



SHROPSHIRE AND TELFORD & WREKIN

# Maternity Voices

Working in partnership to improve maternity services

## **MATERNITY VOICES PARTNERSHIP FEEDBACK SURVEY REPORT**

*Quarter 2 - July 2021-September 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 topics or areas of care when requested.



# KEY FINDINGS AND THEMES



**117** Number of respondents over the quarter (July-Sept 2021).

**94%** Percentage of White British respondents.

**50%** Respondents had their baby during 2021.

## KEY FOCUS AREAS

**Continuity of care** - as in quarter 1, this focus area is important for service users. Being able to build up a relationship and rapport with the care provider is crucial for peoples experience. This is most important during the antenatal and postnatal period. Continuity of care is mentioned less when talking about labour and birth.

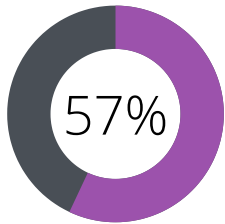
**Feeding Support** - During Q2 infant feeding support and in particular breastfeeding support came through and was mentioned **by %** of respondents. Those who received support from the lactation consultant at SaTH or the breastfeeding facilitators with Health Visiting were mainly positive about their experience but there are many women who feel adequate support from trained professionals was not readily available or accessible.

**Postnatal Care**- This theme was also key in the Q1 report. More specifically many people mentioned they wanted more physical checks, recovery information and home appointments rather than having to go back into the hospital, particularly when partners have not been able to accompany them. Being discharged quickly after birth and in particular after c-sections was mentioned. Although this may be a positive for some, others may require longer stays. 34% of respondents felt like they did not have a choice on when they were discharged and a further 10% felt their choice on discharge was not supported.

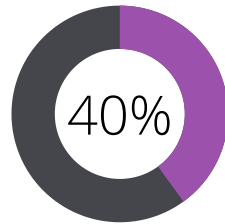
# RESULTS: ANTENATAL CARE



% of respondents giving feedback for their First Birth Experience



% of respondents receiving Midwife Led Care

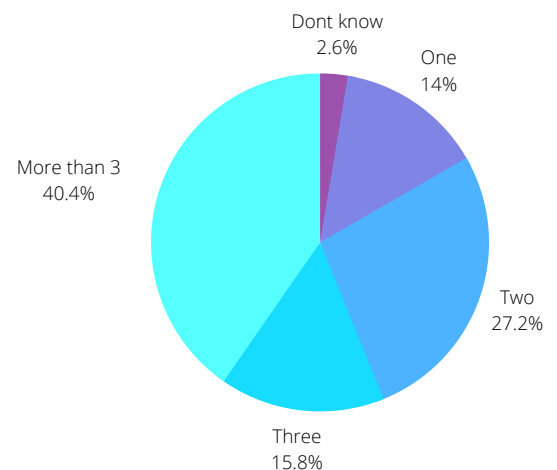


*"Face to face visits. More support for second time mums. I think you're expected to know everything already as you've done it before. No one went through birth plans, pain relief, feeding options etc."*

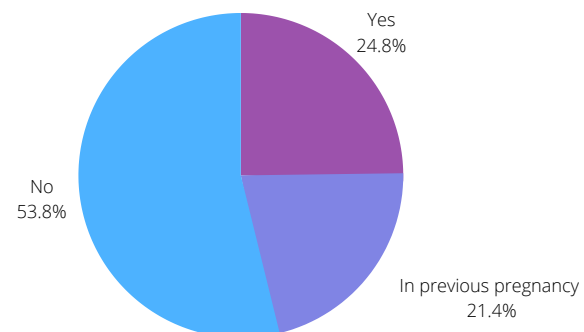
*"Having a dedicated primary and secondary midwife so I could build a bond and discuss personal things"*

Almost 40% of those who commented on antenatal improvements mentioned continuity of care, this predominately focused around being able to build trust in a midwife during the antenatal period and consistency when it comes to fundal height measurements. Many also indicated that there was a lack of information on or availability of antenatal classes (much of this was due to face to face classes being stopped during Covid). However the online provision does not seem to have been well promoted with a number of comments saying that no antenatal classes had been offered, they were full or they only knew about them by reading a poster in the waiting room. It is important for service users to have face to face antenatal education reinstated. A number of service users also mentioned being unable to book appointments in advance, either having to call on the day or a week before. This makes arranging work and childcare difficult. Overall antenatal care was a more positive experience than postnatal, 92% felt their physical needs were mostly or completely met and 84% felt they had all or most of the emotional support that they needed.

How many midwives did you see during regular antenatal appointments?



Did you attend antenatal classes?



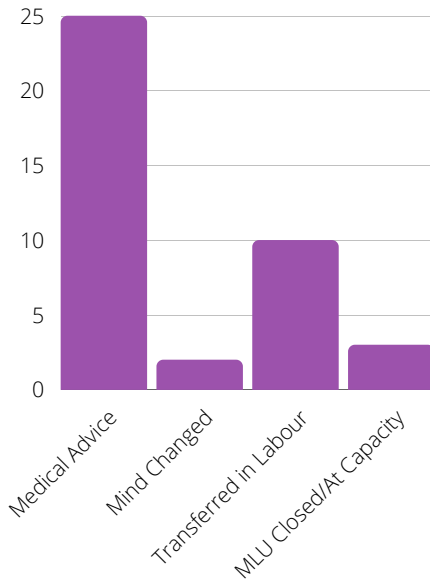
*"Every midwife I met along my journey went above and beyond to make me feel comfortable and cared for."*

*"Support my choices and make it easier and less stressful to have a home birth. I also know there is a staff shortage (which I was told about all the time!), but the home birthing experience is so special for so many and it should be adequately staffed"*

# RESULTS: INTRAPARTUM CARE



Reasons why actual place of birth differed from intended



Out of the 112 service user who responded 93% had not met the midwife that who was with them during labour and birth, 4% had met them at least once antenatally. For 3% of service users the midwife who delivered their baby also provided the majority of their antenatal care. Although clearly there could be more continuity for the intrapartum care this was not one of the major focus areas for improvement. Continuity of midwife and continuity of consultant was mentioned by 3 service users.

