



SHROPSHIRE AND TELFORD & WREKIN

Maternity Voices

Working in partnership to improve maternity services

MATERNITY VOICES PARTNERSHIP FEEDBACK SURVEY REPORT

Quarter 1 - April 2021-June 2021

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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 post partum.

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 topic when requested.



KEY FINDINGS AND THEMES



- 100** Number of respondents over the quarter (April-June 2021)
- 94%** Percentage of White British respondents.
- 27%** Respondents who did not feel their choices were supported or respected
- 79%** Of the 90 respondents to "*what was good about your care*", 71 indicated midwife care and attitude.

KEY FOCUS AREAS

Continuity of care - being able to build up a relationship and rapport with the care provider is important.

In line with the feedback responses from Service Users throughout this report we have used the term 'continuity of care', this encompasses not only midwifery care as in the national transformation programme named 'Continuity of Carer' but also continuity of consultants, locations of care and standards of care.

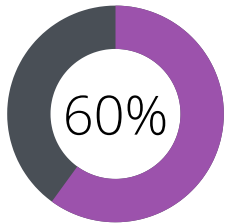
Language, communication and information - Those who felt supported, listened to and informed have a far more positive experience, even when complications occur than those who feel rushed, not heard or forced into decisions. The feedback suggests there is continued improvements required in this area.

Postnatal contact - service users indicate they want more postnatal contacts. 46% indicated that they felt their physical needs were not met or only partially met between 10 days and 12 months postpartum. Over 50% felt that their emotional needs were not fully or mostly met during the same period.

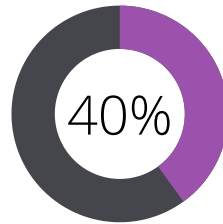
RESULTS: ANTENATAL CARE



% of respondents giving feedback about their First Birth Experience



% of respondents receiving Midwife Led Care

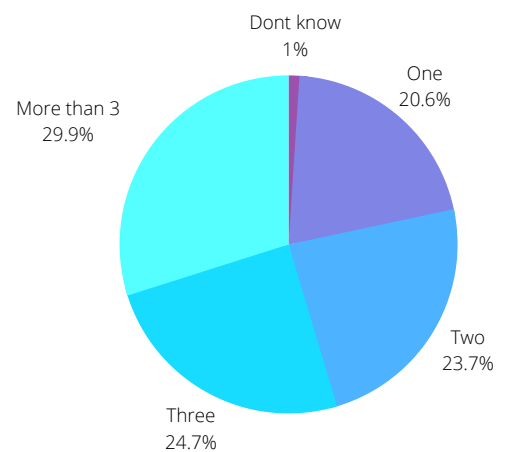


"No continuity with the midwives antenatally. Other trusts have continuity of care and I feel like I was starting again at each appointment"

"The continuity was key for me personally. I needed to build up trust. The support I had from all three (midwife, EPAS and consultant) was incredibly important in my case"

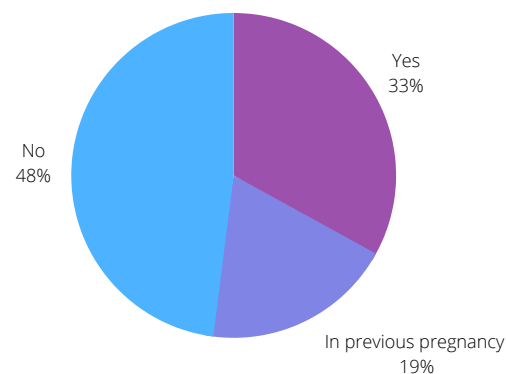
When asked what would improve antenatal care 20 respondents (almost 1/3rd) suggested seeing the same midwife would have made a positive difference, continuity of carer during the antenatal period is important for building trust, picking up changes in mental health and to see the developing picture of a persons pregnancy. Continuity of care was also mentioned 15 times when asked what was bad about peoples care. Over half of service users had seen three or more midwives for their regular appointments.

