

healthwatch
Hampshire

healthwatch
Slough

healthwatch
Windsor, Ascot and
Maidenhead

healthwatch
Bracknell Forest

healthwatch
Surrey



Maternity Voices Project

Frimley Integrated Care System

REPORT

November 2019

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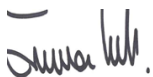
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1. Foreword

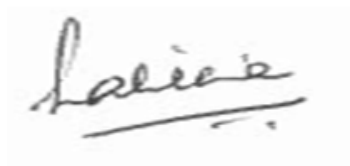
Frimley Local Maternity System welcome this report and thank our five Healthwatch organisations for undertaking this valuable work on our behalf. We are delighted to hear the mainly positive comments.

We work closely with our Maternity Voices Partnership colleagues in shaping and co-producing our plans but are aware that we may not have always been reaching women from all our communities. We hope that the relationships established with women through these focus groups will flourish going forward and we can work with women to really understand what they want.

We are reassured that most of the recommendations in the report identify issues that we are already working hard to address but are grateful that we have an opportunity to focus on some specific themes that have been described.



Emma Luhr
Director of Midwifery
Frimley Health Foundation Trust



Dr Lalitha Iyer
Chair
Frimley Local Maternity System

2. Introduction

Healthwatch Slough was approached by Frimley Health and Care Maternity System to create a project, across five Local Healthwatch organisations (Slough, Windsor, Ascot and Maidenhead, Bracknell Forest, Surrey and Hampshire) which would enable new parents to shape maternity services for the area in the future.

As part of the NHS Five Year Forward View, in March 2015 NHS England launched a review into the current provision of maternity services. After a nationwide consultation with women, families, NHS staff and stakeholders, the Better Births report published its findings in February 2016 and set out a proposal to make maternity services across England “safer [while giving] women greater control and more choices”.

Frimley Maternity Services had conducted their own research through the Maternity Voice Partnership, but they recognised the need to develop and maintain a dialogue with parents from a range of backgrounds and to inform the design and delivery of services in the future. This report focusses on reaching out to those people who are often under-represented, and it identifies areas of importance to mothers and birthing partners in terms of what further support is required as well as areas for improvement in services.

The Healthwatch teams also worked closely with the Maternity Voices Partnership in order to share learning about how best to engage with these groups, leaving a more sustainable legacy for the system.



We would like to thank all
the parents who shared
their experiences with us.



3. Project Aims

This project aimed to involve 5 Healthwatch areas in order to gather feedback from a large reach of service-users in the Frimley Health Care ICS, with a particular focus on reaching under-represented communities from a range of backgrounds. The project aimed to identify areas of importance to mothers and birthing partners in terms of further support required in Frimley maternity services and areas for improvement within the services.

The 5 Healthwatch Areas were:

1. Hampshire
2. Slough
3. Surrey
4. Bracknell Forest
5. Windsor, Ascot and Maidenhead

Furthermore, this project aimed:

- To widen the quantity of feedback from service-users with protected characteristics.
- To develop and maintain a dialogue with these parents.
- To provide an opportunity for new parents to influence the future delivery of maternity services in the Frimley ICS area.
- To produce a report summarising the findings from each Healthwatch area along with a single overview identifying key issues and recommendations.
- To produce a list of organisations who are willing to be engaged in the future.
- To share learning about how best to engage with these groups in the future.
- To ask participants if they are interested in joining the Maternity Voices Partnerships in the area (and seek their consent to share their information with relevant colleagues).
- To involve service development Leads in order to gain a better sense of the challenges people from different backgrounds might experience in Frimley maternity services.

4. Methodology

The Healthwatch Leads were tasked with gathering feedback from a diverse range of people, including those:

- With disabilities
- With refugee backgrounds
- Who have limited ability in speaking English
- Who are in same-sex partnerships
- Who have different religions
- Who have different ethnicities
- Who have different cultures
- Who are vulnerable and marginalised by society
- Who are young parents or older parents

The Healthwatch Leads set up 15 focus groups with mothers and birthing partners in their communities to hear experiences of Frimley maternity services. They did this through their existing networks whilst also building new links with groups that support new parents with protected characteristics. The following focus groups were attended:

1. Funky Monkey in Farnham (HW Surrey)
2. Pirates Landing in Camberley (HW Surrey)
3. Mini Bazaar (HW Slough)
4. Refugee Support Service (HW Slough)
5. Slough Integration Service (HW Slough)
6. Mama Café at Masjid al-Jannah Mosque (HW Slough)
7. Rhyme Time at Fleet Library (HW Hampshire)
8. Rhyme Time at Farnborough Library (HW Hampshire)
9. HomeStart – Mum’s Wellbeing Group (HW Hampshire)
10. Young Mums group at the Family Support Service (HW Hampshire)
11. ‘You Matter’ Course at the Family Support Service (HW Hampshire)
12. The Baby Health Clinic at Southwood Surgery (HW Hampshire)
13. The Baby Health Clinic at Prospect Community Centre (HW Hampshire)
14. Baby Toddler Group in Crowthorne (HW Bracknell Forest)
15. Online Virtual Focus Group (HW Windsor, Ascot, Maidenhead)

The Healthwatch Teams approached the focus groups in different ways. Some of them offered incentives for giving feedback, while others attended existing baby groups and chatted to local parents.

5. Sustainable Feedback

One of the aims for this project was to build links with new parents who are harder-to-reach, so there is a continual flow of feedback through Frimley and Wexham Maternity Voice Partnership to Frimley ICS. These links can only be built through careful and continual engagement in order to build trust with these parents and community groups.

Frimley and Wexham Maternity Voice Partnership

Frimley and Wexham Maternity Voice Partnership aims to ensure the views of local parents are taken into account in all aspects of maternity services. Members include parents-to-be, mums, dads, grandparents, NHS midwives and doctors from Frimley Park and Wexham Park hospitals, and members of local community groups who provide services and support to expectant mothers, and new parents and their babies.

Frimley and Wexham MVP is one of the main ways that healthcare professionals get to hear the real views and experiences of parents using the Frimley Maternity Services, which is why they hope to recruit a wide range of new parents from diverse backgrounds so that a sustainable system of feedback can be created.

Engagement steps to sustainable feedback

The first step in this engagement was successful as the women were happy to share their experiences with the Healthwatch Leads. Some of the Healthwatch Leads think their respondents might get involved with Frimley and Wexham Maternity Voice Partnership as long as they have a chance to speak to the MVP representatives and are shown how their views and experiences can help shape the local maternity system.

It is therefore suggested that the next step in engaging these women should involve an introduction to the representatives of Frimley and Wexham Maternity Voice Partnership. If this is done at the same time as presenting the outcomes of this report, it will show Frimley ICS have listened to their views, validated their experiences, and will hopefully encourage a relationship built on trust. By talking through the report findings and recommendations, this will demonstrate how their feedback has influenced Frimley Maternity Services which might encourage respondents to get more involved and encourage others from their communities to do the same.




Once a trusted relationship has been built between these women and Frimley and Wexham MVP then the next step is to consult these women about future engagement; ask them how they would like to be involved and what's the best way to exchange information with their community. It might be difficult to encourage BME communities to attend meetings outside of their local communities so they might welcome MVP representatives or Healthwatch Leads regularly attending their community gatherings instead. Whichever way the engagement happens, there needs to be a continual flow of information between Frimley ICS and these community groups in order to create sustainable networks.

