



SHROPSHIRE AND TELFORD & WREKIN

# Maternity Voices

Working in partnership to improve maternity services

## MATERNITY VOICES PARTNERSHIP FEEDBACK SURVEY REPORT

*Quarter 4 -January 2022-March 2022*

Prepared by:  
Emily Evans

For any queries or for a more detailed report on a particular topic please contact the MVP team via email

Emily Evans, Service User Chair:  
[shrop\\_tw\\_maternityvoices@outlook.com](mailto:shrop_tw_maternityvoices@outlook.com)

Louise Macleod, Development Coordinator:  
[louise.macleod5@nhs.net](mailto:louise.macleod5@nhs.net)

# THE MVP AND SERVICE USER FEEDBACK



The Maternity Voices Partnership (MVP) collects and collates feedback from Service Users in order to drive service improvements and improve the quality of maternity services.

The data within this report is collected via our online survey, hosted on the Healthwatch Telford and Wrekin website. This survey is permanently available for families to share their experiences. The survey is for those who have used services within the last two years and covers the whole maternity journey from antenatal through to 12 months post partum. The survey is anonymous, and there are no compulsory questions, so respondents can answer all questions or just focus on one particular area.

The aim is for our volunteer team to also gather feedback using this survey when out in the community. The feedback survey is for women or birthing persons who have used the service within the last two years, and includes questions around pregnancy, birth and up to 12 months postpartum.

This report is produced by the MVP lead team on a quarterly basis, and presented at the MVP Hub meeting and the Local Maternity and Neonatal System (LMNS) Board.

Reports can also be produced on a particular topics or areas of care when requested.



# KEY FINDINGS AND THEMES



**55**

Number of respondents over the quarter (Jan-March 2022)

**62%**

Percentage who were responding about their first birth experience

**77%**

Respondents felt their choices were listened to, respected and supported

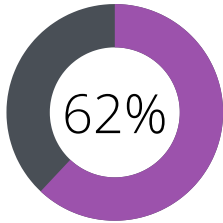
## KEY FOCUS AREAS

**Communication** - Improving how information is delivered to service users but also communication between staff is important. Service users who felt heard by midwives were more positive about their experience but unfortunately many service users did not feel heard, this included areas such as birth choices, birth plans not being looked at, pain relief and positions in labour. Ensuring there is time for conversations, questions and building a relationship are important for people's experiences.

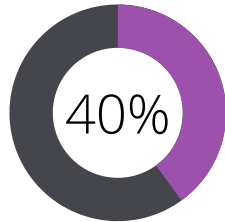
**Continuity** - This remains an area highlighted as a need for improvement, particularly in the antenatal period. This is mentioned far less in labour although 5 service users highlighted the importance of continuity in the postnatal period. This does not always mean continuity of carer teams but ensuring continuity is achieved in community settings where possible.

**Postnatal Contacts and support** - support postnatally was highlighted as an area in need of improvement. A number of service users felt pushed out having given birth and discharged before they felt ready, they felt this impacted their experience including support with infant feeding. Lack of Health Visiting face to face contacts and weigh clinic was mentioned a number of times.

# RESULTS: ANTENATAL CARE



of respondents giving feedback for their First Birth Experience



of respondents receiving Midwife Led Care

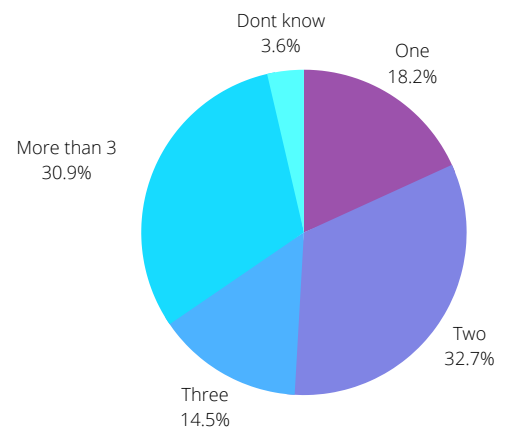
*"It would have been nice to have a consistent midwife and care as this caused me to have extra appointments due to different measurements. It would also have been good to have a good planning session where options were discussed and personalised planning about antenatal classes and what is available. Consultants and midwives to be more person centred as some were awful in approach! Medical interventions not just thrown at women to deal with, should be well explained and DISCUSSED before prescribing."*

