

# Maternity Services

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## Key findings from the Healthwatch network

Local Healthwatch are independent organisations working across all 152 local authorities in England and give communities a stronger voice to influence and challenge how health and social care services are provided within their area.

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FIVE IN TEN (55%) OF WOMEN WHO HAVE USED MATERNITY SERVICES ARE WILLING TO GIVE THEIR VIEWS AND FEEDBACK IN ORDER TO HELP IMPROVE AND SHAPE FUTURE SERVICES.

SEVEN IN TEN (71%) DO NOT KNOW HOW TO.\*

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This briefing provides a number of examples of work local Healthwatch have been doing in relation to maternity services, as well as key findings. These findings highlight common themes, which can inform the national maternity review, including:

- 1) Involvement of mothers in the commissioning and delivery of services
- 2) Staff attitudes, support and communication
- 3) Mental health support
- 4) Access to prenatal care in the community
- 5) Support to people with disabilities
- 6) Interpreting services and information provided in different languages
- 7) Infrastructure and environment



## Local Healthwatch in action

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Based on our bi-annual intelligence return and on-going discussion with the network, we know that at least 33 local Healthwatch have identified maternity services as a priority area over the last two years.

The following examples illustrate different approaches local Healthwatch are taking to engage with and challenge local stakeholders to ensure the views of the public are reflected in discussions and decisions regarding maternity services.

- **Healthwatch Telford and Wrekin** were invited to join the programme board for the maternity services review in June 2013. They took an active role in the Service User Engagement workstream, offering an independent space for people to voice their experiences. This was particularly useful when speaking to a group of new mothers in Woodside, where Healthwatch Telford and Wrekin were able to gather additional service user comments that may otherwise have been lost. Together with **Healthwatch Shropshire**, they ensured that patients were at the heart of the review. Healthwatch Telford and Wrekin hold regular engagement sessions at the Shropshire Women & Children's Unit and continue to bring service user feedback to service managers.
- **Healthwatch Staffordshire** identified maternity services as a key issue in their area, following the removal of obstetrics led maternity from the County Hospital Stafford in January 2015. Initially, the Trust Special Administrations recommended that all maternity services be removed from Stafford. However, following representations from Healthwatch and others, they finally recommended that there should instead be a midwife-led unit. Healthwatch Staffordshire have been actively involved in the maternity review and recently attended the Birth Tank 2 event on behalf of the network. They would like the review team to set out an overall vision for maternity services in Staffordshire and tackle the inherent tension between local stakeholders versus national experts, which exists across all health services.
- In August 2013, **Healthwatch East Sussex** were invited by the three East Sussex Clinical Commissioning Groups to form part of its Better Beginnings Programme Board, responsible for overseeing a consultation on proposals for the future of NHS maternity, in-patient children's services and emergency gynaecology in East Sussex. Healthwatch East Sussex used their knowledge and experience to ensure a transparent and evidence based consultation was planned and delivered with a focus on co-production. They have also provided advice and support to the Maternity and Paediatrics Communications and Engagement Working Group for the overall process, including: communications tools, engagement, specialist focus groups linked to the Equality Act protected characteristics, the consultation design and use of accessible language.



## What local Healthwatch told us

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### 1) Involvement of mothers in the commissioning and delivery of services

Maternity Service Liaison Committees (MSLCs) were established as a measure to ensure collaborative engagement between those providing and receiving maternity services. They were, until 2012, a statutory function of the Primary Care Trust (PCT). Since the dissolution of PCTs, there is variation as to whether MSLCs are in place, and the extent to which they are funded and supported.

