

# Maternity Matters

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# Contents

**About Healthwatch Thurrock and setting the scene: Page 2**

**About the report: Page 4**

**Who did we hear from: Page 5**

**Antenatal care, the findings: Page 6**

**Antenatal lived experience: Page 10**

**Antenatal care, a summary: Page 14**

**Antenatal care, the recommendations: Page 15**

**Postnatal care, the findings: Page 16**

**Postnatal care, lived experience: Page 17**

**Postnatal care, a summary: Page 21**

**Postnatal care, recommendations: Page 22**

**Mental health and maternity: Page 23**

**Mental health and maternity, lived experience: Page 24**

**Mental health and maternity recommendations: Page 25**

**Case study: Page 26**

**Maternity Matters, a summary: Page 29**

# About Healthwatch Thurrock:

Healthwatch Thurrock is the independent Health and Social Care champion for the residents of Thurrock. Healthwatch Thurrock presents the voices of local people to help aid in identifying the need for change, considerations before commissioning and to support best practice across services. We are positioned as a critical friend to services on a local level and nationally through Healthwatch England.

Through conversation and engagement with people using local services, Healthwatch Thurrock are able to highlight gaps in service and promote recommended improvements. We know that services are better when people are treated as individuals and are actively involved with shaping support. To do this, services need to be privy to the real stories and lived experiences of local people, to understand how they can adapt and change to local needs.

For more information about our role, please visit our website:

<https://www.healthwatchthurrock.org/>

## Setting the scene:

Healthwatch Thurrock's 'Maternity Matters' work emerged as a result of various factors at both local and national levels. These influences created the perfect opportunity to take a closer look at the experiences of expecting and new parents in Thurrock, with the aim of enhancing services both locally and nationally. We have outlined these further on the next page...

## Geography

Residents of Thurrock have access to the largest maternity unit in the Mid and South Essex region, located at Basildon Hospital. More than 70% of participants in this study had given birth at Basildon Hospital. Over the past nine years, the hospital's maternity unit has received various CQC ratings, ranging from 'outstanding' in 2015, to 'inadequate' in 2020, and 'requires improvement' in 2023. It's important to consider the lived experiences of service users at these units, as they provide crucial insights into the quality of care offered, complementing these ratings.

## Introduction of Family Hubs in Thurrock

In Thurrock, there has been a shift from Children's Centres to Family Hubs, aiming to provide more integrated and comprehensive care to meet the needs of families. A significant amount of work is being done within these Family Hubs, aligned with the 'Start for Life' initiative in Thurrock. This initiative emphasises early developmental care and community support for new parents.

## NHS 3 Year Plan and National Spotlight

The national focus on maternity services has been a significant motivator in our efforts to ensure that the voices of Thurrock residents are included in this agenda. In 2023, NHS England released a three-year delivery plan for maternity and neonatal services, aiming to make these services safer, more personalised, and more equitable for women, babies, and families. Health Secretary Victoria Atkins emphasised that enhancing maternity care is a top priority for women's health in 2024, with a commitment to improving care before, during, and after pregnancy by continuing to implement the NHS England delivery plan.

# About the report:

This report has been produced to inform continued service improvement regarding maternity care in Thurrock. It captures a vast range of patient experiences captured between September 2023 – February 2024.

## How we gained the feedback

Healthwatch Thurrock used a survey to capture the data in this report, which was co designed with one of our placement students who intends to go on to be a midwife. We looked mostly at antenatal and postnatal care alongside mental health support.

The survey was widely distributed through the Thurrock CVS and Healthwatch Thurrock Newsletter and social media sites. Healthwatch Thurrock also undertook a large amount of face-to-face engagement for this piece of work. We attended different baby weigh ins, stay and play sessions at the family hubs, put on new parent and child events such as a Halloween Spooktacular, and attended different parent carer panels also set up by the Family Hub programme where we gathered a wealth of lived experience.



