Walking in their shoes

Women and families' experiences of maternity services across Wakefield District and North Kirklees

July 2025

Maternity and Neonatal Voices Partnerships

North Kirklees and Wakefield District

Contents

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Executive Summary

This report summarises feedback gathered during a 15 Steps hospital visit, with a focus on maternity experiences across pregnancy, intrapartum, and postnatal care. Overall, women shared a wide range of experiences, with clear examples of compassionate, person-centred care, particularly when midwives and clinicians communicated clearly, showed cultural sensitivity, and built trusting relationships.

However, there were also areas where care fell short. These included inconsistent access to early antenatal care, fragmented communication, delays in pain relief, and inadequate language support. Some women experienced distressing or unsafe moments, especially where procedures were not well explained or where assumptions were made about experience, language, culture, or family roles.

Digital tools such as the Badger Notes app were helpful for some, but not universally accessible or reliable. Interpretation services were not always available, and some women were left to navigate complex appointments and medical decisions without appropriate support.

Across all three stages of maternity care, women emphasised the value of kindness, clear communication, continuity, and feeling seen as individuals: when these things happened, women felt much more positively about their experience, regardless, for example, of their mode of birth. In sharing this feedback with the Trust, and coproducing recommendations in partnership with staff, we hope to ensure that every woman, regardless of background or birth history, can access high quality, respectful maternity care.

A response from the Trust

"We are continuously trying to improve and hearing the voices of families who have experienced care with us is so important. We are really grateful to the One Ummah Community and Happy MOMents, and the MNVPs, for the time you have taken to visit our maternity and provide some really valuable feedback for the service."

Michala Little, Head of Midwifery, Mid Yorkshire Teaching NHS Trust

What is the Maternity and Neonatal Voices Partnership?

The geographical footprint of Mid Yorkshire Teaching NHS Trust is covered by two separate Maternity and Neonatal Voices Partnerships (MNVPs) – one in Wakefield District, and one in North Kirklees.

The MNVPs' role is to support improvements to maternity and neonatal services, in partnership with stakeholders including the Mid Yorkshire maternity and neonatal staff team, commissioners, councils, third sector organisations and, most importantly, women, birthing people and families themselves.

What is this report about?

One way in which MNVPs support improvement in maternity and neonatal services is through the use of a toolkit called '15 Steps'. '15 Steps' is based on the experience of a woman who felt she could predict the quality of her daughter's care based on her first 'steps' into a clinical area. Previous MNVP 15 Steps reports can be accessed through Healthwatch Wakefield's website. www.healthwatchwakefield.co.uk

The 15 Steps toolkit, originally developed by the NHS, is designed to help organisations understand the quality of care from the perspective of those using services. It encourages listening to women, birthing people, and families to identify what feels safe, caring, and welcoming, as well as where improvements are needed.

This report presents the feedback gathered during our visit to maternity services at Pinderfields Hospital on the 1st July 2025. During the visit, we spent some time listening to the experiences of women who have birthed at Pinderfields, or who are currently pregnant. Following these conversations, these women identified triage, labour ward and the birth centre as key areas they wanted to visit using the 15 steps toolkit.

For this 15 Steps visit, we invited women who had not engaged with our previous visits: women who were new to this country when they birthed their baby, or who spoke English as a second language. The voices of this group of women are often under-represented. We wanted to hear directly from this group about their experiences of maternity care, covering pregnancy, labour and birth, and the postnatal period, and to highlight both positive practice and opportunities for change. The findings are intended to support the Trust, Local Maternity and Neonatal System (LMNS), and Maternity and Neonatal Voices Partnership (MNVP) in driving continuous improvement and ensuring that care is respectful, inclusive, and responsive to diverse needs.