6. Respondents

In total we gathered feedback from 96 people:

- Healthwatch Surrey: 22 people
- Healthwatch Slough: 24 people
- Healthwatch Hampshire: 34 people
- Healthwatch Bracknell Forest: 5 people
- Healthwatch Windsor, Ascot and Maidenhead: 11 people

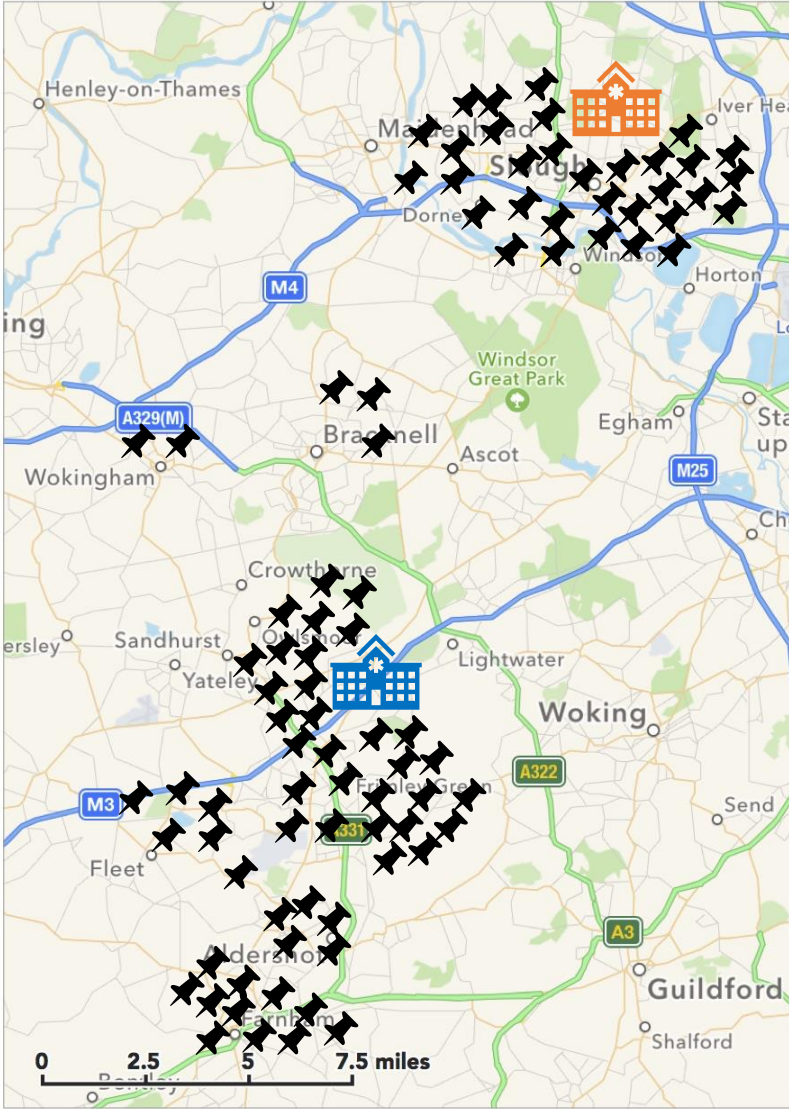
Respondents who disclosed their location were from the following areas:

	Wexham Park Hospital
	Frimley Park Hospital
	1 Respondent

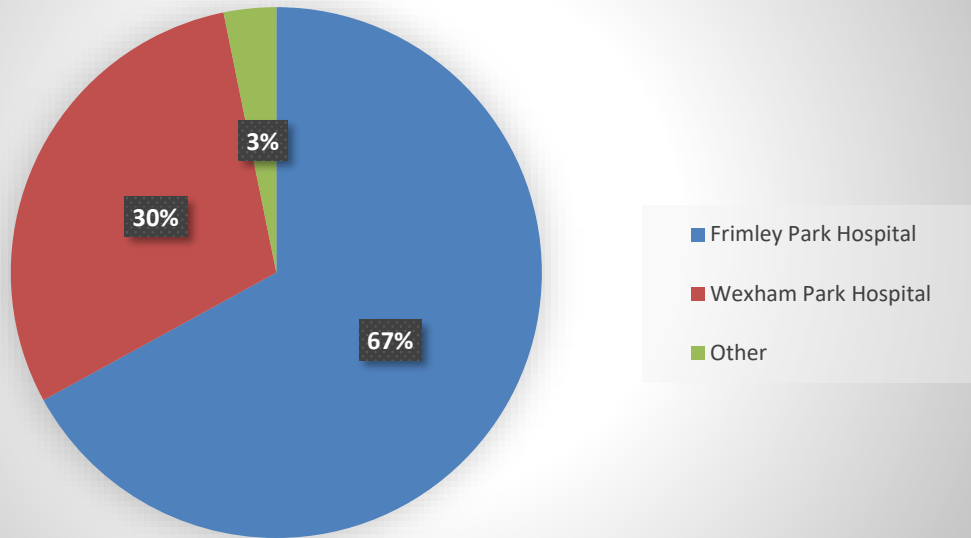
All of the respondents had their baby under Frimley Healthcare in the last 3 years.

63 of them had their baby at Frimley Park Hospital and 28 in Wexham Park Hospital.

3 of the respondents had their babies at a different hospital or at home.