**healthwatch**  
Thurrock

## Maternity Matters Survey

We are interested in hearing your maternity story. We work to better local services for the future

Complete your survey by 29th February and you'll be entered into a draw for a £50 voucher



Scan the QR code or go to: [www.healthwatchthurrock.org](http://www.healthwatchthurrock.org)

For more information:  
[admin@healthwatchthurrock.org](mailto:admin@healthwatchthurrock.org)  
01375 389883 / 07950744298



**Young Healthwatch**

## PARENT + CHILD SPOOKTACULAR

A fun Halloween event with games and activities for children 0 -13 years old.

This will be a great opportunity for parents to share their maternity experiences, tell us what they'd like to change and have their say on local maternity services, helping us to shape the future.

Kids are welcome to come dressed in their best costumes!

**FREE EVENT**

26TH OCTOBER  
10AM - 1PM

The Community Hall, The Beehive Resource Centre, West Street, Grays, RM17 6XP

# Who did we hear from?

**We had 79 responses to our survey...**

**73 being female, 5 being male and 1 being prefer not to say**

**The age range we heard the most from was 25-34**

**Over 70% of respondents had their baby at Basildon Trust University Hospital.**

**The areas we heard most from were Grays, Tilbury, South Ockendon and Purfleet.**

# Antenatal care: the findings

The first section of our survey focused on antenatal care. We asked respondents about various factors including birth plans, antenatal appointments, staff attitudes, inclusivity and choice.

## Birth plans

The birth plan was introduced in the 1980s to mainly facilitate communication between maternity care providers and women, to increase agency for childbearing women.

It enables you to note and consider your choices and what you would like to happen during the birth such as who you want to be there, what kind of pain relief you may like to access during labour and where you want the birth to take place. It is not compulsory, and you do not have to have a birth plan.

**57 respondents said that the idea of a birth plan was presented to them and discussed with their midwife**

***“I had a great relationship with my midwife. She listened to my wishes, and we worked together to create a plan that I was very happy with”***

**20 respondents said that a birth plan was not discussed with them**

***“My allocated midwife never got in touch. Therefore, I missed all my initial midwife appointments, and this is where they would have discussed birth plans – I only became aware of this in my 36th week of pregnancy”***

**Some did say that they were asked to make one but did not have any help on what to include**

***“I was asked to make one, but as I had no expectations on how my birth would go, I didn’t want to make one. My midwife told me to make one, but I had to look online for what to put in it”***

Others explained that due to medical issues or history it was a case of being told what would happen to have a safe pregnancy and birth. In these cases, there seems to be a mixed response to how this was communicated to the service user.

***“Because I am high-risk, my midwife explained what would be best for myself and unborn baby and everyone was very helpful explaining everything with me and my husband”***

***“They told me I would have a c-section, but this wasn’t broken down for a first-time mum on how this would go, the ins and outs and the detail”***

## **Antenatal appointments**

Someone expecting a child will attend a number of antenatal appointments during their pregnancy. These are either with a midwife or an obstetrician. They will check the health of the expecting mum and the baby, give you useful information and answer any questions. They are there to keep the expecting mother and baby staying well throughout the pregnancy.

***Our work found that 50% of respondents had their antenatal appointments at a family hub instead of a GP practice or medical setting***



## Where did you have your baby?

As mentioned earlier over 70% of our responders had their baby at Basildon Trust University Hospital (BTUH). Other settings that responders had their child at, were: *Darrent Valley Hospital, Broomfield Hospital, Queens Hospital, Newham Hospital* and opted for home birth.

\*Whilst some of these settings are outside of Thurrock, all respondents were from Thurrock.

If someone had their baby at BTUH we went on further to ask them if they had heard of or used Maternity Direct +.