How many midwives did you see during regular antenatal appointments?



Of those who attended antenatal classes the majority were either NCT or Daisy classes, a number of respondents indicated that classes were not running due to Covid. Only 5 of the 100 respondents had received contact from the Health Visting service antenatally.

Did you attend antenatal classes?



89% felt they got all or most of the physical care they needed during pregnancy, emotional support lagged slightly behind with 84% feeling like they got all or most of the support the needed during ths period.

"Even in such difficult times with Covid, staff always had a smile. Care was absolutely excellent."

"I still feel very strongly about the lack of emotional support I had. I would suggest that it was zero. It was impossible to express emotions to a different midwife on every appointment."

RESULTS: POSTNATAL CARE



"Seeing or speaking to someone that you had throughout your pregnancy. That way, if you feel you need to, it may help make it easier speaking to someone about how you're coping/feeling/thinking etc".

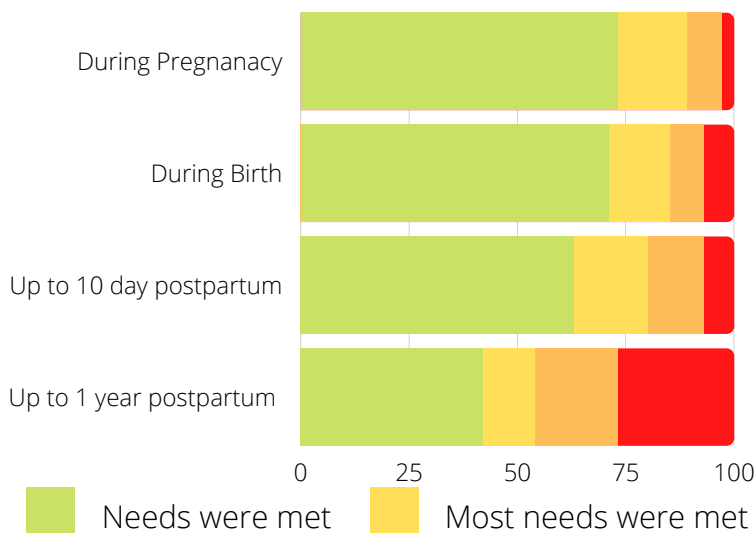
Under half (48%) of respondents had previously met the midwife who provided their care during the first 10 days postpartum. 6 people mentioned how hard it was to go back into hospital for newborn checks and if they could be done at home.

67% of respondents received contact from the Heath Visiting team within the first 10 days postpartum however many indicated there was an overall lack of contact. Much of this was due to in person services being suspending during Covid. However many indicated they had a call on day 10 and then no further contact. There needs to be more information antenatally of when standard contact points are so the expectations are clearly laid out. Although the number of standard contacts may need to be addressed if this is a continued concern for families.

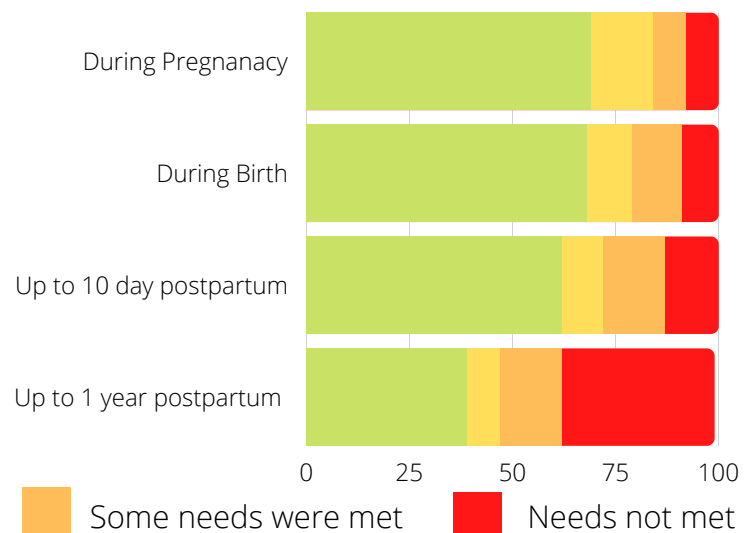
A number of respondents wanted improved breastfeeding and tongue tie support but also less pressure to exclusively breastfeed when the person had chosen to formula feed or combi feed.