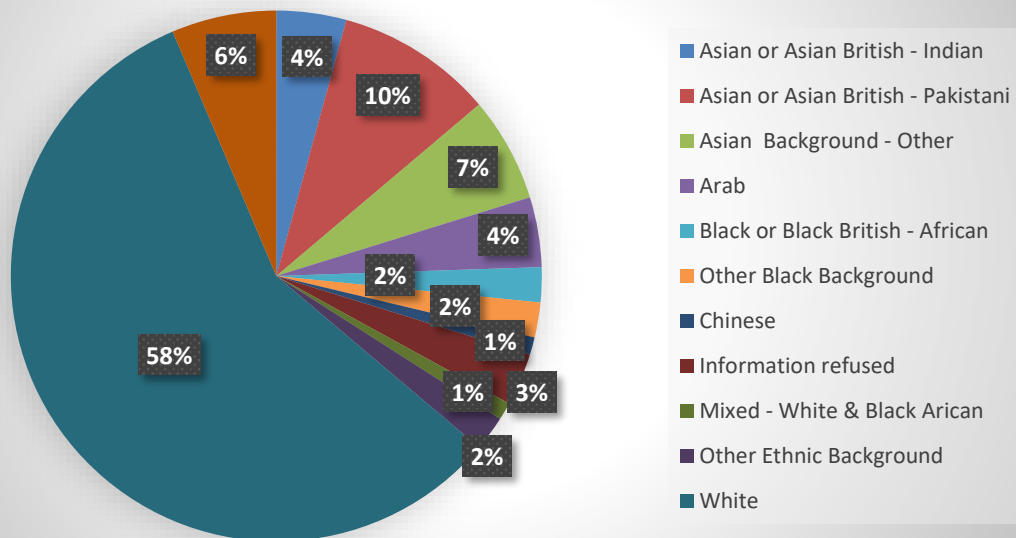


Where the respondents had their babies

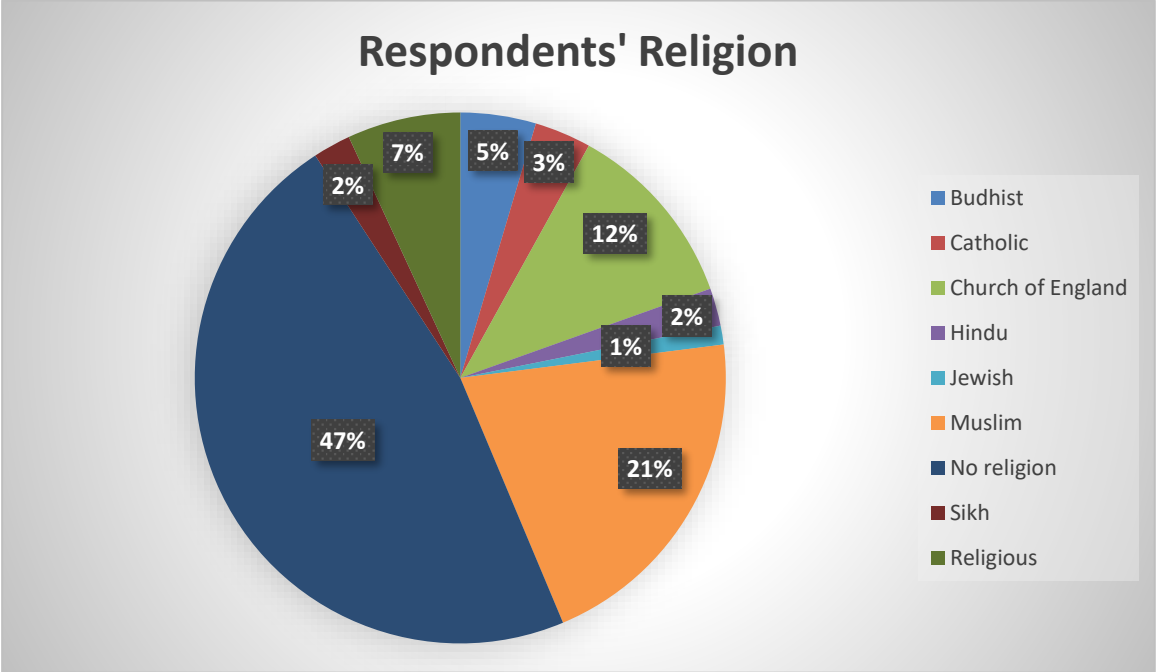


The respondents who disclosed their ethnicity marked down the following: Asian/British Indian (4) Asian/Asian British Pakistani (9), Chinese (1), Other Asian Background (1), Black African (2), Other Black Background (2), Arab (4), White (54), Other White Background (6), Mixed White & Black African (1), Other ethnic background (2), Information refused (3).

Respondents' Ethnicity



53% of respondents said they were religious (47) and 47% said they were not (41). The respondents marked the following as their religions: Buddhist (4), Catholic (3), Church of England (10), Hindu (2), Jewish (1), Muslim (18) and Sikh (2).



7% of respondents said they had a disability (7).

2% of respondents said they were homosexual (2) and 1% said they were bisexual (1). 8% said they prefer not to say (8).

4% of respondents were also from Slough Refugee Service (4).

7. Satisfaction

75% of respondents said they were either 'satisfied' or 'very satisfied' with Frimley Maternity Services and respondents gave lots of positive feedback about all aspects of their maternity experience:

Antenatal services

Respondents valued appointments that were on time, and midwives who allowed them the time to ask questions and talk about their problems and concerns. They valued being given quality information and being told about their options:

"The staff were excellent at explaining all my options and really made me feel in control."

They also valued the extra care and appointments provided in special circumstances:

"I had lots of additional appointments which was good that they took extra care of me to check everything was okay."

Respondents gave positive comments about midwives listening to them and acting promptly to any concerns such as reduced foetal movements or pains:

"On-time appts. E.g. Blood checks. When I had a pain, I was called in immediately by maternity after letting them know. It was efficient. They advise and console you really well."

"Skilled and personable midwife. Good advice e.g. reduced foetal movement to go straight to hospital. I had concerns following a previous traumatic birth and I felt my views were considered and respected."

Labour Ward

When they felt well-informed, prepared, and understood, the respondents were very positive about their experiences:

"I was in the birth centre and when I arrived, they offered me everything (facilities). They really made me feel comfortable and helped me to go through my natural birth and privacy."

"My husband couldn't attend because he had to look after the other children. I was very well looked after and mentally prepared for the C-section. Someone sat and talked to me for ages."

"The labour ward was amazing; the care, the nurses, doctors, circumstances, room, and it was very clean."

Postnatal services

In general, a lot of respondents underlined the extra support they needed postnatally. However, there was still a lot of positivity about this element of the maternity services:

"Staff were very caring, supportive, understanding, nothing was too much trouble. Outstanding care to me and my baby. "

"The care received was amazing."

"The day staff at the hospital were brilliant, they looked after my son so I could get some rest or if I needed to go to the toilet. They gave me a separate room as I was upset and needed to cool down."

Health Visitor Care

Just as the respondents liked continuity in terms of their midwives, this was also valued with the care provided by the health visitors and once again, the respondents valued the amount of support and the time taken to explain:

“Really impressed with the health visitors, I didn’t realise how much I would see them. “

“My daughter was underweight, so my health visitor and midwife came and gave me lots of support with feeding her.”

“The support I got from Health Visitors was amazing. I had the same one throughout and this was good as I didn’t have to keep explaining things. My health visitor said in our final meeting, “ this is meeting is all about you and how you are feeling”.

Specialist services

Respondents were very complimentary about the specialist care they were provided. There was unanimous positivity about the neonatal unit where respondents talked about the *helpful* staff and how *understanding and caring* they were: *“My baby was in neonatal, they came to get me for feeds, was a good experience.”*

One of the respondents who had been assigned FGM specialists also talked about how this extra service made a difference to her and her community:

“We get a specialist Dr on FGM and specialist midwife. They help you prepare. It makes women in our community feel better that we have these specialists”.

8. Suggested improvement

Despite most respondents being satisfied overall with their experiences with Frimley Maternity Services, there were still some areas which people felt could be improved in order to make their experience better. Respondents from all backgrounds, and those who birthed at both Frimley and Wexham Park hospitals, focused on two main themes:

- **Communication**
- **Support**

8.1 Communication

The need for improvement in communication was something highlighted in each Healthwatch report and across all parts of Frimley Maternity Services. Communication is key when putting mothers-to-be at ease and allowing them to make their own personal decisions about the healthcare they receive. This was also underlined in the National Maternity Review: *“Many women told us about the importance of good quality and consistent communication and emphasised how vital it is for professionals to communicate with each other.”*¹

Many respondents didn’t feel they were listened to or understood. Some respondents felt they didn’t have a choice and were pressurised by professionals into doing things a certain way. They felt they weren’t given enough information and were left confused. Some respondents mentioned they couldn’t ask for help because of the staff attitude.

The following improvements were suggested by respondents:

Listen to mothers

Several respondents said they weren’t listened to. They reported they were nearing delivery or knew there was a problem, but the midwives dismissed these claims:

“When I told the midwives, I’m going into labour they wouldn’t listen and dismissed me.”