*“Maternity Direct + is a project using social media to connect with women and their families. Midwives answer non-urgent questions from the very start of a women’s maternity journey to 28 days postnatal”*

Maternity Direct + started in November 2015 and now have over 3400 followers and is a fantastic offer for women who use BTUH for maternity purposes **(31 out of a possible 56 people who had their baby at BTUH had heard of Maternity Direct +)**

***“I was made aware of this service, and I used it a couple of times. The times I used it the midwife was very helpful”***

***“Yes, and I think it is a brilliant service! I used it a number of times and it prevented me from going to the GP and to A&E. It gave me a lot of reassurance as well, I felt really lucky to have access to this service”***

***“Yes, I used the online form and triage a lot to ask queries and worries – really helpful and responsive”***

Basildon and Thurrock University Hospitals   
NHS Foundation Trust



How much would you love fast access to friendly, professional and up-to-date information?

At  **maternitydirect+** we offer information and support to help you make decisions about your care and make your maternity journey easier.



Just search for **maternitydirect** and a midwife will be available to answer your non-urgent questions or concerns, 7am-9pm, 7 days a week.

safe caring excellent ...together 

# Antenatal experiences: the numbers

## I feel/felt comfortable asking my midwife and other medical professionals questions about my pregnancy

- 63 either strongly agreed or agreed, with 12 disagreeing and 1 strongly disagreeing

## I feel/felt that any concerns were taken seriously and dealt with in a sensitive way

- 79% agreed, with 17% disagreeing

**12 respondents noted that if a professional they were assigned to did not speak their first language, they were offered a translator**

## How good would you rate your antenatal care?

- Very good – 32
- Good – 22
- Satisfactory – 11
- Neither good nor bad – 6
- Unsatisfactory – 5

Upon analysing the lived experience of antenatal care in this work, it is apparent that there is a mix of both positive and more negative experiences. The more 'negative' experiences can be attributed to communication issues with midwives and clinicians, lack of support and information during the antenatal period and factors such as COVID 19. Similarly, the more 'positive' experiences have been likened to good communication between midwives and clinicians alongside an excellent quality of care.

## Positive Feedback

**“I am so grateful for my midwife and the care I received in hospital as well”**

**“My midwife, consultant, GP and specialists have been so amazing so far and go above and beyond to make sure myself and my baby are safe”**

**“The midwife spoke to me clearly and asked questions and explained what was happening and why”**

**“Wonderful ‘twins’ midwife at Basildon. Awful midwife initially so towards the end of the pregnancy I asked to swap. Head of midwifery called me and listened, and she was swapped to a lovely one who arranged my (attempted) home birth”**

**“Very good regular appointments consistent and support outside if needed easy to access”**

**“The midwife was caring, polite and I trusted her”**

**“I had so much support, extended midwife regular health visits and referral to the perinatal team, all helpful and the GP was as well”**

## Negative Feedback

“During my pregnancy I had four different midwives which considering my emotions were all over the place, didn’t provide any stability. It was also the case that they didn’t give me basic information such as where to go when my waters break or not to go as soon as I started feeling contractions”


“I had a different midwife every appointment which didn’t help, having to go through my notes from the start. Didn’t have much time during these appointments to discuss current issues or questions”

“I was made to feel really bad by one of my midwives when I raised concerns on the size of my bump, I was worried due to having twins I felt I was very small, she was like you’re not even 16 weeks yet that’s ridiculous sort of thing. Didn’t even know I’d had a scan saying it was twins because she didn’t read my notes”

“I didn’t feel comfortable with my midwife. The first day when I met her, she told me that I can call or text her whenever needed. I faced a few complications during my pregnancy. I text her, called her but unfortunately never received a response and always had to go to triage. I heard from my family and friends that you can talk about all of your concerns with a midwife but unfortunately, I couldn’t”

**“My daughter was stillborn because I was not listened to during my pregnancy. I had symptoms of pre-eclampsia from 33 weeks, I shared my concerns but didn’t seem to be taken seriously until my placenta started erupting, my baby died, and I nearly died also due to HELLP syndrome at 37+3 weeks gestation”**