Aims

The aims of the visit were to:

- Gather feedback from women about their experiences of maternity care across antenatal, intrapartum, and postnatal services.
- Identify what women value most in their care and where they feel safe, respected, and supported.
- Highlight barriers or challenges that impact access, communication, and overall experience.
- Provide practical recommendations to inform service development and quality improvement.
- Amplify the voices of women and families, ensuring their experiences shape future maternity services.

What did we do?

- **Approach:** We combined a focus group approach with the 15 steps toolkit. In the morning, we facilitated a group discussion with a focus on listening and observing through the eyes of women and families who had recent maternity care experiences. We followed this with a visit to specific maternity areas in small groups, using the 15 steps toolkit.
- **Participants:** Women from a range of backgrounds and circumstances were engaged, including those with different language needs, cultural perspectives, and maternity pathways (e.g. spontaneous labour, induction, caesarean, postnatal ward care).
- **Methods:** Feedback was collected through group discussions and individual conversations, supported by interpreters, MNVP facilitators and Trust befrienders where needed. Participants were encouraged to share what went well and what could be improved.
- **Thematic Analysis:** Notes from the visit were collated and analysed thematically, highlighting recurring patterns, positive practices, and areas for improvement across the maternity journey.
- **Scope:** The visit did not assess clinical outcomes or measure performance indicators; rather, it focused on women's experiences of care and the extent to which services felt welcoming, respectful, and responsive. Whilst in 2023 we visited all areas for maternity and neonatal, in July 2025 we visited only the areas requested by the women who attended.


Radiology Management Team
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What did people tell us?

1. Pregnancy (Antenatal) Care

There was plenty of generally positive feedback for community antenatal care. Several women described excellent relationships with their community midwives. One person commented, "The midwife was amazing – you cannot top how I've been treated." Others described midwives as "kind," "friendly," and "very helpful," with particular appreciation for named surgeries like Trinity Medical Centre in Wakefield and Mount Pleasant Medical Centre in Batley, where continuity of care and interpreter support were seen as strong. Care experiences were notably better when women knew how to contact their community midwife and when they found their named midwife to be accessible through a direct mobile number. This was preferable to a generic office number when women were worried that they either wouldn't be answered or would have to struggle in a conversation with a new and unknown midwife.

However, there were also experiences of barriers to accessing and navigating early pregnancy care. Some women described delays in being seen to book in, especially for later pregnancies. Several reported being told to wait until eight weeks or later to book with a midwife, leading to variation in when care began. There were also concerns about access: some patients described difficulties reaching midwives via their GP practices or being asked to self-book scans and appointments through links or apps that they found confusing or inaccessible. One woman said, "They sent me a link, but I didn't know what to do with it," while another described relying on her GP to intervene and book appointments for her. Another told us that she reached out to her GP surgery for support with organising a booking appointment but was turned away without further signposting. Systems that rely on self-navigation through digital links and booking portals created inequalities, especially for women with lower English proficiency or less digital literacy.

> "They sent me a link, but I didn't know what to do with it. "

There was variation in people's experience with information sharing. Some of the group told us that they had appreciated the mix of formats, leaflets, videos, verbal conversations, and mobile apps, and said they used the information daily during pregnancy. Others felt overwhelmed by the volume of printed material or struggled with video-based information, especially when feeling fearful or anxious about birth. This was especially true when written information was not accompanied by conversations. One person said, "I hated watching the video – I was very scared," preferring one-on-one explanation instead.

Language and translation needs were a consistent theme. Women expressed appreciation for when information was given in their own language, such as Urdu, and when interpreters were consistently provided. However, others noted that interpreters were not always available, or that unfamiliar interpreters made them feel less safe. One woman shared that she felt that her pregnancy was "special, it's private, something just for me and my husband" and so she found sharing personal and intimate details with an unknown interpreter made her feel uncomfortable

at times. Some described wanting to have their husbands as interpreters but being told this was not allowed. Several women described to us interactions where Google Translate was employed to support conversations, but women found it too often be inaccurate and not an effective replacement for verbal explanation.