Another common theme was that respondents felt they didn’t have a choice about their own bodies and their births. For example, one woman said the consultant dismissed her concerns and tried to encourage her to have a natural birth. Another said she felt she didn’t have a choice about the position she birthed in:

“I had to lie on a bed to give birth but wanted to be on all fours, but I was encouraged to keep lying on the bed although I had extreme pains coming from my back. I wanted naturally to go down on all fours but was prevented by them.”

Respondents valued:

- Staff allowing time to discuss their concerns
- Staff taking time to read and follow the respondents’ birth plans where possible
- Staff responding to the patient’s different needs

¹ National Maternity Review (3.8)

Improve communication and support during labour

Several respondents from all backgrounds commented on the lack of support or information they received on the antenatal ward. Several people mentioned they were left alone in pain with no-one checking up on them for long periods of time:

“The antenatal care was very confusing but mainly because they just left me struggle in pain and alone.”

The importance of regular communication and check-ups was echoed by the findings in the Frimley and Wexham MVP care planning survey where 95% of women said it was important to ‘have regular communication about how labour is progressing.’

Respondents valued:

- Regular communication and check-ups when in labour
- A supportive and understanding attitude

Improve communication during surgery

A couple of respondents who birthed at both hospitals mentioned how they would have liked the surgeons to be more sensitive to their anxieties. Two respondents said the surgeons were having ‘light-hearted conversations’ or ‘small-talk’ during ‘traumatic surgery’ which they found ‘rude’ and ‘uncomfortable’. This might be a method the surgeons use to put the patient at ease, but the respondents said it increased their level of discomfort or anxiety:

“[I’d have liked] better communication of issues, during C-section, one said “oh, a bit of a mess in here”. This still makes me anxious.”

Respondents valued:

- Staff taking time to discuss, inform and mentally prepare them for operations

Deliver consistent advice

Some respondents mentioned the lack of consistency in advice. For example, one 39-year-old said she was pressured to have a C-section due to her age by one consultant and then another consultant said they would support her choice to have a natural birth. Another respondent said: *“I was 2cm. Midwife stretched me to 4. Then I was told she shouldn’t have done that.”*

Respondents sometimes felt the advice given by midwives and health visitors was also conflicting, particularly surrounding breastfeeding support. Health visitors interviewed for this report also stated that mothers needed more consistent advice on breastfeeding across professionals. For example, one respondent said: *“I got conflicting advice about how to feed from different health visitors and was made to feel bad about feeding, like I was doing it wrong.”*

Respondents valued:

- Staff taking the time to read the patient’s notes in advance
- Continuity in health professionals delivering the care

Improve perception of empathy and understanding

The majority of respondents talked about their midwives and other maternity professionals being caring, helpful and kind: *“Staff attitudes were good – felt like when you don’t know what you’re doing you can ask – approachable, helpful, informative and non-judgemental.”*

However, there were also several respondents who said the staff were ‘rude’, ‘not-friendly or supportive’, particularly on the antenatal wards and the postnatal wards:

“Some staff lacked empathy which increased my stress and anxiety.”

“[Everything could have been improved] but mainly a few encouraging words or smiles.”

Respondents valued:

- Staff being understanding and reassuring in their support and care

Keep mothers informed

Several respondents felt there was a lack of information or that they weren’t kept informed about their situation:

“[I’d have liked] better debriefing about C-section and internal issues / complications.”

The process of being induced was not always fully understood by several mothers. People described the lack of clear information about being induced and the lack of time taken to explain:

“I didn’t feel the hospital midwives fully explained the induction process. The assumption was that you know.”

Respondents valued:

- Clear accessible information in advance of surgery or induction
- Being kept informed and consulted throughout the process
- Allowing time to discuss and debrief medical procedures afterwards
- Being empowered to make decisions that were right for them and their baby

8.2 Support

Another recurring theme that is closely linked to improvement in communication is the need for more support, whether it was the need for more physical help, more guidance or more empathy and understanding. Many respondents wanted to be supported throughout the maternity process whether it was allowing them more time in the antenatal appointments to discuss their concerns, or more help with breastfeeding. Most respondents, even those who were very satisfied by their overall experience, identified an area of Frimley Maternity Services in which they would have liked more support. The following improvements were suggested by respondents:

Ensure women are offered regular antenatal appointments

A couple of respondents said they did not have regular antenatal appointments. Others mentioned the appointments were often late:

“Had only 2 appointments with midwives during my pregnancy. After 20 weeks I could’ve done with more support. Health checks would be reassuring.”

Respondents valued:

- On-time regular appointments
- Their midwife being contactable and accessible

Allow more time during antenatal appointments if necessary

Some respondents said they would have liked more time at the antenatal appointments to discuss their concerns and their options:

“I would have liked to have spent time on my birth plan...I felt like we didn’t talk about my birth options or spend time going through my birth plan.”

One respondent mentioned that she wasn’t able to discuss the options of a home birth and was told *‘we don’t talk about it until 36 weeks, as you are not able to have one before’* but she felt this made it hard to plan.

Another respondent felt that the lack of time given to discussing her personal wellbeing at the antenatal appointment made it hard for her to disclose that she was experiencing domestic violence:

“My midwife seemed to only be concerned with the health and growth of my baby. I felt like it was a tick box exercise – measure your belly, do the checks and off you go. I wanted her to ask me how I was. My abusive partner attended all my appointments bar one – this one time, when I was able to go on my own, I went in there and I was all ready to tell her. But she didn’t ask me how I was or just say are you okay. If she had done, I would have told her, but I just went on my way.”

Respondents valued:

- Midwives allowing time to discuss problems and concerns – to ‘ask silly questions’
- Having good quality information and being told about their options
- Their concerns being taken seriously by staff
- The same midwife throughout their pregnancy

Provide free antenatal classes

Many respondents talked about wanting to attend antenatal classes or wanted to receive more information about labour or how to look after the baby after birth. Antenatal classes are designed to help prospective parents prepare for labour, birth and caring for a new-born baby. Without free antenatal classes only those who can afford private classes will get the support they need:

“I wanted to do NCT, but I couldn’t pay - I had anxiety as I didn’t know any new mums and was worried I would be alone, classes would have helped me meet other new mums”

Respondents said they were told to watch online videos, but they felt that face-to-face classes would have been more useful as it would give them the opportunity to discuss worries and ask questions:

“Frimley don’t do antenatal classes; I was told to watch some videos they recommended online – but you can’t ask questions to videos.”

Antenatal classes are often identified as the place where new parents meet friends which provide a parenting support group before and after the birth of their baby. Without the provision of these classes, new parents can lack the support they need which could potentially lead to new parents feeling lonely and unable to share their anxieties:

"[I'd have liked] a pre-birth group. Somewhere to share. Can feel lost as a first-time mother."

Respondents valued:

- The antenatal classes for twins
- Access to support groups

Provide more beds for delivery

A couple of respondents who birthed at both Wexham Park and Frimley Park Hospital talked about no beds being available for delivery:

"For second baby no labour room. Had to give birth in a waiting room."