For the fourth report in a row continuity of care has been highlighted by service users as a key area for improvement, with many saying it would have improved their care to see the same 1 or 2 midwives throughout the antenatal period. Again lack of antenatal education classes available was highlighted. 7 respondents also mentioned not feeling listened to about their care and others saying appointment times need to be longer in order to build a relationship, have time to explore care choices in an informed way and to ask questions.

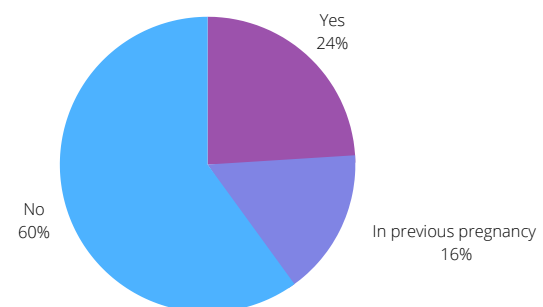
Two service users mentioned access to support for Pelvic Girdle Pain (PGP) or Physio access was not sufficient, with group appointments not giving them the chance to have personalised care and for exercises to be practiced.

8 service users praised the antenatal care they received or said there were no improvements to be made.

How many midwives did you see during your care?



Did you attend antenatal classes?



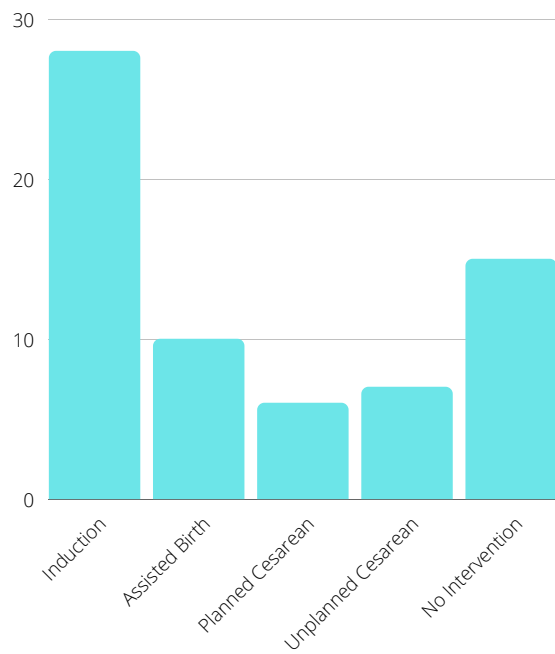
*"Felt some appointments were just tick box exercises. Was never asked if I had any questions & I felt conscious about taking up any of their busy time."*

*"Greater general information that is given in a less rushed way at midwife appts. Community midwives don't have the time at these appts to do more than the basics - they do an amazing job with little time as it is."*

# RESULTS: INTRAPARTUM CARE



Interventions received by the 55 respondents



Out of the 55 service users who completed the survey this quarter, 31 (56%) planned to give birth in the consultant unit, however in total 45 (87%) went on to birth in the unit, with 2 women highlighting that the MLU closure affected their place of birth.

The chart opposite shows the interventions received by respondents, 51% had an induction, 3 service users highlighted delays to the induction process but otherwise comments were positive.

*"The birth was excellent, midwife, the consultants and team were supportive, caring and professional in delivering my baby via an elective c-section, whilst ensuring I was comfortable and relaxed at all times."*

Birth options, plans and positioning in labour were highlighted as an area for improvement, a number of services users felt their options were not discussed fully or reasons were not being given for needing to be in a certain position or for example being unable to use the birthing pool. Clear communication and ensuring all women are asked about their choices in labour is crucial to improving experiences.