For both physical and emotional care a far higher proportion of service users indicated that postnatally they felt their needs were not met or only some needs were met. This is particularly apparent when looking up to 1 year postnatally.

Physical care



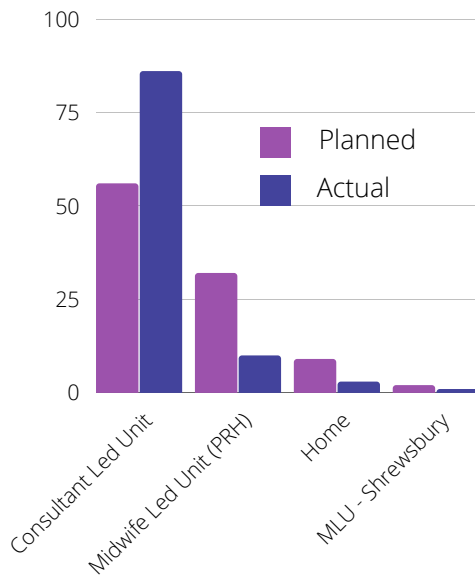
Emotional care



RESULTS: INTRAPARTUM CARE



Planned vs actual place of birth



Out of the 34% of service users that responded they planned to birth at a Midwife Led Unit (MLU), just 11% actually had a MLU birth. Reasons for a change in place of birth were mainly down to medical advice during pregnancy (50%) or transfer in labour (31%). 43% of respondents were induced, 10% had a planned caesarean section and 29% had no intervention.

70% of 98 respondents indicated that they got the physical and emotional care they needed during labour and birth. However 40% also responded that they did not feel like they had a choice in their care during labour, this included things such as being able to move around, positions and equipment used during labour and birth.

Improvements for care during labour and birth focused heavily around communication (internal and with the service user) and empathy. Having care options explained fully and being listened to about concerns. This is particularly important when labours are not progressing as expected. A number of respondents mentioned equipment, more portable monitors to enable movement in labour as well and making use of the white boards to layout care plans rather than just verbally agreeing them.

The homebirth team were highly praised for their support both antenatally and during labour.

My labour and birth care was good. The Midwife who delivered our baby was great. She was very reassuring during the anxious time created due to Covid.



Image shows the key words used in the responses about antenatal care, the bigger words were mentioned the most times