- The MSLCs in Cambridgeshire provide regular contributions to the improvement of maternity services through specific events and regular engagement. The MSLC for the Rosie Hospital in Cambridgeshire is a thriving and large MSLC that incorporates service providers (including the Head of Midwifery, clinical services manager, consultant obstetrician and consultant neonatologist), user representatives and commissioners to plan, monitor and improve maternity services. It is chaired and led by user representatives. MSLC feedback has contributed to the development of a number of areas including, community midwives, improving the consistency of breastfeeding support, supporting the Baby Friendly Hospital initiative, and the management of tongue tie.
- However, *Healthwatch Cambridgeshire* has raised concerns with us that without adequate access to funding for service user expenses, such as travel and childcare costs, a significant section of the community will not be able to participate in MSLC meetings. Insufficient funding also means that MSLCs cannot market themselves to ensure widespread awareness of their existence. Without adequate structural support, the MSLCs risk losing the benefits of a multidisciplinary committee working together to improve services. And finally, without funding, there is a loss of accountability and oversight in place to ensure that MSLCs are engaging widely and representing service users and potential service users effectively. Similar concerns have also been raised by *Healthwatch Hillingdon*.

This evidence shows that MSLCs, even when they were a statutory function of the PCTs, varied in quality. We understand that NHS England cannot mandate CCGs to fund Maternity Service Liaison Committees. Nonetheless, there is a need to ensure that meaningful and effective engagement mechanisms are in place, whether through MSLCs or other arrangements.



This is all the more important because 5 in 10 women who have used maternity services are willing to give their views and feedback in order to help improve and shape future services. However, 7 in 10 do not know how to.\*

Healthwatch is not a duplication of or replacement for MSLCs or other engagement mechanisms but can work collaboratively to raise awareness of the MSLCs. It can also use the intelligence gathered to inform a broader understanding of maternity services across the region, inform decision making at the area level, and raise issues as necessary.

## 2) Staff attitudes, support and communication

**Some local Healthwatch have shared the positive feedback that they received and we thought that these should be incorporated into the review.**

- Following the changes to local hospitals that came with the dissolution of the South London Healthcare NHS Trust in October 2013, **local Healthwatch from Bexley, Bromley, Greenwich, and Lewisham** agreed to conduct Enter and View visits to observe Princess Royal University Hospital, Queen Elizabeth and Lewisham Hospitals' Maternity Departments, and to monitor the impact of the transition across the boroughs. Most patients said that staff members were polite, respectful, friendly and helpful. The atmosphere in the areas visited was reported as calm and interactions observed between staff and patients suggested that patients are treated with kindness and respect.
- **Healthwatch Hampshire** found that very positive experiences of maternity services were reported by patients for Ashurst Hospital, with most comments made about excellent midwives and staff, good buildings and facilities, as well as breastfeeding support. Parents told **Healthwatch West Sussex** how individual professionals made their experience of giving birth a positive one, describing midwives and doctors as 'very supportive, encouraging, incredible, brilliant and amazing'. **Healthwatch Gloucestershire** received a significant number of compliments about the standard of midwifery care with staff helping patients to feel relaxed and reassured.
- **Healthwatch Birmingham** received very good feedback on the Heartlands Hospital maternity service, which demonstrated a positive example of recruiting additional staff to help new mothers bond with their baby. In the Women's Hospital, patients reported good practice by Patient Advice and Liaison Services (PALS) which offer a point of contact for them to provide feedback and raise any concerns. Patients told Healthwatch Birmingham that this was effective in having their concerns dealt with.



However, while some parents felt supported, others said they had to deal with 'very unsupportive' members of staff who didn't listen to personal requests.

Whether due to pressures on maternity wards or communication issues, parents told some local Healthwatch how this lack of support caused distress and had a negative impact on their birthing experience. This lack of consistency of experience of maternity services needs to be addressed.