Once women were booked in, appointment booking systems and communication via post were frequently cited as problematic. Letters often arrived late or not at all. Many women tried to rely on the Badger Notes app; some found this useful but others found it frustrating due to crashes and technical issues. Misdirection between hospital sites also created barriers; for example, one woman missed a scan because her app clearly showed her appointment would be at Pinderfields, but the appointment had been moved to Dewsbury without her knowledge. The challenge was also heightened when women were relying on taxis and public transport to attend appointments.

Women spoke at length about their hopes for antenatal preparation. They described how, culturally, men are not always engaged in antenatal education, and there were discussions around how to overcome this. There were suggestions including sessions being run for men, either separately or alongside their partners, running sessions on evenings in community venues and training community leaders to be able to support antenatal education sessions.

2. Intrapartum Care

Women's experiences of labour and birth varied widely. Many described safe and respectful care, with clear explanations about interventions such as forceps, epidurals, and examinations. One mother said, "Everything was explained before any interventions," and another praised an Arabic-speaking doctor who "explained everything and made me feel safe."

> "I rang triage and no one answered. When I got there, they told me, "why didn't you call?""

However, others reported feeling poorly informed or unsupported, particularly around caesarean births. One woman undergoing an elective section felt unprepared and confused by the clinical environment. She described a lack of communication before and during surgery, including confusion over who was performing the operation and a sense that the doctor was prioritising teaching an observing student doctor over her care. When she went on to experience a retained placenta and had to return to theatre, she felt this was the consequence of a lack of attention. She described the distress of leaving her newborn baby with her bewildered husband, and that she didn't understand what was happening as no interpretation was made available for her return. "I didn't know what was going on and nobody went back to tell him. He thought I might not be coming back. How did some of my placenta get missed?" Another woman talked about how assumptions of knowledge and understanding are often made if you have birthed previously, and that full information is not always given for subsequent pregnancies and births.

For women induced or admitted during complex labours, feedback highlighted inconsistent communication and support. Several in the group described delays in receiving pain relief, with one woman waiting in the triage corridor for over an hour in severe pain, without access to a buzzer or bed. Others described staff dismissing their concerns or lacking compassion. One woman recalled being told to "shut up" during contractions when she expressed pain.

Pain management support was also inconsistent. Some women did not know how to use gas and air and were not shown, with one explaining that she only figured it out during her fourth labour. Epidurals were sometimes not topped up when requested, leading women to feel dismissed or not believed.

Language again emerged as a critical factor in intrapartum care. When interpretation was not available, women described feeling confused and frightened, particularly during emergency procedures. However, when clinicians had the same culture, language, or ethnicity, it had a significant positive impact on their emotional safety and experience of care. As one woman said of a Kurdish-speaking doctor: "I relaxed – it made a big difference."

> "The doctor didn't talk to me once during the whole birth of my baby."

Several women recounted distressing experiences where they were not informed or supported during physical procedures, including episiotomy or FGM-related interventions. One woman described being asked to sign a form while vomiting and in active labour, without understanding what it was for. She later learned that she had been cut in a way she was not prepared for – and would not have consented to – and continues to seek therapy as a result.

Despite some negative experiences, many women also reflected on positive interactions, with some midwives and doctors helping them feel calm, safe, and respected. Where care was relationship-based, culturally sensitive, and language-accessible, women described better outcomes and emotional wellbeing.

3. Postnatal Care

Postnatal experiences ranged from excellent to distressing. Several women shared very positive feedback about individual midwives and ward staff who were responsive, respectful, and helpful. Staff were praised for quick responses to buzzers, support with breastfeeding, and general kindness. One woman said, "Staff helped me with everything on the ward," and another said, "My midwife at home was helpful and supportive."

However, there were also significant concerns. Breastfeeding support was inconsistent. Women described receiving help and support with their first children, but when they had their subsequent babies, they did not receive the same level of support. Others felt left alone and overwhelmed, especially those who stayed in hospital longer due to complications. One participant reflected that support from FAB was "life-changing" but came late, wishing she had been signposted earlier.