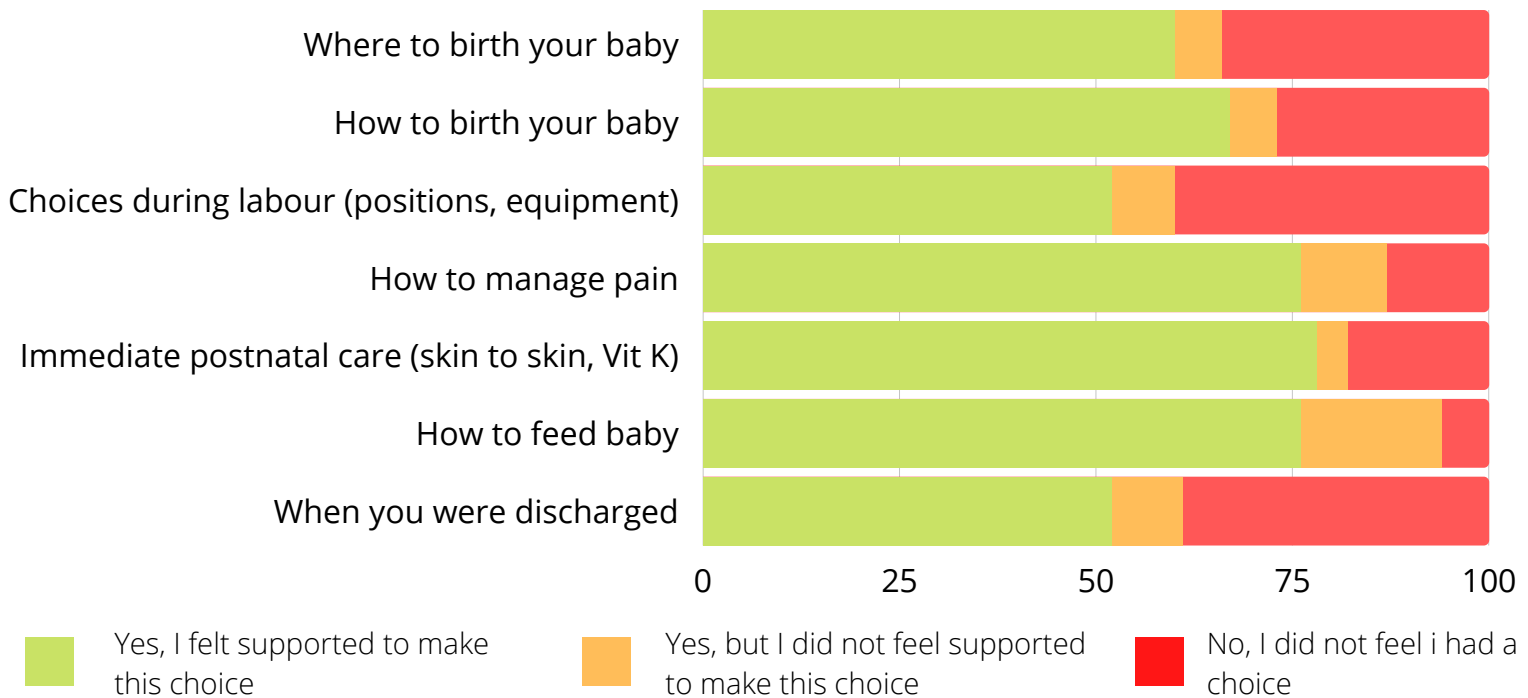
The consultant unit rooms being more friendly, welcoming & suited to remaining active during labour. I appreciate they also need to be geared towards providing additional care, but there wasn't much room to move around & trying to make it a calming, relaxing, oxytocin friendly environment took a lot of work.

RESULTS: CHOICES AND LANGUAGE



This theme is important across all aspects of care during pregnancy, labour and postnatally. The way people are spoken to, the words used and body language can have a huge impact on how people feel about the care they received. It is clear from the chart below there are improvements to be made in how service users feel able and in control of making informed care choices.

Did you feel you had a choice in...



"I felt as though I was told what to do without any full explanations or information/ evidence, rushed through any decisions (like induction) without a single piece of info or evidence, and was too nervous and overwhelmed to speak up."

"The consultant was not sympathetic when they booked me to be induced and simply asked why I was crying at him!"



Over 25% of respondents felt that their choices were not supported or respected

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 experiences gathered through our online survey.

Triage

38 of the 100 respondents indicated they had used triage during their maternity journey. People's experiences were mixed, of the 24 additional comments received 7 were negative, 14 positive and 3 mixed. Feeling listened to and supported is critical particularly when many people are visiting Triage when there is a suspected issue or complication with the pregnancy.

Early Pregnancy Assessment Service (EPAS)

28 of the 100 respondents indicated they had used EPAS during their maternity journey. Most comments were overwhelmingly positive.

"Supported us through those nerve wracking early weeks with my successful pregnancy, and kept contact after we were signed off from EPAS. Truly a shining example of excellent care and compassion"

Infant feeding

16 of the 100 respondents indicated they had accessed the infant feeding support during their maternity journey. Of the 10 comments received, 8 were positive and 2 mixed. However, comments elsewhere in the survey indicate a need for better breastfeeding and tongue tie support, improvement knowledge of combi-feeding and less pressure to breastfeed when a service user has said they do not wish to.