- *Healthwatch West Sussex* spoke to parents who had given birth more than once, and those who had had babies when maternity services were under pressure. A parent described how they felt ignored, having been left alone for 4.5 hours on the prenatal ward. They ended up giving birth there, rather than in a delivery suite. Added to this, their notes were wrong and they did not get the rubella injection they were supposed to receive.
- *Healthwatch Northumberland* received very mixed feedback from mothers, particularly those who went to Wansbeck hospital. Whilst some people had really positive experiences, others were very dissatisfied with the care they received.
- According to *Healthwatch Isle of Wight*, more antenatal work should be done with those who have already had babies to ensure they feel confident becoming parents again, specifically: updates on current practices and options available during pregnancy and labour, pro-active support around breastfeeding and the networks available, and consistent midwifery support throughout pregnancy. Women told *Healthwatch Staffordshire* that they want ready access to information and advice as well as continuity of care.
- With patients who have been through a difficult birth, *local Healthwatch from Bexley, Bromley, Greenwich and Lewisham* suggest that service users should be given clear updates on the progress of tests, written information allowing them the opportunity to ask questions and points of clarification at a later time. All patients should also be better informed regarding overnight stay policies. Local Healthwatch said that more maternity staff should be recruited to ensure there is sufficient cover for shifts at weekends. Moreover, *Healthwatch Birmingham* raised high level of nursing vacancies at Good Hope.
- *Healthwatch Cumbria* highlighted that North Cumbria Trust has great difficulty staffing the West Cumberland Hospital with anaesthetists in order to provide safe maternity services. To help better support pregnant women, *Healthwatch Hackney* said that all frontline staff should be trained on domestic violence. They said that antenatal sessions should also be delivered in partnership with culturally sensitive community organisations.



### 3) Mental Health support

We are pleased to hear that the national maternity review will look at mental health services for pregnant women and new mothers. This is an issue that the Healthwatch network has raised.

- **Healthwatch England's Special Inquiry** into unsafe discharge from hospital highlighted the experiences of women with mental health conditions such as postnatal depression and postpartum psychosis. As part of the inquiry, Healthwatch England and Channel 4 News visited a 13-bed mother and baby unit in South London, which provides specialist services for women who have complex mental health conditions. The unit at Bethlem Royal Hospital is one of only 17 units in the country that provides a holistic approach, seeing mothers working with staff to establish a relationship with their child and to prepare for a lasting return to the community.

Good practice examples of graduated discharge enabled the mothers we spoke to to build the confidence and skills they need to manage their condition and continue with their lives. However, we were told that not every area has a perinatal specialist within the mental health team and general mental health teams do not always have the right expertise. If discharge is well planned and gradual, there must also be effective after-care support in the community, otherwise mothers' recovery can be affected.

Our inquiry found some examples of excellent practice happening on a local level and would like the review team to consider how this might become more widespread.

- **Healthwatch Hertfordshire** has identified concerns around inadequate provision of perinatal mental health services locally and variation in provision of perinatal mental health services across the country, based on mapping by the Maternal Mental Health Alliance. Healthwatch Hertfordshire has suggested more consistent provision is needed in mother and baby units, community perinatal units, specialist training on perinatal mental health for nurses and midwives, and support groups. They have also discussed this locally with the commissioners.
- Similar concerns have been raised by **Healthwatch Norfolk** which found that the mental health needs of young mums (aged 19 or under) and dads can be overlooked by health and social care professionals, and women can develop mental health problems that are not consistently identified and appropriately supported or treated.



#### 4) Access to prenatal care in the community

As well as hearing positive accounts about community based services, local Healthwatch heard others that should be considered by providers and commissioners.

- A number of parents in Hassocks told *Healthwatch West Sussex* that they were wondering why there was no community midwife in their area. They said that it is expensive and difficult to get to the Gattons Children and Family Centre in Burgess Hill, as there is no direct public transport. In general, the parents Healthwatch spoke to have found the health visiting advice to be patchy and inconsistent. For example, the health visitor advice in Hassocks does not match national guidance, including weaning before six months, no advice on baby-led weaning, and the sleep advice given is out of date.
- According to *Healthwatch Hackney*, support should be provided to newly-arrived migrant families in order to direct women to maternity services. *Healthwatch Norfolk* forwarded us evidence collected locally with migrant workers living in Norfolk\*\*. Many women explained that, as they are working during the early stages of pregnancy, they find it difficult to access antenatal care sessions. Therefore many say they do not to access services until the start of the third trimester.
- Moreover, women and their partners have told *Healthwatch Norfolk* that information about where and how to access antenatal classes is variable and unreliable. Not every prospective parent is able to access the kind of local antenatal class they feel would enhance their parenting skills and confidence in caring for their new-born baby. Healthwatch Norfolk say there is a need to undertake an equality audit of access to antenatal classes by women living in Norfolk as a means to identify unmet needs, increase provision of classes and improve maternal and child health and wellbeing in the long term.
- During 2013-2014, *Healthwatch Hillingdon* worked with the local MSLC to highlight the lack of provision for a dedicated perinatal service for Hillingdon mothers. They raised this with commissioners who listened to the concerns. From December 2014, the NHS Hillingdon CCG has commissioned an interim dedicated perinatal service for Hillingdon mothers. It is likely that this service will be further developed and implemented across North West London.