Respondents valued:

- Access to the midwife-led birthing centre

Provide more support on the postnatal ward

The postnatal ward was mentioned by many respondents as a key area in which they would have liked more support, particularly those in pain as they felt they weren't ready to do things on their own. Many respondents said they were left without check-ups, help or guidance. This was particularly the case when the staff were too busy:

"[I'd have liked] more practical help and support in [the postnatal] ward - especially after c-section, when physically unable to lift and move about."

"Postnatal care on maternity ward not enough support for new mums!"

"1st day too busy to help me. 2nd day was great. They would come every hour to help me."

Respondents valued:

- Staff being sensitive to their differing needs
- Staff having time to offer support on simple things like feeding, changing and dressing their babies

Allow help from family or partners overnight

Many respondents wanted their partners or family members to stay with them to 'help at night', particularly those respondents who were in pain after delivery:

"After C-section left alone to get on with it, and no-one helps with baby when you're in so much pain. Also, they don't let anyone stay with you to help at night".

In the Frimley and Wexham MVP Care planning survey, having a partner or birth companion staying with them overnight was ranked in the top 3 priorities along with ‘help with feeding [their] baby’ and ‘support with basic care for [their] baby’.

Respondents valued:

- Partners being able to stay overnight to provide support
- Birth partners having longer visiting times

Provide more support for birth partners

Several respondents said they would have liked the maternity staff to involve and support their partners more. A couple of respondents said they would have liked their partners to receive more support and guidance in caring for their babies. Others mentioned the lack of communication or support for their partners and babies while they were in theatre:

“[I’d have liked more support] when baby was delivered and I was in theatre, husband could have had a little more support. Once baby was born, husband had baby while I went to theatre, he was a bit lost on care for baby and was ignored.”

Respondents valued:

- Birth partners being kept informed

Provide more support and checks before discharge

Several respondents mentioned dissatisfaction with the discharge procedure at both hospitals. For some it took all day when they were told they were leaving in the morning, while others felt the rushed discharge led to health problems and readmittance:

“Perhaps if baby was checked well, she did not have to go home and be readmitted.”
“[I’d have liked] better support on discharge. I was sent home when my baby had not fed, pooped or slept, he was crying all night and grunting, as a first-time mum, I thought it was normal. It wasn’t until the midwife came at 2pm the next day that she saw him vomit and called A&E.”

Respondents valued:

- Being allowed to stay in the postnatal ward if not feeling ready to leave
- Listening to the parents about any concerns
- Clear and accessible information of where to find support if needed

Provide more breastfeeding support

The need for more breastfeeding support was mentioned by a lot of respondents from each of the 5 Healthwatch areas. Many respondents said they wanted to breastfeed but didn’t receive the support they needed. Some respondents mentioned there was no help on the postnatal ward which led to them feeding their babies formula. Others talked about the lack of support once at home or the lack of breastfeeding support groups and specialist personnel available to help them:

“[I’d have liked] more support with breastfeeding. I left the hospital and couldn’t breastfeed - I tried at home but couldn’t do it. I wasn’t told about breastfeeding clinics, so I ended up bottle feeding.”

The importance of immediate support with feeding their baby was also echoed in the Frimley and Wexham MVP Care Planning Survey where mothers ranked ‘support with feeding on the ward after birth’ as the most important way to improve their experience. The next ranked method of support was ‘someone visiting me at home in the first few days to provide support’. Health visitors and other professionals who work with new mothers also acknowledged the lack of flexible and accessible breastfeeding support as a concern.

Respondents shared experiences of being discharged from hospital when they were not confident about breastfeeding their babies. They believed that more support in hospital to establish breastfeeding would have increased their chances of continuing when they returned home.

A couple of respondents also mentioned feeling judged by postnatal staff regarding breastfeeding: *“[I] was really judged by being unable to feed. The stress stopped [my] milk coming in and he was in an incubator eventually. All the healthcare team pushed the “breast is best”.”*

Some respondents said that tongue-tie had made breastfeeding more difficult and the lack of diagnosis of this issue had led to them giving up on breastfeeding. One respondent said she identified her baby had tongue-tie and had to *“push to get it recognised and dealt with’ by maternity staff.”*

Respondents valued:

- Staff taking time to show them how to breastfeed after delivery
- Access to a range of accessible support options for breastfeeding, including home visits, telephone advice and local face-to-face support groups
- Venues for breastfeeding support that were quiet and offered privacy
- Access to specialist staff
- The text message service offered by Health Visiting Team was cited as convenient source of advice, which could be accessed from home.
- Early diagnosis and prompt treatment of tongue-tie

Provide more mental health support

Several respondents said they would have liked more emotional support with the opportunity to talk about their traumatic birthing experience or their postnatal depression (PND):

“I was traumatised but no-one discussed the trauma. I felt as if I’d failed. I needed some reassurance. I didn’t bond with baby till a few days after.”

“[I] needed more emotional support directly after birth, no one did this. Can lead to postnatal depression as I was not ready.”

Respondents who suffered from postnatal depression (PND) felt they were not diagnosed quickly enough and that they did not know where to go for support. Those who had pre-existing issues with their mental health felt that this was not picked up on by staff, and was not discussed after their babies were born, which caused delays to getting the help they needed.

Some respondents said that they identified they were struggling, and after researching what support was on offer, self-referred to services like the mental health support line Talkplus. One respondent who suffered from PND said it was not picked up by community staff as *“it did not hit until after the regular Health Visitor appointments had finished”*. She said *“I had to reach out myself - with 2 more*

visits she [the health visitor] might have caught it sooner. It took a month for me to reach out". The respondent said they felt suicidal at points. She stated that her mental health issues were in her notes, but she had to reach out and find support as it was not offered or well signposted.

Several respondents who had PND felt that their concerns about their mental health were not taken seriously by GPs and health visitors and were seen as "just the baby blues".

Another respondent explained she felt her health visitor was not understanding, and ignored that she was feeling unwell, telling her to "just go out" and that she needed to "focus on her baby now". Professionals who worked in maternity services highlighted mental health as one of the most important issues facing new parents, identifying the need for access to early intervention provision, so parents were not left until they were in crisis.

Respondents valued:

- Being able to talk about their mental wellbeing without feeling judged
- Having concerns about their mental health taken seriously by professionals
- Having information about what support is available before they might need it
- Being signposted to support before they are in crisis
- More information and preparation about what to expect after birth

Provide more support at home

Respondents identified the need for more accessible support on offer from health visiting teams and the need for up-to-date information about support groups available to new parents. They stated that it was difficult to get through to their health visiting teams as their phone calls often went through to the answerphone. One respondent explained;

"You only have A&E or the doctors and as a new mum if you are panicking, you will end up taking them there to get the answer if you can't get through to your health visitor."

A health visitor from one of the local teams highlighted that on occasions there were not enough staff to take duty telephone calls and was concerned this could cause the team to miss something important. She also felt that face-to-face support was being replaced with text and telephone support.

Respondents felt that they needed more information on support groups and positive activities in the local community. They felt that up-to-date information was not all in one place and was difficult to find. They would have liked information on support groups around mental health and breastfeeding, as well as local organisations that delivered free groups for parents and babies, to help relieve isolation and to build support networks:

"I have no family locally and no support - so I would have liked more information on free ways to meet other mums."