Communication and cultural awareness postnatally were areas of concern. A woman whose baby had a birthmark reported being accused of harming her child by a health visitor, which caused deep distress. “I cried and cried – I didn’t know, they didn’t tell me. I’m new to this country.” She felt judged rather than supported and described the interaction as racist.

Experiences with Female Genital Mutilation (FGM) related safeguarding were mixed. While one woman felt comfortable discussing FGM and appreciated the documentation that helped prevent repeated questioning, others felt under suspicion or unfairly pressured. One woman described police involvement and social services visits following midwife questions about FGM, despite her daughter being only three months old and no procedures planned. The lack of trust and cultural sensitivity in these interactions was described as damaging and discriminatory.

> “The midwife asked me about it [FGM] all the time.“

Visiting restrictions were a source of sadness for some new mothers. Women described how culturally it is expected that family members will come to pay their respects to the new baby and its parents, and it is very difficult when you’re not able to fulfil these cultural expectations. Several reported their husbands being made to wait outside or not being updated when mothers were taken back to theatre. This lack of communication caused fear and distress, particularly during emergencies.

Many in the group shared that they often felt their husbands were not providing the practical help or emotional support they needed at home following birth. They described how their partners did not always understand the physical and emotional impact of the postnatal period. However, they also noted that their husbands had viewed visiting midwives as a trusted and authoritative source of knowledge. This highlights an important opportunity for maternity staff to play a key role in supporting women’s recovery by engaging with partners, helping them to better understand women’s postnatal needs, and encouraging more practical and emotional support at home.

Interpretation and language support continued to be variable in the postnatal phase. Some women were told their husbands could not interpret, yet they were not provided with suitable alternatives. One woman described this as unsafe at worst, and intrusive at best: “This is a private experience, and my husband knows me best.”

Practical issues also affected postnatal care. Some women struggled with inappropriate or overly spicy “halal” food. Others reported repeated delays in cannula removal, despite pain and interference with newborn care. One woman asked for help changing her baby’s nappy because of pain from the cannula and was told, “You have to do it,” leaving her feeling judged and unsupported.

There were also logistical challenges. Women returning to hospital for wound care or further checks found this especially difficult with newborns, particularly when relying on public transport or taxis, or facing frequent visits. In one case, a family was moved from a shared bay to be quarantined in a side room due to infection precautions. She recalled that no one explained why

they were being moved, and so they interpreted this as a discriminatory gesture due to poor explanation and lack of context.

What did we see?

Following our conversations in the morning, the group identified triage, labour ward and the birth centre as areas that they would like to visit and offer their feedback.

On our previous 15 Steps visit, women told us how difficult it was to find their way to triage and the labour ward because of unclear signage in the hospital. We could not see this time that this has been resolved. Women on this year's visit again shared similar concerns, with many experiencing the additional challenge of English not being their first language. At a time when they may already be anxious or in pain, struggling to find the right place adds unnecessary stress. Women have suggested the introduction of a clear, visible pathway, like the red line that guides people to A&E, as a simple but effective way to make sure they can reach triage and the labour ward quickly and with confidence.

Due to the cohort of women looking around the hospital, it was painfully obvious how little there was in terms of information in languages other than English. One woman pointed out that the only things she was able to fully understand was a 'welcome' sign, a poster about CQC and some safeguarding information on the back of the bathroom door.

Additionally, there is a huge lack of diversity in imagery in all areas. Women acknowledged that culturally lots of women would not want to have their photo taken and used in these areas, however at least one woman on the visit said she would have loved to be asked for her photo to be used, demonstrating the need to not make assumptions based on stereotypes. Women discussed how photos would not need to include the faces of women or babies: a photo of someone wearing a hijab, from the back, would a) make women feel like they were represented, but also b) culturally respected.