**“For my baby born in 2022 I originally planned to birth at Basildon. I moved my care at 28 weeks due to a consultant scaring the life out of me by telling me my baby was going to die because I was overweight and giving me lots of different ways it would happen, e.g. you’re going to have diabetes and your baby will die, your birth will be complicated, and your baby will die. My community midwife did her best to reassure me there was no evidence this would happen as I was having a textbook pregnancy but I could not shake what the consultant had said and I lost all trust in Basildon. Due to this experience, I refused to have my second child at Basildon and booked my care at Darrent Valley. Also, since this experience if I or my child ever need care I request referrals to Darrent valley and also use A&E at Darrent Valley”**



Other than overly negative or positive responses, lots of parents provided recommendations on what could have made their experience better. Some responses recognised a difference in community and clinical care, whilst others noted the limitations of COVID 19 on a 'typical' maternity experience.

**“I would have liked more antenatal advice and exercises”**

**“I was pregnant during Covid, so the communication and classes were limited. It was apparent the area was short staffed due to the pandemic”**

**“Feel like antenatal classes should be offered where you learn breathing techniques and pain relief methods. But also feel they should get taught about how to feed, change nappies, bathe, car seat safety and safe sleep”**

# Antenatal care: a summary

Upon analysing the lived experiences of antenatal care, it is evident that there is a mix of both positive and negative experiences. Despite this mix, the distinction between the 'positive' and 'negative' factors is clear. A recurring theme is **communication issues** with midwives and clinicians. This often led to misunderstandings or a lack of support. Notably, many of the new parents we interviewed were pregnant during the COVID-19 pandemic, preparing to give birth either during or shortly after it. This context likely contributed to the limited availability of antenatal classes and a perceived lack of support. It is important to note that Maternity Direct + was an invaluable resource to expecting parents during the pandemic, and that efforts were made to bridge communication gaps during the pandemic.

Another significant issue is the **inconsistency** in seeing the same midwife at each antenatal appointment. This inconsistency often led to fragmented experiences for the expecting parents, increasing the likelihood of communication breakdowns.

In contrast, the positive experiences largely stemmed from good communication between the expecting parents and their midwives or medical professionals, coupled with excellent quality of care.

A noteworthy finding from our study is that 50% of expecting parents had their antenatal appointments at a family hub rather than a GP practice or a traditional medical setting. This shift towards community care highlights the value of family hubs, which, since their inception, have provided a safe and communal environment for new parents. These hubs not only offer antenatal care but also facilitate engagement and emotional support by connecting expecting or new parents with one another.

Moreover, expecting parents expressed a desire for more antenatal classes, particularly those offering practical advice on giving birth, such as breathing exercises and pain relief. They also indicated a need for practical classes on topics like changing nappies, car seat safety, and bathing.

# Antenatal care: the recommendations

- **Enhance Consistency in Antenatal Appointments:** Feedback indicates that many expecting parents experienced inconsistency by seeing different midwives at each appointment. We believe that having the same midwife throughout the antenatal journey would provide greater consistency and reassurance during a time that can be emotionally complex for many parents.
- **Increase Awareness of Maternity Direct +:** Our work highlights the significant value of the Maternity Direct Plus service, with respondents expressing gratitude for its availability. Notably, in one case, this service even helped avoid an unnecessary trip to A&E, showcasing its positive impact.
- **Expand Antenatal Class Offerings:** Respondents have clearly expressed a desire for more antenatal classes, particularly those offering practical guidance on childbirth, including breathing techniques and pain relief. Additionally, they seek classes covering essential topics like car seat safety, nappy changing, and baby bathing.



# Postnatal care: the findings

The second section of our survey focused on postnatal care. We asked respondents about various factors including community support, professional support, and health visitors.