Two respondents felt that their health issues were not dealt with promptly by their GPs after attending their 6-week postnatal checks. One explained; *"I wasn't examined - he asked if I wanted a chaperone I said no - but he then didn't check me. I think he felt uncomfortable doing it... I had an infection."* Another stated they had urinary problems post-birth, but there was *"very little follow up"* and they *"did not know where to turn"*.

Respondents valued:

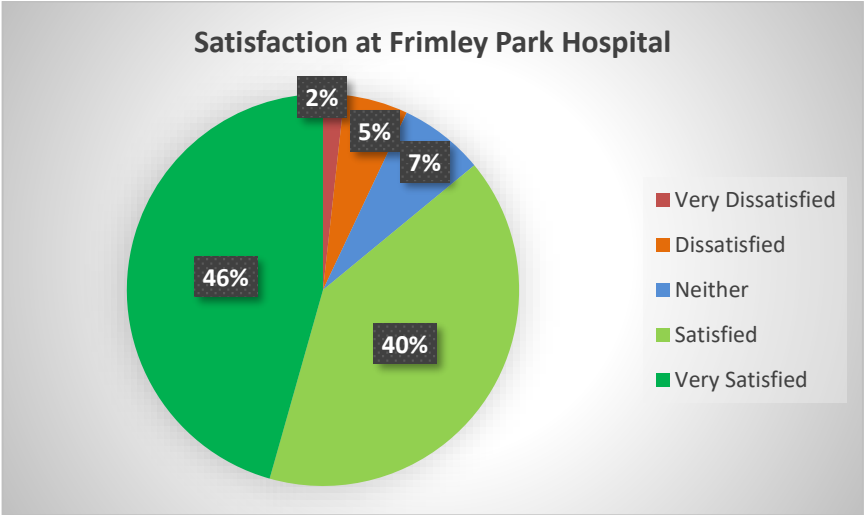
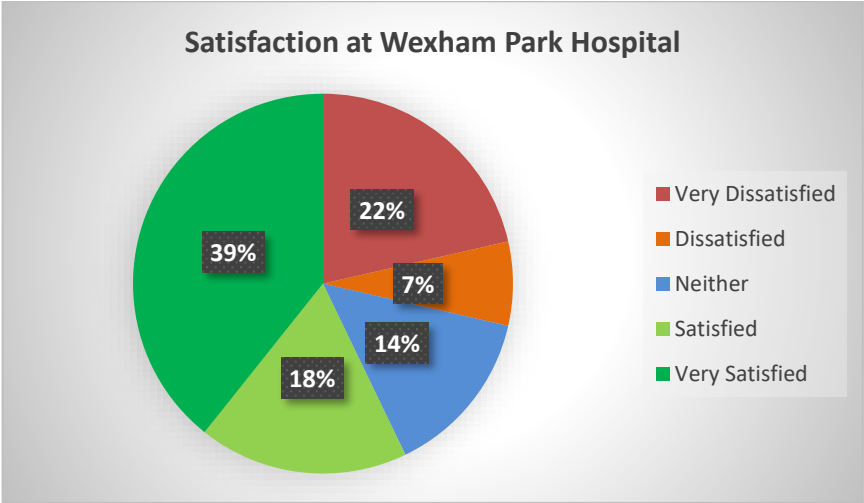
- Midwives and health visitors being contactable
- Midwives and health visitors having the time to talk about the health and wellbeing of mothers in a confidential setting
- Up-to-date information on local specialist support groups
- Up-to-date information on opportunities to socialise with other parents to relieve isolation and develop support networks
- Prompt follow-up on health issues after birth

In focussing on the above issues, it is important not to lose sight of the fact there were also many mothers who had good experiences. However, in order to improve the services it is important to look at why some respondents have better experiences than others.

9. Difference in levels of satisfaction

In total 89 respondents who had their babies at Wexham Park or Frimley Park Hospital marked on a scale of 1 – 5 how satisfied they were with Frimley maternity services. The response was very positive: Only 8% of respondents marked 1 (very dissatisfied), 6% marked 2 (dissatisfied), 11% marked 3 (neither satisfied nor dissatisfied). 32% marked 4 (satisfied) and 43% said they were very satisfied with Frimley maternity services.

Looking solely at these figures, the overall response seems very positive with most of the respondents saying they were satisfied or very satisfied with Frimley maternity services. However, if you break it down between the people who had their babies at Wexham Park Hospital and those who had them at Frimley Park Hospital, the percentages differ.



The difference in percentages shown in the charts above would suggest people who give birth at Frimley Park Hospital were generally satisfied or very satisfied with their experience as only 2% of respondents marked 'very dissatisfied'. However, at Wexham Park Hospital, 22% of respondents said they were 'very dissatisfied' with Frimley Maternity Services. It is worth noting that those who marked 'neither' tended to have some satisfactory experiences and some unsatisfactory

experiences.

To get a picture of why the dissatisfaction is greater at Wexham Park we need to look at the experiences of those who birthed there. A lot of the respondents who birthed at Wexham Park are from BME groups and are Muslim. When breaking down the data further, it suggests that those who are Muslim have the least satisfactory experience; in particular those who are Somali Muslim and those who are Pakistani Muslim as over half of these women had unsatisfactory experiences: 38% of these ethnicities (5 of 13 people) marked their experience as 1 (very dissatisfied) and 15% said 2 (dissatisfied).

The number of these specific respondents is limited and therefore it is difficult to conclude about why this is the case as there is not enough data available. More research needs to be conducted to understand the difference in levels of satisfaction. These statistics could be because the majority of the Muslim respondents are birthing at Wexham Park Hospital due to the diversity of the surrounding area, and therefore certain improvements at this hospital could increase the level of satisfaction. Another potential reason for these statistics is that respondents might have more complex maternity experiences attributed to being from different cultural groups such as language barriers, uneasiness with male staff or the complexities of birthing after FGM.

When looking at the unsatisfactory experience of these Muslim women, there are those who have experienced death of their baby or a traumatic birth resulting in the baby taken to a special care unit which means they are probably less likely to mark the services as satisfactory. However, there are some recurring themes from this feedback which is worth noting. The main recurring issue is communication which led some of these women feeling confused or helpless; whether it was the staff's attitude, the lack of understanding (of their choices or cultural needs), lack of support, or confusion resulting from a language barrier or lack of information.

It is clear from the feedback from other respondents that there are sometimes issues with communication and support that applies to all backgrounds and ethnicities. However, communication is even more important when dealing with people with protected characteristics as they may have stronger preferences due to disability, religion, or culture and may require more time to achieve a better understanding.

10. Feedback related to protected characteristics

10.1 Feedback from Muslim women

Interactions with Muslim women

A couple of the Muslim respondents mentioned the staff's behaviour and attitude towards them as being disrespectful and rude, as have other respondents from various ethnicities and backgrounds. However, a couple of these respondents specifically mentioned the bad attitude as a reaction to their religion, ethnicity or colour. One respondent mentioned the staff's attitude changing when they saw their head 'scarf'. Another respondent said the staff would not look at her during labour. However, it is worth noting that most respondents said their protected characteristic didn't affect the care they received, although one said:

"I had a terrible experience of first-time pregnancy as didn't have proper information, unsupportive midwife, impatient nurse...I don't know. Maybe my colour might have played a part."

