support groups for pregnant women.

During a two-person interview, one participant suggested easier access to health services such as a walk-in centre to stop pregnant women from worrying about things.

We did not ask for feedback on support after pregnancy (post-natal). Some women told us that there should be more support for women after the baby is born. As one participant said:

You get a visit from the health visitor after you get discharged and that's it, you're left to it. You should have more support afterwards.

Conclusion

This report will feed into a wider study undertaken by Public Health to help develop a programme focussed on improving maternal health for women. We gathered a small

sample of voices to add some qualitative insight on knowledge of and attitudes around preconception health.

Although a few of the women we spoke to were pregnant in their teens and early twenties (up to twenty-five years of age), their voices were not collected in one group setting. We tried to reach this cohort of women through social media and health services working with younger mothers. However, we found significant gaps in local drop-in sessions to support young parents at the time of data collection. We found that such groups, which had been in existence before and during Covid-19, were no longer running.

We collected voices from women that had had a pregnancy in the past 10 years. There were different social and economic factors during this time that influenced their experiences - i.e. the impact of Covid-19 and changes in the cost of living.

Acknowledgements

We would like to thank all the women who talked to us. We would also like to thank our local community networks for helping us to gather voices by spreading the word about the project:

- Maternity Voices Partnership
- Family Nurse Partnership
- Family Service Centres
- Buckinghamshire Council.

Disclaimer

Please note this report summarises what we heard and what was observed in a sample of focus group settings.

It does not necessarily reflect the experiences of all women who have accessed maternity services in Buckinghamshire.

Appendix 1

More about our approach

We took a qualitative approach to collecting data using focus groups to gather feedback from women with children under the age of 10 years. Topic Guide questions are highlighted in Appendix 2.

Group sizes varied from seven to three people. We had one focus group with seven participants, two groups with five participants, one group with four participants and two groups of three. We also facilitated a two-person interview as well as two individual interviews.

Consent handouts were given to women to inform them that:

- Participation in the study was voluntary
- Personal information collected would be stored in accordance with the Data Protection Act 2018
- Transcripts would be anonymised
- Participants could withdraw from the study within 7 days and request that their information be removed and destroyed, where possible.

Who we included

We conducted focus groups in Family Service/Community Centres across Aylesbury, Chesham and High Wycombe. We also attended a community event celebrating Black History where we conducted individual interviews.

Who we will share our findings with

We have sent our findings to Public Health at Buckinghamshire Council and to Healthwatch England, the independent national champion for people who use health and social care services.

We will pass our findings to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

Appendix 2

Topic Guide for Focus Groups

Preconception health knowledge, attitudes and information preferences

Confidentiality/anonymity statement

Purpose of this discussion – *gathering information to help develop a programme focused on improving women's health before and during pregnancy.*

We would like to hear your thoughts about the information, support and advice available to women in order to help them have a safe and healthy pregnancy.

Preconception health knowledge and information

1. Before you became pregnant did you know about any of the medical advice on how to improve the chances of a healthy pregnancy? For example:
 - a. What sort of things you **should/shouldn't eat** during pregnancy?
 - b. To stop **smoking**
 - c. To stop drinking **alcohol** and/or taking **drugs**
 - d. To take **folic acid** or other supplements
 - e. To take regular **physical exercise**
 - f. To maintain a **healthy weight**
2. Did you take any of these actions (or do anything else) to improve your health before pregnancy? *If not, what do you think could have helped you to do so?*
3. Were you given/did you see any information about how to have a healthier pregnancy before you became pregnant? *If so, what was the source?*
4. Who would you most have trusted as a source of health advice before you became pregnant? *Please be as specific as possible, e.g. media sources, medical professionals, friends or family members?*
5. Is there anything in particular you wish you had known before getting pregnant? *E.g. health actions to take/support available/anything else?*
6. What sort of challenges did you face with your physical or mental health before/during your pregnancy?

Antenatal Services

Now we'd like to ask about your experiences of healthcare and support services during your pregnancy.

7. Roughly how many weeks along were you when you first realised that you were pregnant?

8. Where did you go when you first found out that you were pregnant?
GP/Midwife/Family Planning Centre/advice from family and friends? Why?
9. Did you see a midwife/have an antenatal appointment within the first 10 weeks of your pregnancy? *If not, what do you think would have helped you to be seen within that timeframe?*
10. Did you go to appointments on your own or with family/partner/friends?
Own/Others
11. What do you think could have been improved about these appointments?
Timing/location/communication/anything else?
12. Did you ever have trouble getting to these appointments? *Public transport/car issues?*
13. Any further comments about support during your pregnancy? *What could have been done better?*

Health during pregnancy

14. If you attempted or took steps to improve your health while you were pregnant, what was that experience like? *What support did you need/receive/would have liked?*
 - a. Did you change your diet?
 - b. If you smoked before getting pregnant, did you continue to do so during your pregnancy? *Did you try to cut down?*
 - c. If you drank alcohol before getting pregnant, did you continue to do so during your pregnancy? *Did you try to cut down?*
 - d. Did you take folic acid during your pregnancy?
 - e. Did you intend to breastfeed once you gave birth? *If yes, were you able to follow-through on that intention? If not, why not?*

Closing comments on physical and mental wellbeing

15. Is there anything else you would like to tell us about improving women's physical and mental health before or during pregnancy?

Appendix 3

Who did we hear from?

What age group are you in?

	Count
18 to 25 years	1
26 to 35 years	18
36 to 45 years	11
46 to 55 years	1
Grand Total	31

Are you a:

	Count
A woman	31
Grand Total	31

What is your sexual orientation?

	Count
Bisexual	2
Heterosexual / Straight	28
Pansexual	1
Grand Total	31

How would you describe your ethnic group?

	Count
Asian / Asian British: Indian	3
Asian / Asian British: Pakistani	11
Black / Black British: African	5
Black / Black British: Caribbean	1
White: Any other White background (please tell us below)	2

White: British / English / Northern Irish / Scottish / Welsh	9
Grand Total	31

What is your religion or belief?

	Count
Christian	9
Hindu	2
Muslim	13
No religion	5
Prefer not to say	1
Sikh	1
Grand Total	31

How would you describe your marital or partnership status?

	Count
Cohabiting	3
In a civil partnership	1
Married	24
Separated	1
Single	2
Grand Total	31

Do you consider yourself to be a carer?

	Count
No	29
Yes	2
Grand Total	31

Do you have a disability?

	Count
No	30
Yes	1
Grand Total	31

Which of the following disabilities apply to you?

	Count
Physical or mobility impairment	0
Sensory impairment	0
Neurodevelopmental condition (ADHD, ASD, learning disability or difficulties)	0
Mental health condition	0
Long term condition	1
Prefer not to say	0

Do you have a long-term health condition?

	Count
No	23
Prefer not to say	1
Yes	7
Grand Total	31

Which of the following long-term conditions?

	Count
Diabetes	1
Musculoskeletal condition	1
Mental health condition	2
Asthma, COPD or respiratory condition	5

If you require this report in an alternative format, please contact us.

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