*"I want Midwives to read my birth plan, talk to me about it / showed interest in a positive way. Ensure choice given / reasons given re position to labour in. Reasons given as to why things are being done eg monitoring, rather than just doing it and not telling us why."*

4 service users mentioned feeling pushed out after their birth and feeling like they were not given a choice to stay longer, some felt this particularly affected their breastfeeding journey. This area for improvements has been mentioned in previous quarters responses too.

Of the 39 comments received around intrapartum care, 13 were positive. With experiences described as excellent and care supportive.

*"The midwives who cared for me during my labour were incredibly supportive and caring. (Naomi and Cindy). My husband was made to feel very welcome during my labour. When I got taken to theatre for a forceps delivery everything was explained clearly to me and all staff were fantastic."*

*Improvement: "Feeling heard or listened to with regards to asking to move into a different position."*

# RESULTS: POSTNATAL CARE



*"The 1st home visit not hanging around all day maybe booking an appointment time it's hard when you have family wanting to come over and children at school"*

As with previous quarters home visits were mentioned, people find it very hard to go back to the hospital so soon after birth particularly those who have had a c-section or who rely on public transport. Those who did receive home visits would prefer to be told an estimated time slot (ie morning/afternoon) so they can better plan their day or other visitors.

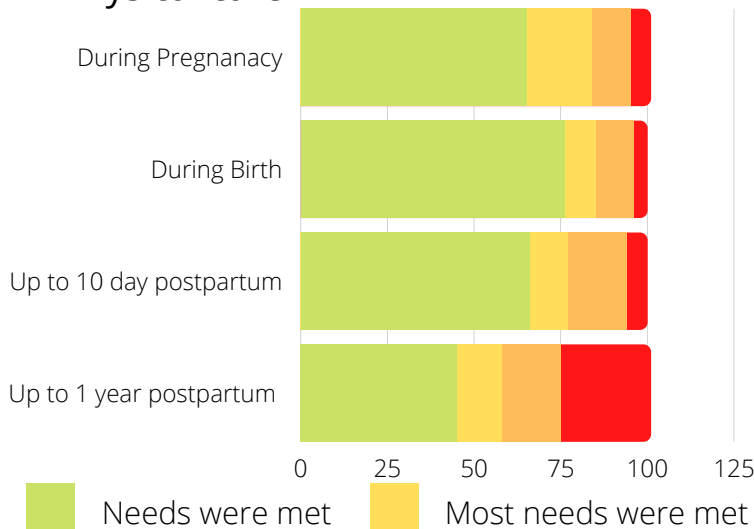
Additional specialist breastfeeding support, seeing the same midwife (continuity) and post birth physical checks were all mentioned multiple times when answering about early postnatal improvements.

Comments around the postnatal period (after the first 10 days) focused on more contact with health visiting services and weigh clinics (a number of the respondents had babies within the pandemic and when face to face support had stopped).

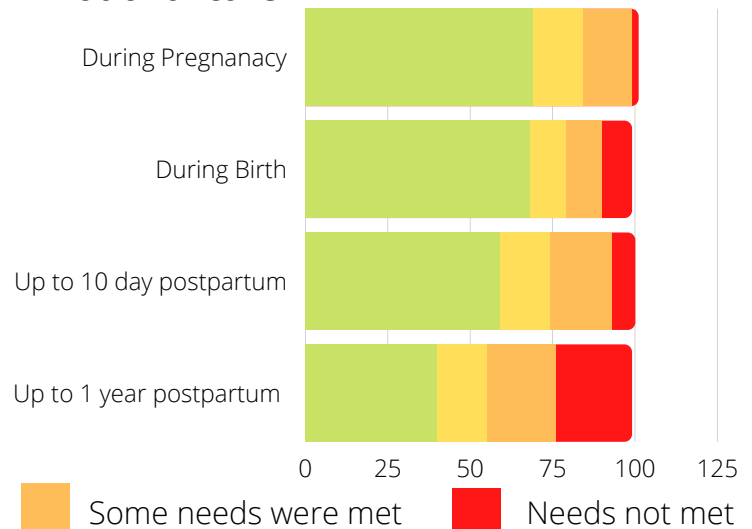
The 6-8 week GP check was noted as not being in depth enough and feeling rushed, we have had similar comments in previous quarters too. Overall people wanted more contact with health professionals, some of this is perhaps reflection of the services during the pandemic and the lack of wider community based support eg baby groups.