Privacy when breastfeeding

Many of the Muslim respondents said the lack of privacy when breastfeeding made them feel 'uncomfortable' and said they 'couldn't relax' when there were male visitors because 'they don't allow [patients] to draw [the] curtains':

"They don't allow you to draw curtain, which makes it hard when visitors (male) are there, especially when breastfeeding or even taking a nap. I was told I could go to a private room to breastfeed if I wanted privacy"

One respondent also felt uncomfortable when the "Midwife opened the curtain in postnatal ward without asking".

Interactions with male staff

A couple of the Muslim respondents also said they felt uncomfortable being cared for by male maternity professionals. One respondent said they felt 'vulnerable' being naked in front of male healthcare professionals and they would have liked to be covered. Another respondent said she would have liked to be informed before male doctors entered the room:

"During labour I said I didn't want male doctors. However, during the complication 3 came in. I felt I couldn't say anything, and they didn't mention it. It would have been good if they had explained why they had to be there."

Guidance for birth partners

Some of the Muslim women also said they would like their partners to receive more guidance in parenting and how to support them.

"The men should be educated because they don't know what to do. Or how to support us. Sometimes you need a third person to explain."

10.2 Feedback related to difficulty with the English language

Language barriers

Communication has been mentioned several times as making the difference between a good and bad maternity experience as it often determines whether or not a mother feels comfortable, supported and in control of the situation. It is therefore not surprising that language barriers can cause some dissatisfaction for respondents who struggle with understanding English:

“When people see you’re struggling with English, they dismiss you. No one has the patience to take time to try and listen and understand.”

“Very bad experience and nothing explained. More explanation needed and [staff need to] wait to explain in the language understood before taking for C-Section”.

One respondent said that some ‘some translator service was provided’ but ‘every time there was a different translator’ so they didn’t build a ‘rapport and sometimes didn’t understand her properly’.

Another respondent said how it would be better if maternity professionals didn’t use medical terminology, particularly when speaking to someone who struggles with understanding English:

“English isn’t my first language and some words I didn’t understand and would be easier to explain in simpler words.”

It is worth noting that the respondents from Slough Refugee Service were accompanied by someone from the service who looked after them and helped translate and generally these women felt they understood what was happening and felt looked after at all times:

“I had thyroid problem – every few weeks I was tested and monitored. I felt looked after. I was always offered a translator, so I didn’t find the language a problem (I speak Arabic).”

However, a couple of respondents mentioned the lack of patience the maternity professionals had with the language barrier:

“I had a translator from Slough Refugee Service that supported me. Arabic is my first language. Some health professionals couldn’t understand how to use an interpreter – they didn’t have the patience.”

10.3 Feedback related to age

Feedback from parents over 40 years old

Respondents over the age of 40 said the extra precautions associated with being over 40 felt unnecessary and made them feel stressed:

“I had to see a consultant because I’d clicked over 40 so apparently risks are higher. But I didn’t feel like much had changed between me having my first and second [child]. All the extra stuff because I was older worried me. It made me feel anxious. I was booked in for an induction on my due date, it worried me too- I really wanted a natural birth. Luckily he came 4 days earlier.”

Another respondent mentioned the pressure she received to have a C-section because she was 39 years old.

Feedback from younger parents

Some respondents under the age of 25 reported being treated in a *'judgemental'* way by midwives and health visitors. They spoke about being *'talked down to'* and in some cases they felt their right to privacy and to make their own choices was not respected by healthcare professionals:

"My age affected things. I felt that people thought I didn't know my own mind, that people talked down to me. I felt like I was talked to like a 5- year-old at times".

Feedback from professionals who specialise in supporting young mothers echoed these concerns, identifying the importance of younger mothers *'being able to accept support without fear of feeling judged'*.

A recurring concern amongst younger mothers was that midwives did not communicate in a way that they understood, and they did not feel listened to or taken seriously when making decisions about their maternity care. One mother stated she felt both her age and her disability affected her care, saying she felt she was *'treated like an idiot'*. She reported that she had asked to have her baby at Guilford hospital, but *'they took no notice'*.

A further issue was raised around the way maternity staff interacted with younger mothers' family members during their pregnancy. Some reported that family members were over-involved in antenatal meetings, while others felt they were excluded at times when they needed familial support. One respondent reported that her midwife disclosed her pregnancy to her mother without her prior consent. Another respondent stated that during her antenatal appointments, her midwife was focussed on talking to her mother, rather than ensuring she understood what was being said:

"My mum came to my appointments with me and I felt like [the midwife] was really talking to my mum. So, I would come out of the meetings and I didn't understand things. I didn't feel I could ask questions because I wasn't really involved in the conversations".

A respondent who was under 19 at the time of her pregnancy, said that she had asked for her mother to sit with her at her 'booking in' appointment, but was told that her mother could not be present.

These problems arose when maternity staff failed to be responsive to individual circumstances and failed to take time to understand the relationships younger mothers have with their family members.

Respondents from young families very much valued their Family Nurse Practitioners (FNPs). FNPs provide 'intensive support for vulnerable first-time mothers and their families , including those from highly disadvantaged areas and backgrounds...visiting them regularly, from the early stages of pregnancy until their child is two.'² Every respondent who worked with a Family Nurse Practitioner (FNP) was very satisfied with this aspect of their maternity care. Respondents said:

"My Family Nurse is almost like a family member, I can tell her anything and she sits and listens, she doesn't judge."

10.4 Feedback related to disability

² Family Nurse Partnership: 2019 <https://fnp;nhs.uk/about-us/>

Support and understanding of people with disabilities

One respondent said she believed her age and disability affected the care she received:

"I have a learning disability and I didn't understand things sometimes. It took me a long time at baby weighing clinic to understand the scales and things. The respondent said she then told the Community Midwife that she had a learning disability, but then felt that she was treated rudely and 'spoken to like an idiot'.

Another respondent said she didn't get the support she needed on the postnatal ward:

"I have issue with mental health and was really difficult for me in hospital on my own after my baby was born."

11. Project Development

While this project has uncovered a lot of interesting feedback and highlighted recurring issues and room for improvement, there is a lot more work to be done to ensure the maternity services are providing equitable care to all those with different protected characteristics.

As well as gathering more feedback from all different groups, backgrounds, ethnicities and religions, it would be good to gather more feedback specifically from:

- People with disabilities (both physical and mental) who have experienced Frimley Maternity System
- Same sex couples
- Gypsy, Traveller and Romany people
- Vulnerable women

As suggested earlier in this report, it is important to gather further feedback from Muslims birthing at Wexham Park Hospital to ascertain why there is a higher level of dissatisfaction amongst these specific respondents, and why, or whether it was coincidence. For example, are the highlighted issues more likely to occur due to the respondents' ethnicity and religion or are they reoccurring issues at Wexham Park Hospital in general. For example, if the hospital is particularly busy and understaffed, the staff might not have the extra time needed for parents with more complex circumstances.

More research is also needed into the experience of both male and female birth partners. There was no feedback from any male respondents as part of this project and only 1 male respondent out of 1568 responded to the Frimley and Wexham MVP Care Planning survey. Therefore, it is unknown whether or not Frimley ICS is adequate in supporting the whole family unit through their maternity experience.

It is also worth noting that this feedback has come from parents who have been able to leave the house. Some research needs to be done into the experience of new parents who struggle to leave the home because of mental health issues or disability for example.