Healthwatch Hillingdon acted as a catalyst to ensure the provision of a new perinatal service and the local MSLC was essential in supporting this change.



## 5) Support to people with disabilities

We hope the maternity review team will give appropriate weight to the issues identified by local Healthwatch which affect people with disabilities.

- **Healthwatch Birmingham** is part of the Learning Disability Maternity Steering Group where work is ongoing to make maternity pathways more accessible for patients with learning disabilities.

The steering group involves four hospital trusts and other partners (advocacy services, speech and language) that are working together to share good practice. The steering group is working to implement continuity of care across the city of Birmingham.

They found that:

- High numbers of women with learning disabilities are unable to keep their babies due to a lack of support.
- A high level of turnover of staff was highlighted as a particular issue.
- There is a lack of timely advocacy support, funding for additional support and learning disabilities leads within Birmingham (Birmingham Community Healthcare Trust reported that there used to be 14 leads across Birmingham, there are currently only three leads).
- Other issues include some GPs not clarifying that the patient has a learning disability on the maternity referral form and/or not providing understandable information and leaflets.

- **Healthwatch Hackney** looked at the experience of Turkish speaking parents of disabled children through pregnancy, birth and postnatal care.

They found that:

- Disability support services should start at earlier stages of pregnancy.
- Mothers who have knowingly and willingly taken the decision to give birth to a disabled child should be supported at all stages.
- Scan results should be saved for future investigation.
- Further therapeutic support should also be available to help parents accepting their child's disability.
- Last but not least, parents should be given information about where they can seek help before being discharged.

## 6) Interpreting services and information provided in different languages

Local Healthwatch highlighted the importance of parents and families having access to the information they need in different languages.





- According to *Healthwatch Hackney*, interpreters should be present at all times, especially during emergencies, not just during booked maternity appointments. *Healthwatch Norfolk* would like the hospitals' maternity services departments in their areas to carry out a community language needs assessment and use the findings to inform provision of information in languages other than English to mothers, fathers and families.

## 7) Infrastructure and environment

**Creating the right environment can help mothers-to-be to feel empowered. However, we heard from local Healthwatch that some areas are not comfortable and badly equipped.**

- Some of the people *Healthwatch West Sussex* spoke to told them about issues with the hospital environment including hospitals not having enough pillows and the wards being too hot.
- A woman who went to the Gloucestershire Royal Hospital for an early pregnancy scan told *Healthwatch Gloucestershire* that she would have liked to have a separate room for patients who receive bad news. After she was told that her pregnancy was an ectopic pregnancy, she was led back out to the waiting room full of pregnant women while she waited to be called in to see the consultant. She and her husband were both very emotional and upset at the news and felt the whole thing could have been handled more sensitively.

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**If you would like further information or if you have any queries, please contact Zoe Mulliez, Policy Advisor, on [zoe.mulliez@healthwatch.co.uk](mailto:zoe.mulliez@healthwatch.co.uk) or call 020 7972 8053.**

**Please contact us if you would like this policy in another language or format for example in large print, in Braille or on CD.**

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\* Online survey commissioned by Healthwatch England. Fieldwork was undertaken between 21st and 22nd October 2015. Total sample size was 2,135 adults (aged 18+). The answers on maternity were given by people who had used the service or felt the service was relevant to them. Full data is available at <https://yougov.co.uk/results>

\*\* Further details about the survey are included in the Healthwatch Norfolk's report '[Maternity Services in Norfolk: A snapshot of user experience Oct 2014 – April 2015](#)'.

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