*"So far only 7 months in but it has never been made clear how I make appointments to get my baby weighed, I've had to find out myself. I don't really know who my health visitor is either."*

## Physical care



## Emotional care



# RESULTS: CHOICES AND LANGUAGE



This theme comes up in every survey we do. Beyond providing safe care how people are spoken to and how much they feel like they are listened to during their pregnancy, birth and postnatal period is one of the biggest factors in how people feel about their experience.

The violet team, along with other community midwives were praised for ability to build a rapport, making services users feel more confident, safe and supported.

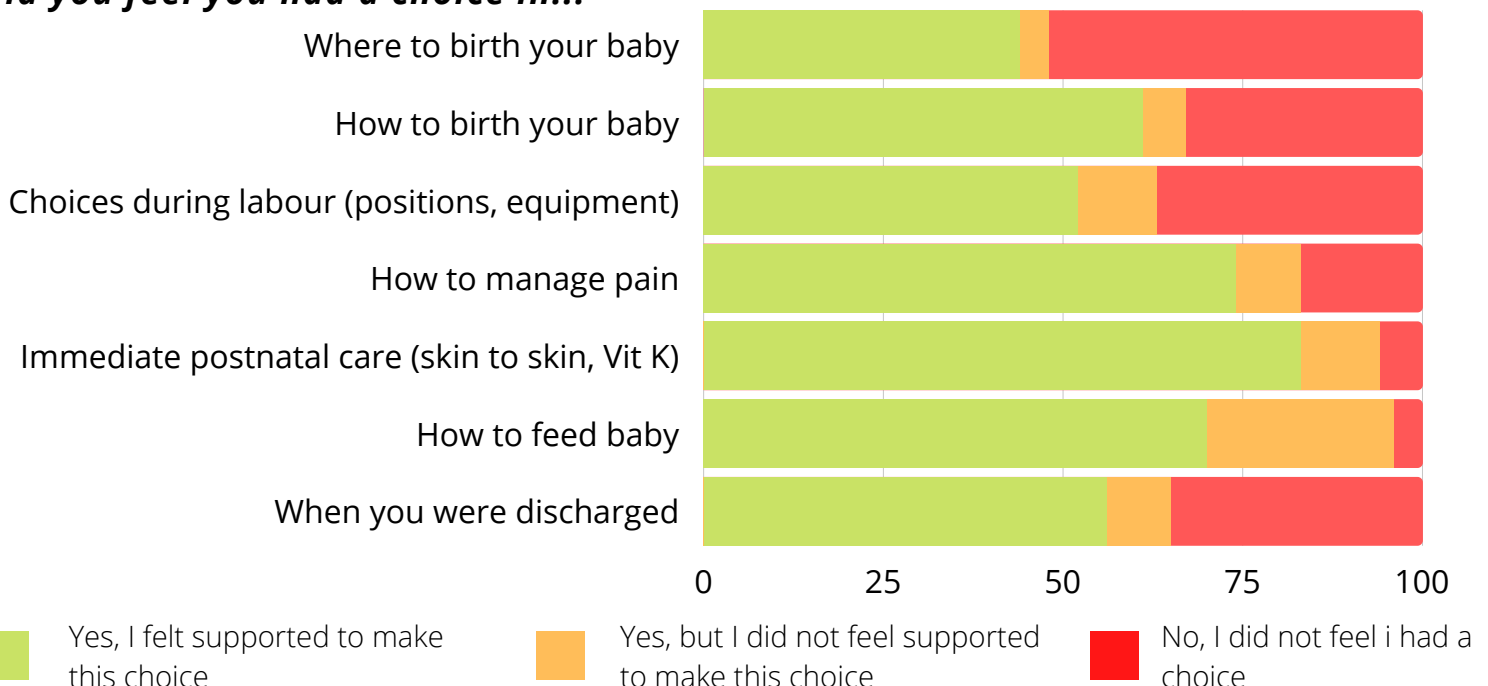
Service users want time to build trusting relationships with their care providers in order to have confidence to ask questions. A number of service users felt appointments were rushed or a tick box exercise or that key areas of care such as birth options were not given the appropriate time to be discussed. There were also experiences where a care plan had been agreed only to be changed or ignored with no explanation. Service users must have their care choices explained fully and without bias and then be supported in their informed choices.