"I really liked that the breastfeeding support team called at day 5, it was useful to be able to talk and have reiterated that the help was there"

Diabetes Clinic/Midwife

16 of the 100 respondents indicated they had used the diabetes clinic/midwife during their maternity journey.

"Fantastic team. Super helpful and took all of my own suggestions into account when managing my diabetes. Consultant was supportive and the whole team made me feel at ease throughout my appointments."

RESULTS: SPECIALIST SERVICES



Mental Health Support

10 of the 100 respondents indicated they had used mental health support during their maternity journey. Comments were mixed, some found the service helpful, others unsupportive.

"Support I eventually received was fine but I just don't think I should have been left to struggle for months."

Physiotherapy

11 of the 100 respondents indicated they had used physiotherapy services during their maternity journey. One commenter had found the referral for pelvic pain helpful but another said the physiotherapist lacked empathy and that poor quality photocopies of exercises were given out.

Talk about/Birth Reflections

4 of the 100 respondents indicated they had used the Talk About/Birth Reflections service. The single comment received was positive. However other comments about postnatal improvements suggest there is some work to be done to ensure all women are told about this service at relevant postnatal contact points.

Neonatal

8 of the 100 respondents indicated their baby had been on the Neonatal Unit. One comment indicated a lack of understanding around breastfeeding, entering a room without knocking and removing baby without permission, all other comments praised the team.

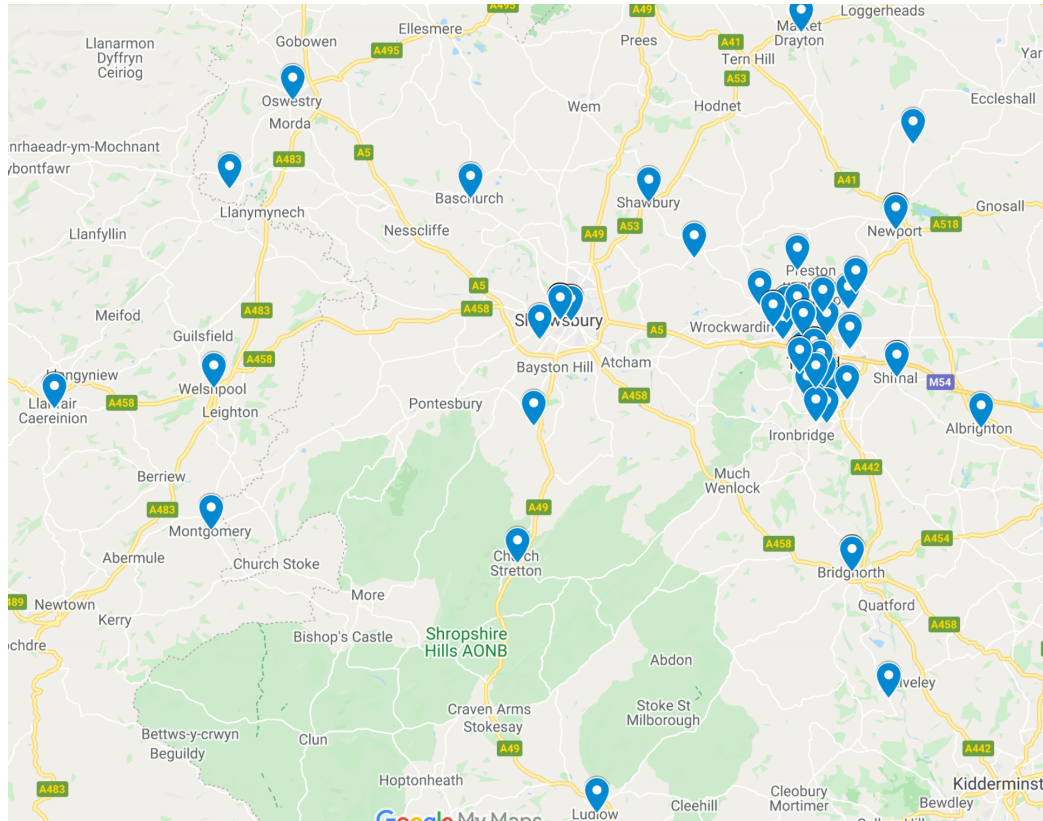
Smoking Cessation

5 of the 100 respondents indicated they had used smoking cessation services during their maternity journey.