## Quantitative experience of postnatal care

### Q1. How would you rate your postnatal care?

Very good (18)

Good (25)

Satisfactory (9)

Neither good nor bad (8)

Unsatisfactory (13)

### Q2. Did you receive support after your birth from health visitors?

Yes (68)

No (4)

### Q3. Did you receive support in the community after your birth such as breastfeeding support?

Yes (46)

No (25)

### Q4. Did you feel supported by professionals through your postnatal care?

Strongly agree (16)

Agree (30)

Neither disagree nor agree (17)

Disagree (8)

Strongly disagree (3)

## Positive Feedback

**“Good communication with various health visitors during the first three weeks but no check ins after that”**

**“We were well supported after the birth”**

**“I had phone calls from healthcare professionals in regards to my postpartum depression, also got regular checks on both me and my baby. They offered me multiple health beneficial services”**

**“After my emergency c-section I was in the bereavement suite and my care was immaculate, the lullaby team and staff cared for me wonderfully. Just a shame I didn't get enough care to get my daughter here safely”**

**“Second baby was in NICU with pneumonia when he was born so have been under consultant care which is supportive”**

**“I was very happy with the care received post birth from the midwife visit and health visitors”**

## Negative Feedback

**“Breastfeeding support was very limited. Lady came once and after a couple of days the second time but didn't really explain everything and after a couple of failed attempts to breastfeed she wasn't really happy and left saying I need to keep trying. Breastfeeding was very painful and difficult”**

**“After being discharged from the hospital I didn't see any professionals until my 6 week check-up”**

**“I feel breastfeeding support can be better. Because I had not much help from the midwives/community/whoever it is concerned. I strongly feel that breastfeeding support should be improved”**

**“It could have been better. More visits by the same health visitor rather than different people”**

**“It was so hard for me to breastfeed, and I didn't get much support. Because of this I had to stop breastfeeding”**


**“Find health visitors often give outdated advice and can be very judgemental and not very sensitive”**

**“The after care for mums isn’t good enough. That’s across the country, I think. There needs to be a lot more understanding of postnatal anxiety and more check ins with mums”**

**“I felt too much pressure from the breastfeeding support lady who came to my house when I wasn't in the right mental state to breastfeed. Once I stopped completely, I received no more support at all”**

**“I had a c-section and I feel the care on the ward after wasn’t as it should be. I felt like a bit of an inconvenience to the midwives and when asked if someone would mind passing me my baby (I wasn’t able to move) they rolled their eyes at me. I also wasn’t fed properly. I just feel the basic care wasn’t there which I feel needs to be looked at”**

**“The support I had from the professionals I saw was good. But it's very clear to me as a low-risk pregnancy and reasonably straightforward birth that I'm understandably not who the health visitors and midwives are concerned about. I know how stretched and under resourced and understaffed the system is, so I think I felt that I was taking up people's time when it was needed by others more”**



**“In the hospital there seemed to be a rush in discharging us once we had been moved to the ward. We raised concerns with the midwife who visited the day after we got home. She insisted on keep trying to breastfeed baby and that is all. We felt something was wrong, but we were made to feel like we were wrong. Then our midwife from the birth visited on day 5 and said that our concerns were right, and baby had lost lots of their birth weight and we were re-admitted to hospital. We believe had we had more support with chats regarding breastfeeding the re-admittance to hospital could have been avoided. Furthermore, tongue tie on baby went unnoticed for two weeks and this affected his ability to feed as well”**

**“Absolutely rubbish support. Needed breastfeeding support so referred to clinic, they then completely disappeared on me when I had to move house, so I gave up breastfeeding from that heavy influence”**

**“Not much help after giving birth to support breastfeeding. Felt very let down and upset because I felt like I had failed”**

# Postnatal care: a summary

While the experiences shared above have been categorised into both positive and negative aspects, the reality is more clouded than the clear-cut findings from antenatal care. For instance, some of the 'positive' feedback is actually linked to care provided after a particularly negative experience. One respondent, for example, praised the care she received in the lullaby suite as incredible, but lamented that this level of care was absent from the start when it was crucial to ensure the safe delivery of her child. Similarly, another example involves a child in the NICU due to pneumonia, where the parents felt an added sense of security being under the care of a consultant.