12. Recommendations

1. Improve communication

Matrescence is a term that was coined by anthropologist, Dana Rafael. It means the process of becoming a mother. It is one of the most substantial physical, mental, and emotional changes that a woman may experience in her lifetime. Considering this substantial change, it is clear that women need to be supported at all times through their maternity experience. It is very important that all maternity professionals provide clear, informative, sympathetic and frequent communication in order to help a mother feel in control and supported. Women should be listened to. They know their bodies better than anyone and therefore they might know the best position to get into in order to deliver their baby or they might be ready to push if they say they are. Empower mothers and their partners to make their own choices by keeping them informed and take time to make sure they understand what their options are. Try to tailor care to the individual and their circumstances.

2. Provide free antenatal Classes

Free antenatal classes should be available for everyone and midwives should give clear information about how to access these classes.

3. Allow for disclosure and provide staff training in relation to picking up signs of domestic violence and substance misuse

Reassure mothers that they can disclose sensitive information about their personal circumstances (such as domestic violence or alcohol/drug abuse) at antenatal appointments and will be signposted to non-judgemental support. This needs to be done regularly and not only at the booking appointment.

4. Encourage continuity of care and advice

In order to avoid conflicting advice, ensure there are comprehensive and detailed handovers between maternity professionals and if possible, try to limit the number of different maternity professionals delivering the care.

5. Allow women privacy on the wards

Women may need privacy when trying to breastfeed and allowing them the privacy of closing the curtains on the postnatal ward should help this. This could also help Muslim women relax when male visitors are visiting others on the ward.

6. Provide translation and staff training in relation to race and culture

Translation services should be provided in a way that best meets the needs of patient, and staff training in relation to race and culture should be reviewed.

7. Provide more support and information before induction

Provide mothers with detailed information about induction and their options so they can make informed decisions.

8. Allow partners to stay the night

Allowing birth partners to stay in the postnatal ward will provide much needed support for the mother which should also take some of the pressure off the staff. This will also encourage partners to be more involved, whilst providing them with the support they might also need as a new parent. This should also help bonding in the family unit.

9. Provide more breastfeeding support

Provide information to new parents about what support is available which should include a range of options; access to specialist staff; home visits from health visitors who specialise in breastfeeding; telephone advice and local face-to-face support groups. If the baby is struggling to feed, then check for tongue-tie and arrange prompt treatment.

10. Provide more mental health support

Allow time before and after the birth for new parents to talk about their mental wellbeing. Give information to new parents about what support is available before they might need it.

Take concerns about mental health seriously and signpost new parents towards support before they are in crisis. Ensure mental health services can respond quickly to women with perinatal mental illness.

11. Provide more support at home

Clear information needs to be given to new parents about what support they can access once they arrive home with their babies. Parents need to understand they can call the health visitors for support when they need and should be provided with available and accessible help for queries if health visitors aren't contactable.

12. Improve communication with people with additional needs

If the mother has additional needs, whether a disability, a cultural requirement or a lack of ability in speaking English (to name but a few) then extra time should be allocated to make sure the midwives fully understand the specifics of the mother's individual circumstance and to make sure the mothers understand what is happening. This may mean more or longer antenatal appointments or having different methods of communication on offer.

13. Response from the Local Maternity System

1. Improve communication

Communication is key between health professionals and women and their families, who constantly strive to act on women's experiences and improve communication. Women have choice however for some choice is limited due to medical or obstetric conditions and the department is committed to striving to ensure the best outcome.

We are undertaking a programme of training focused on conversation skills. Our Motivational Interviewing training uses a guiding and reflective style to understand women's own aspirations and has been delivered to doctors, midwives and midwifery support workers.

2. Antenatal classes

Midwives and doctors who participated in our organisational development and leadership programme are working on a project to pilot antenatal education in our developing Community Maternity Hubs. The 'speed dating' style and focus has evolved following feedback from our Maternity Voices Partnership survey. We are investing in on-line parenting resources which information and support for women and their families.

3. Disclosure and relationships to pick up domestic abuse

Midwifery staff undergo annual updates on safeguarding adults and children which includes domestic violence. We will take this feedback back and include it in our annual updates. We are working with midwives and support workers to Make Every Contact Count however we have to be mindful not to put the woman at risk and it is not always appropriate to ask the question. Midwives are aware that this question should be asked at regular contacts and when it is safe to do so. There is information in the maternity records, and we will point out the page on our website related to Domestic Abuse with sign posting for support. We will maintain a dialogue with Domestic Violence services to identify what other initiatives are being used elsewhere that we could learn from.

4. Encourage continuity of carer and advice

We are progressing continuity of carer for women who are diabetic, with plans to introduce a vulnerable team at Frimley Park and increase the team size of the Crystal Team at Wexham Park.

The more complex a women's condition is the more health professionals will be involved, and decisions and information may change as the pregnancy progresses. This recommendation is linked with the communication recommendation.

Continuity of carer is also provided from obstetricians in their speciality settings, i.e. Vulnerable teams and diabetic women.

5. Privacy on wards

We would like to better understand the concerns raised particularly by our Muslim women and to work with them to improve their experience

6. Provide translation and staff training in relation to race and culture

We currently provide translating services, however this cannot always be face to face. We would welcome services users from the group of women who require interpreting to work with us to progress improvement. The more common leaflets/information sheets have been translated into our top 5 most commonly spoken languages.

7. Support and information before induction

We have identified the need for more information and resources to be available to our women and are developing a microsite of information which will include information on induction. We will consider how else we can ensure that women are well informed and prepared and leading the decision to be induced.

8. Allow partners to stay the night

This is an issue that has been raised and trialled previously and we have found that women are unhappy with other partners staying. Again, we would be really keen to work with women to find a solution that works and supports women particularly if women would be happy sharing a bay with partners of five other women which may impact on privacy.

9. Provide more breastfeeding support

Midwives and support workers attend annual update days as part of their mandatory training we have specialist Infant Feeding midwives on both sites, and are improving the numbers of support workers on the post-natal wards and in the community to assist with breast feeding in particular.

Community Maternity could support Infant Feeding drop-in sessions as well as like with the third sector and Health Visiting colleagues to provide support for women. There is an existing Tongue Tie service and babies are referred if clinically indicated not for cosmetic purposes or if the Tongue Tie is not impacting on feeding

10. Provide mental health support

We are working with our three specialist mental health providers and perinatal mental health midwives and obstetricians to understand the pathways and service provision across Frimley. Information provided to women has been updated and we are investing in the Solihull on-line parenting information for women which focuses on emotional wellbeing. We hope that the website that we are developing will provide women with easy access to information and contacts for support.

11. Provide more support when women get home

We have iPads on our postnatal wards which have a range of useful information for women that can be downloaded to their phones and this in addition to our developing website will provide a

range of resources to support women. The Local Maternity System is working with our five Health Visiting teams to improve communication and handover across the system and we would value further input from women in helping us to understand the challenges that women face.

12. Improve communication with women with additional needs

We would value working with women to better understand what we can do to improve the personal experience of women with additional needs. Our new personal care plans which have been printed in our top six languages provide a trigger for women to raise issues and prompt conversations with their midwives, but we would like to do more to improve women's experience. We would like to pilot longer appointments over an extended post-natal period where required and improve the transition to health visiting care.