4. Triage

When we visited the triage area, people described it as “safe,” “welcoming,” and “calm,” with one person saying, “I felt understood by a Muslim midwife when I visited.” Others told us they felt their culture was respected and that they felt safe in the environment. Many found the information “convenient to read,” although some said the displays felt a bit unfinished. The staff tree was described as “a lovely idea,” but people suggested it would be more useful if names were added. Some noted that it wasn’t clear how to find triage as “no signs said triage on the way,” and one person commented that “the BSOTS [Birmingham Symptom-Specific Obstetric Triage System] banner looks like a PowerPoint printout, it would be better if it was easy read.”

> “I loved the staff tree idea – it would be great to see it completed.“

There were also comments about “a lot of different posters,” with people pointing out that some Care Quality Commission (CQC) posters on display were out of date.

5. Labour Ward

We visited labour ward, where people shared that they liked the welcome sign on reception, describing it as “lovely,” and commented positively on the “lights overhead.” The examples of birthing positions were seen as “really useful, I really liked them” as one woman shared, explaining that they were an empowering and supportive resource in her labour.

Some felt the staff tree in the hall could be improved by adding photos and names, as it currently had none. Women described the rooms as largely welcoming, and staff as kind and friendly. Whilst some women said, “the medical equipment in the room felt scary to see”, others felt that the equipment made them feel “safe and reassured”, making the case for personalised care and the ability for women to personalise their birth environment.

6. Birth Centre

When we visited the birth centre, one service user told us that she'd had six children in the hospital but had been completely unaware that the birth centre was an available option. Multiple people asked if it was a private facility that people were charged for and asked how you were able to have a baby in this area – they couldn't believe the quality of the environment that was available to women, particularly the size of the birth rooms, facilities for partners to rest and the lighting.

Recommendations

In October 2025, the MNVP Leads presented this report to some of the Matrons and Band 7 Managers at Mid Yorkshire Teaching NHS Trust. We discussed the feedback with staff who attended.

Based on what local women and families have told us, we recommend the following actions to improve maternity care and experiences in our area:

1. **Clearer signage** – Create a clear route to the maternity unit (for example, using a coloured line or footprints) and make sure all signage uses consistent wording.
2. **Representation and language** – Use diverse images and ensure maternity information and surveys are available in the main languages spoken locally.
3. **Supporting active birth** – Help midwives keep up skills for supporting straightforward births, including using upright bed positions where possible.
4. **FGM awareness and support** – Continue to make FGM training mandatory, include voices of lived experience, and ensure women affected by FGM receive clear information and support during pregnancy and birth.
5. **Discharge and partner conversations** – Make sure discharge information is explained in person (not just by video) and that partners are included in discussions, both in hospital and at home.
6. **Interpreter services** – Ensure women know they can ask for a female interpreter and work towards having a consistent team of interpreters.
7. **Birth debriefs** – Ensure every woman has a clear, timely debrief after theatre and further opportunities to ask questions before leaving hospital. Provide question sheets in key languages to support this.
8. **Cultural awareness and communication** – Include training for staff on clear communication, cultural understanding and unconscious bias.
9. **Informed consent** – Continue to promote the importance of informed consent and make sure women fully understand the care and procedures being offered.
10. **Pain relief** – Continue monitoring improvements to pain relief processes through the existing working group.
11. **Inclusive care and information** – Promote the Birth Centre to diverse communities, ensure translated materials are available, and review the availability of halal menu options for inpatients.

Thank You

We are very grateful to all the women who attended this 15 Steps visit, so generously shared their stories, and provided such valuable insights to the hospital areas we visited. Your voices will help make care better for everyone.

Thank you also to the Maternity Befrienders, to members of One Ummah Community in Wakefield, and HappyMOMents in Dewsbury and Batley who supported both this visit and our work on an ongoing basis.

Contact us

If you have any questions or feedback about this report or would like to know more about being involved in future visits, you can contact us by email using the details below.

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