Although there is generally strong positive feedback regarding postnatal care, it's noticeable that more respondents neither agreed nor disagreed about the quality of their postnatal care. In contrast, the feedback on antenatal care was more definitive. This could stem from various factors, such as their pre-birth experiences, complications during childbirth, and the level of support needed by new parents after the birth.

From the 'negative' postnatal experiences shared, it is evident that the lack of breastfeeding support has significantly contributed to dissatisfaction among new parents. Numerous new mothers reported discontinuing breastfeeding due to inadequate support and feeling poorly treated by professionals. This lack of support also appears to be linked to postnatal anxiety, highlighting a gap in the emotional support that should accompany breastfeeding guidance.

In response, the Family Hub service has established a Parent Carer Panel service with a 'You Said; We Did' element. As part of our engagement with the Maternity Matters initiative, we attended two of these excellent parent carer panels. The issue of insufficient breastfeeding support was highlighted within the groups, leading to some parents on the panel to become Infant Feeding Volunteers with the Infant Feeding Team to support in Feeding Cafes to start breastfeeding support groups within the Thurrock Family Hubs. We hope that this amazing effort will help new mothers in the area feel more supported, both with breastfeeding and practical advice.

# Postnatal care: recommendations

- **Enhanced breastfeeding support for new mothers:** Feedback from shared experiences shows that new mothers consistently seek more support with breastfeeding. It's clear that without proper guidance, many feel discouraged and may even stop breastfeeding altogether, often feeling like they've failed.
- **Post-birth mental health check-ins for partners as well as new mothers:** Feedback on mental health highlights that partners often witness the trauma of childbirth, which can deeply affect their own mental well-being. Therefore, it's important to consider the mental health of partners, in addition to the new mother, in post-birth care.
- **Ongoing parent-carer panels at family hubs:** This report, along with observations from HWT's in-person visits, underscores the importance of parent-carer panels in shaping maternal and post-birth services for new parents in Thurrock. These panels play a crucial role in developing effective support systems.

# Mental Health and Maternity

In the survey we created for our Maternity Matters initiative, we ensured that questions regarding mental health support were included. We recognise that pregnancy and the postpartum period can be particularly challenging, so we've highlighted these questions and responses below.

## 1. During your pregnancy did your midwife offer mental health check ins?

- 40 responded yes with 30 responding no

## 2. Were you made aware of the perinatal mental health service?

- 39 responded yes with 35 responding no

## 3. Did you feel that any mental health concerns you experienced during and after your pregnancy were taken seriously by professionals?

- 40 responded yes whilst 22 responded no

## 4. Was your partner offered any mental health support during birth and after the pregnancy?

- 49 responded no with 11 responding yes

Based on the responses and the lived experiences shared on the following page, it's clear that only about half of expecting parents were offered mental health check-ins or were informed about perinatal mental health services. The lived experiences highlight that stigma around mental health during pregnancy still persists. One way to combat this stigma is by ensuring that 100% of expecting parents are offered mental health check-ins and informed about the available perinatal mental health services. Additionally, the data shows that when an expecting parent raised a mental health concern, it was taken seriously by a professional 64% of the time. However, some partners of expecting mothers were not offered any mental health support, even after witnessing traumatic births. It's crucial that partners receive mental health support as well, alongside the pregnant/new mother.