"helpful and made me determined to succeed"



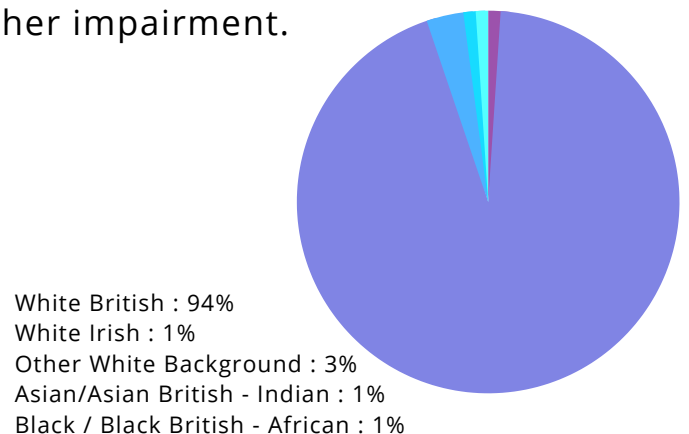
DEMOGRAPHICS



This map shows the approximate locations of the survey respondents, as expected these are concentrated in Shrewsbury and Telford which are the most densely populated areas. The more rural areas are also represented as well as cross border care. All survey respondents identified as female and 90% identified as heterosexual.

85% of respondents were between the ages of 25-39, with 11% being younger service users. 94% were White British, which although does reflect the majority of the population in Shropshire, Telford & Wrekin is not representative of the diversity within our community. 9 % of respondents have their day-to-day activities restricted by a long term health problem, disability or other impairment.

We will target effort on ensuring that a representative sample of service users is completing the MVP survey, this will require work from not only our volunteers but wider MVP members e.g. service providers. Our key focus once volunteers are able to go out into the community will be ensuring we are hearing those more seldom heard voices.



Suggested Focus Areas

Continuity of care - this is by far the most regularly mentioned part of improvement to antenatal care, people seeing multiple midwives during their care meaning they are not building up a rapport and having to repeat themselves during appointments. Service users do not expect their community Midwife to deliver their baby but would appreciate more continuity antenatally and postnatally.

Language, communication and information - as with previous feedback received, language and how services users are communicated with can have a massive impact on how they feel about their care. Those who felt supported, listened to and informed have a far more positive experience, even when complications occur than those who feel rushed, not heard or forced into decisions. It is important that service providers are constantly aware of how language can be perceived, particularly when using medical terms or discussing 'risks', pregnancy, labour and the postnatal period can be overwhelming and a very vulnerable time for families.

Postnatal contact- although some of this is due to Covid restrictions the service users want more meaningful contact postnatally. Ensuring that lines of communication are open and trusting relationships are built is crucial in people feeling like they are being listened to and that appointments are not just a tick box exercise.

Next steps

The Maternity Voices Partnership will present this report to relevant parties and ask for a formal response from the Local Maternity and Neonatal System on how this reports findings are received and their actions to address the themes raised.

The Quarter 2 report will be prepared during October and cover the July-September 2021 period. We will in the meantime continue working with commissioners and service providers and use this feedback to guide development and improvements. We hope that the volunteer team will start to go out and gather feedback face to face towards the end of Q2 and this will help the MVP gather feedback from a more representative sample of service users.

We continue to work closely with the Maternity Transformation team and ensure service user experiences remain at the heart of the work.