*"I asked for help with breastfeeding as it had all gone wrong first time. The lady came in wasn't really that helpful and her parting words were "do you have back-up?" I replied and said we had a carton of formula to which she replied "oh well you'll be ok then"*

*"I feel I did have a choice but I did have to ensure my voice was heard through certain aspects of my care and labour."*

*"I received excellent care. The midwife during labour respected my hypnobirthing preferences which led to a quick and calm birth."*

## Did you feel you had a choice in...



# RESULTS: SPECIALIST SERVICES



These specialist services either relate to particular areas of pregnancy or general physical or mental health. They are services that not all people will use. Detailed reports on any of these services can be requested. The following pages give a brief overview of the comments and experienced gathered through our online survey.

## **Triage**

22 of the 55 respondents indicated they had used triage during their maternity journey. We received 7 positive and 7 mixed comments with people feeling reassured and supported however wait times were highlighted as too long.

*"every time my care was outstanding nothing was too much trouble, I was never made to feel as though I was over reacting and I was reassured every time."*

## **Early Pregnancy Assessment Service (EPAS)**

14 of the 55 respondents indicated they had used EPAS during their maternity journey. Comments were generally positive although one service user felt she needed more support during an overnight stay with a suspected ectopic pregnancy.

*"Easy to access and very considerate"  
"Caring and supportive service"*

## **Infant feeding**

11 of the 55 respondents indicated they had accessed infant feeding support at SaTH during their postnatal period.

*"from the moment I spoke with her over the phone to meeting with her face to face she was so supportive. Without that Support within the first 10 days I would not of continued my breastfeeding journey for 9months and then to combine feed there after."*

## **Diabetes Clinic/Midwife**

8 of the 55 respondents indicated they had used the diabetes clinic/midwife during their maternity journey. Comments were positive, with staff being praised for being supportive, helpful and reassuring.

*"The diabetes clinic is outstanding and a real credit to the hospital. Sarah is a wonderful midwife and person and Emma (HCA) was also incredibly supportive"*

*"Nurses were lovely and very helpful. Have lots of information and choice. Provided great care and we're happy to listen and react to concerns."*



# RESULTS: SPECIALIST SERVICES



## **Mental Health Support**

6 of the 55 respondents indicated they had accessed mental health support during their maternity journey. Comments indicated a supportive team however wider comments around emotional support highlighted the need for improved access, signposting to services. The importance of face to face contact to ensure interventions happen as early as possible is important.

*"HV identified concerns early and signposted me to further help just enrolled on mums in mind."*

## **Physiotherapy**

7 of the 55 respondents indicated they had used physiotherapy services during their maternity journey. Comments were mixed however long wait times for referrals and PGP group sessions not providing enough support were mentioned by a number of service users.

## **Talk about/Birth Reflections**

3 women indicated they had used the Talk About/Birth Reflections service. However comments around improvements in care highlighted that this service should be more widely available. Ideally an opt out service rather than opt in would give all service user the opportunity to debrief after their birth.

*"Reflection/talk about was crucial for me to process the birth it was a shame that my daughter was 8 months old by the time the service was available due to covid. I felt more heard."*

## **Neonatal**

5 respondents indicated their baby had been on the Neonatal Unit, the staff we praised for being supportive and reassuring.