## Mental health lived experience

**“I was concerned about post-natal depression but was given support regarding this”**

**“I was asked about my mental health which was okay but that’s as far as it went. The appointments are quite fast, and I wonder how successful they are at getting people to talk about their mental health in that string. It can still feel like it has a stigma attached, especially when associated with pregnancy”**

**“My husband saw how traumatic my birth was. It was extremely hard on him, and he got no support from any professionals, only me and our family”**

**“The health visitors did ask questions, but I was afraid to tell the truth”**

**“I suffered with anxiety and postnatal depression but got lots of support”**

**“I mentioned my mental health concerns to the community midwife, and she kindly supported me with this”**

**“My partner was in the army and has only recently got out, but he has supported me through it all”**

# Mental Health and Maternity recommendations:

- **Awareness and Communication about Perinatal Mental Health Services:** 47% of respondents were not informed about perinatal mental health services. We would recommend that every expecting parent is made aware of available perinatal mental health services. This could include: Distributing information on perinatal mental health services at the first antenatal appointment and creating visible posters and flyers in clinics and hospitals about these services.
- **Normalising Mental Health Conversations during Maternity Care:** From our responses we can see there is still a stigma around mental health during pregnancy and postpartum. To combat this stigma, it's essential to normalise mental health as part of overall maternity care. This could be done by starting conversations about mental health early in the pregnancy process. Creating awareness campaigns that feature real life stories from parents who benefited from mental health support. Using social media and digital platforms to share educational content on mental health and pregnancy, focusing on reducing stigma and encouraging help seeking behaviour.

# Case Study: Katherine and Bill's Pregnancy and Postnatal Experience

**Overview:** Katherine and Bill's journey through pregnancy, labour, and postnatal care provides a comprehensive view of the support they received, challenges they faced, and their overall satisfaction with the maternity care they received. This case study outlines their experiences with antenatal and postnatal care, the hospital environment, mental health services, and the impact on both mother and father.

## 1. Birth Plan and Labour Experience:

Katherine had created a detailed birth plan, but due to unforeseen circumstances during labour, the plan was not followed. This was not due to negligence but a possible infection, which led the medical team to take alternative measures. Katherine communicated her preferences to the midwife, which were documented in her notes, but they were never referred to during labour, leaving her feeling that her birth plan was irrelevant.

- **Kath's Reflection:** Despite the deviation from her birth plan, Katherine expressed understanding that the situation was beyond the midwives' control. She appreciated the quality of care she received during labour, especially the professionalism of the medical staff.
- **Bill's Input:** Bill noted some logistical inconveniences, such as a lack of male toilets in the maternity unit and uncomfortable seating. However, he was highly appreciative of the care provided, referring to the staff as "superheroes."

## 2. Antenatal Care:

Katherine self-referred to the midwifery team after finding out she was pregnant. She received consistent antenatal care, primarily from the same midwife throughout her pregnancy.

- **Experience:** Katherine had mixed feelings about her antenatal care. While she was informed and well-supported, she personally disliked the midwife's brisk approach. However, when it came to labour and delivery, Katherine noted that all the hospital staff were amazing, making both her and Bill feel comfortable.
- **Bill's Experience:** Bill was able to ask questions and felt included throughout the process. He expressed confidence in the care Katherine received.

## 3. Postnatal Care:

Postnatal care was also viewed positively by both Katherine and Bill. They felt supported by health visitors, who came to their home to check on their baby, Rupert, and reassured them with necessary check-ups.

- **Visits:** The health visitor came when Rupert was 10 days old, and again at six weeks. Katherine would have preferred more in-person visits rather than needing to initiate

appointments over the phone, but she acknowledged that the system worked for her.

- **Support:** Katherine felt confident in knowing where to access support if needed. The healthcare team offered a clear route for any questions or concerns, which added to her feeling of reassurance.

#### 4. Mental Health Considerations:

Mental health support was discussed briefly after Rupert's birth, particularly around postnatal depression. Katherine and Bill were made aware of signs to look for, but they did not receive direct referrals to perinatal mental health services.

- **Katherine's Reflection:** She didn't feel she needed mental health support during pregnancy, but appreciated the discussions around postnatal depression after Rupert was born. However, she was not specifically referred to any mental health services, and there was no ongoing mental health assessment after discharge.
- **Bill's Input:** Bill did not expect any mental health support but acknowledged that it would have been a nice addition.