*"Absolutely excellent service, they couldn't do any more for you and are an absolute tribute to the trust."*

## **Health Pregnancy Team**

2 of the 55 respondents indicated they had used the healthy pregnancy service.

*"Really helpful, within a week of giving birth I was back to pre-pregnancy weight so I feel they helped me focus and control this."*

# DEMOGRAPHICS

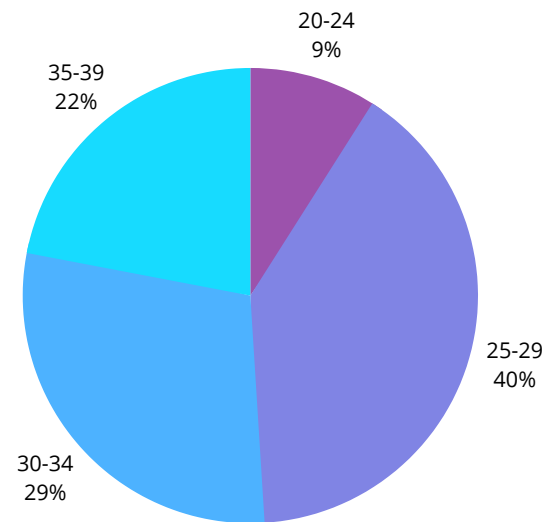


All survey respondents this quarter identified as female. (95% were heterosexual and 2% bisexual). All apart from three people described themselves as White British. Of the 54 responses about marital status, 23 people said they were living with a partner (43%) and the remaining 31 (57%) married or in a civil partnership.

Map showing approximate locations of respondents



Age of respondents:



37% of the respondents had given birth in the last 6 months with almost 60% in the last year.

One respondent was part of a military dependent family, 5 respondents indicated that their day to day activities were restricted a little by mental health, mobility or hearing limitations.

We have maintained a good geographical spread across the county which is representative of the population density, with the highest numbers coming from Telford and Shrewsbury, the most urban areas.

# Themes -

## Good care and improvements

The tables below show the number of service users who have mentioned a particular theme during their answers to two of the surveys questions.

### "What was good about the maternity care you received?"

Midwives (care, attitude)	42
Listened to	10
Consultants	8
Continuity	7
Concerns seen quickly/reassured	5
Felt Safe	4
HCA's	2
Violet Team	2
Diabetes Team	2
"Meet the team" – Zoom sessions	1
Home Visits	1
Debrief with Midwife	1

### "What was not good about the maternity care you received?"

Communication / Information	11
Not being listened to	7
Lack of support	7
Postnatal support	6
Facilities Available (incl MLU's)	5
Infant Feeding	5
Lack of continuity	4
Induction (incl wait time)	4
Triage	4
Discharge/ length of stay	3
Internal Communication	3
Consultant clinic delays	1
Hyperemesis gravidarum	1
Partners/ <u>Covid</u> restrictions	1

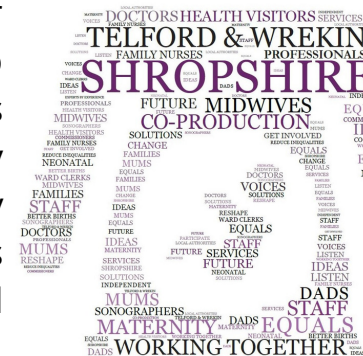
# Suggested Focus Areas

NEONATAL COMMISSIONERS  
INDEPENDENT  
IDEAS  
WARD CLERKS  
FAMILIES  
MIDWIVES

**Communication** - This area has been highlighted in a number of previous reports. Improving how information is delivered to service users but also communication between staff is important. Service users who felt heard by midwives were very complementary about their experience but unfortunately many service users did not feel heard, this included areas such as birth choices, birth plans not being looked at, pain relief and positions in labour.

**Continuity** - This remains an area highlighted as a need for improvement, particularly in the antenatal period with 12 service users saying this is a key improvement. This is mentioned far less in labour although 5 service users highlighted the importance of continuity in the postnatal period. This does not always mean continuity of carer teams but ensuring continuity should be achieved in community settings where possible.