#### 5. Delivery and C-Section Experience:

Katherine's labour led to a C-section, and both Katherine and Bill expressed satisfaction with how the procedure was handled. The medical team provided clear explanations and obtained consent for the surgery. A surgeon introduced himself and explained the procedure thoroughly.

- **Staff Performance:** Katherine felt supported by the midwives, who followed 12-hour shift patterns and consistently communicated who would be caring for her. Despite the long labour, she felt reassured by the team's knowledge and professionalism.
- **Bill's Experience:** Bill noted that the staff were attentive and well-prepared. However, he mentioned that a debrief after the C-section was available but not taken up by the couple. They appreciated the option but felt they didn't need it at the time.

#### 6. Challenges and Random Experiences:

Katherine described a particularly rough experience during a cervical sweep before her labour had progressed. The doctor performing the sweep did not provide adequate warning or explain the process thoroughly, leading to discomfort. Katherine had to ask the doctor to stop the procedure, as it was painful.

- **Comparison:** In a later cervical sweep at the hospital, the procedure was handled with more communication, making it a better experience for Katherine.
- **Induction Delay:** When Katherine was invited to be induced, there was no bed available until the next day. Although this was frustrating, she understood that it was beyond the hospital's control.

## 7. Discharge and Post-Discharge Experience:

Upon discharge from the hospital, Katherine and Bill were given a significant amount of information within a short time frame. While they found the process overwhelming, they had no issues with the care provided or the medication they were given.

- **Post-Discharge Reflection:** Katherine and Bill felt well-supported post-discharge, particularly in terms of knowing where to seek help if needed. Katherine also mentioned that she hadn't used family hubs yet but thought they might be more useful as Rupert got older.

## 8. Overall Reflections:

Despite some challenges, including a rough sweep and a birth plan that wasn't followed, Katherine and Bill felt that they had a "good" experience overall. Katherine praised the care provided during her labour and postnatal stages, emphasising the support she received from midwives and health visitors.

- **Final Thought from Bill:** The maternity staff were exceptional, though some practical issues like better chairs and male toilets would improve the experience for partners.

## Key Takeaways:

- **Positive Aspects:** Comprehensive antenatal and postnatal care, well-supported labour and delivery experience, good communication from staff, and clear pathways for accessing additional support.
- **Challenges:** Lack of attention to birth plan, discomfort during cervical sweep, logistical issues for partners in the hospital environment.
- **Suggestions for Improvement:** More attention to birth plans, clearer communication during invasive procedures, and better facilities for partners in the maternity ward.

This case study illustrates the complexities of the birthing experience, highlighting areas of both success and improvement within the maternity care system.

# Maternity Matters: a summary

Through our maternity matters work, we have engaged with a diverse range of new and expecting parents from across the borough. Each of these parents has had a unique experience with maternity services in Thurrock, shaped by factors such as timing during the COVID-19 pandemic, personal needs, and medical complications. Our findings indicate that antenatal care in Thurrock is generally rated more positively than postnatal care. Many parents expressed frustration with postnatal care, particularly regarding the lack of support for breastfeeding and the emotional guidance that accompanies it.

Communication has been identified as a key factor contributing to either positive or negative experiences. For instance, those who saw different midwives at each antenatal appointment often found it difficult to build a relationship, leading to an inconsistent experience for new and expecting parents.

There are two main successes we can attribute to the experiences of new and expecting parents in Thurrock. The first is the access to Maternity Direct Plus at Basildon Hospital, which allows expecting parents to address non-urgent inquiries via social media. This service provides an extra layer of reassurance, helping to alleviate anxiety. Feedback shows that those who used this service felt fortunate to have it, and it even helped prevent unnecessary trips to A&E, which is another positive outcome. The second success is the utilisation of family hubs and their parent-carer panels. These panels offer a vital space for parents to voice their needs and collaboratively develop solutions, such as the breastfeeding support group that has been established.



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