**Postnatal Contacts and support** - as with Q3 support postnatally support was highlighted as an area in need of improvement. A number of services users felt pushed out having given birth, with 35% feeling like they did not have a choice on when they were discharged and a further 9% not feeling supported with their choice of when to be discharged. Lack of Health Visiting face to face contacts and weigh clinic was mentioned a number of times.



## Final Comments

*"Really struggled with postnatal anxiety post birth & feeding issues. The violet team were wonderful. Supported me fully, referred me for support and came out/phoned me regularly."*

*"I was looked after by a student midwife in triage, who was amazing, thorough in her checks and great at reassuring me."*

*"After C Section the team were brilliant in supporting me and baby. I was confident to ring for assistance and the team would respond quickly. All of the staff I met went above and beyond to help/guide me."*

*"If I have any children in the future I would refer myself to your care as it was exceptional during the whole birthing process - I felt lucky to have been referred to yourselves from Stoke. Thank you to all the teams for making my birthing experience calm, relaxing and memorable."*

# Actions

The MVP and service providers have worked hard over the last quarter to continue to improve maternity services. Below are some of the key actions and projects undertaken focusing on the points raised in the Q3 report.

**Continuity of Care** is an area we are regularly highlighting. Improving continuity is a key part of the Trusts' future development and national objective, however we understand that national plans may be reviewed following the release of the Ockenden report. We will continue to work with the trust to improve continuity within current staffing models.

**Communication** remains a key area of focus and one which the MVP highlights in a number of settings. We regularly are asked to review or coproduce leaflets and materials for service users to have better information. We have recently worked together to update the bereavement pages of the website which will be launched soon.

**Choices** are often highlighted as an area for improvement, ensuring birth plans are discussed during pregnancy as well as in labour. The Maternity Transformation Team and MVP have recently launched the Birth Preferences Card to address these key areas.



**Partnering Ambitious Caring Trusted**

**NHS**  
The Shrewsbury and Telford Hospital  
NHS Trust

The Birth Preferences Card, produced by our Maternity team and Maternity Voices Partnership, has been launched for women and birthing people being cared for at SaTH.

The card aims to enable service users to fully discuss their birth choices with their care team and support partners, and for clinicians to have a clear visual guide of their preferences during their birth experience.

The card will be shared with women and birthing persons at 28 weeks for them to take home and reflect on, before completing it with their midwife at their 32 week appointment.

The card will stay with women and birthing persons throughout their birthing process to ensure their preferences are known by their care team. It can be amended at any stage as clinical needs or preferences change.

**Birth Preferences Card**

**Postnatal Care** has been brought up to the LMNS board, including the impact Covid has had on services. We have raised the importance of postnatal contact and the need to manage expectations on how many times parents are contacted as standard. We are keen to work on some promotion around how to get in touch if more support is needed. New leads are now in place for the Health Visiting Teams across Shropshire, Telford & Wrekin. We continue to build on these relationships in order to work together to improve postnatal support services.

**Antenatal Education** - a team has now be bought together in order to review current antenatal offerings, understand the needs of service users, explore options for and develop future antenatal education programme.

## Next steps

The Maternity Voices Partnership will present this report to relevant parties, including senior staff at SaTH, wider service providers, at the Perinatal Quality Surveillance Group and Local Maternity and Neonatal System Board. We continue to work with commissioners and service providers on how this feedback is received and the appropriate actions and improvements are made.

We are currently working at further developments of the survey, this includes development of an app so volunteers are able to gather responses from service users when out in the community. All members of the MVP - volunteers, service user representatives and service providers must help promoting the survey to ensure we all people are able to feedback about their experiences.

A wider reflection of responses gathered over the year will also be produced in the summer.

## Formal Responses

We welcome formal responses to this report including any changes to services, actions taken from the report or areas which have been improved, these will be published as part of the following quarters response.

We have not received any formal responses on the Q3 report.