*"Greater support in being mobile during labour with monitors. Telemetry monitoring to allow greater mobility. Greater support and advice in avoiding induction and having the type of labour I wished for."*

Improvements for care during labour and birth focused heavily around communication (internal and with the service user), things being explained clearly in the moment and supporting birth preferences. 13 comments were made about inductions, these comments included some positives but some felt that they did not have a choice around induction and it was just a given at a certain point. It was also felt that the expectations around inductions were not managed effectively. As with the previous quarter service users wanted to have more mobility in labour and the telemetry equipment to support this.

Over a quarter of the comments received about labour and birth were positive and praised the midwives on both the consultant unit and MLU.

*"I don't think it could have been improved. I had an emergency C-section. Everyone was extremely calm, and positive. I felt very well taken care for. It would have been nice to see my baby during her being weighed etc, I've seen some theatres have tv screens or cleverly placed mirrors to see what happens after the baby is born. I felt I missed out on that."*

A number of comments focused on being discharged earlier than they would have wanted, this was for both those who had vaginal births and c-sections. Reasons included not feeling physically fit enough to leave and wanting more support with feeding.

# RESULTS: POSTNATAL CARE



*"Actual continuation of care - midwives not feeling like they were rushing between appointments and dismissing me because I "seemed confident and sensible" and because I had breastfed previously."*

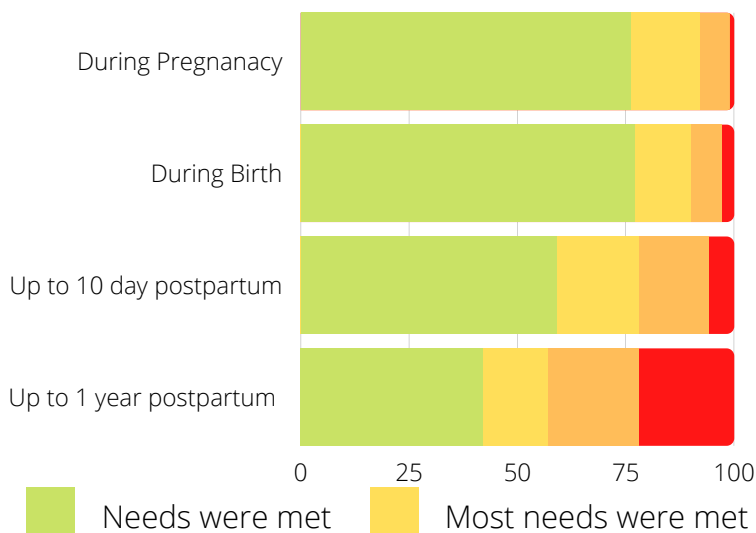
Around half of respondents had previously met the midwife who provided their care during the first 10 days postpartum. 20 people mentioned how hard it was to go back into hospital postnatally and would have preferred if the appointments could be done at home, this was particularly hard when partners were not permitted and after an assisted delivery or c-section.

73% of respondents received their first contact from the Heath Visiting (HV) 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. As noted in the previous quarter there needs to be a clearer expectation antenatally as to what level of contact HV will provide. Service Users find weigh-in clinics and the breastfeeding support groups a useful way to 'touch base' and a reassuring way to check babies growth and development, without these being available there is a general feeling of lack of support.

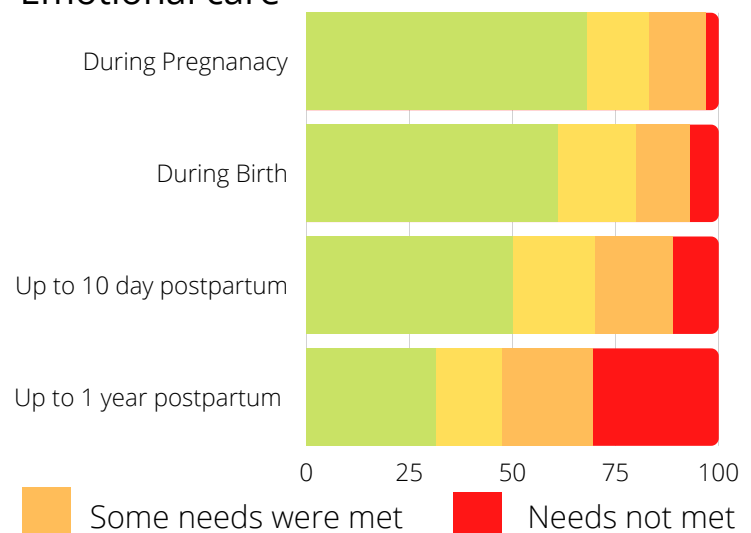
24 service users mentioned that improvements in breastfeeding support is needed. This includes better antenatal education, more information on combi feeding, specialist feeding support in hospital and community settings (including at weekends) and tongue tie services.

*"Absolutely no feeding support. I was able to get an appointment with a lactation consultant but that was 2 weeks after my son was born. I was then told that the waiting list was over 2 weeks to sort his tongue tie out. We decided to go private to get it sorted but that was obviously very expensive."*

## Physical care



## Emotional care

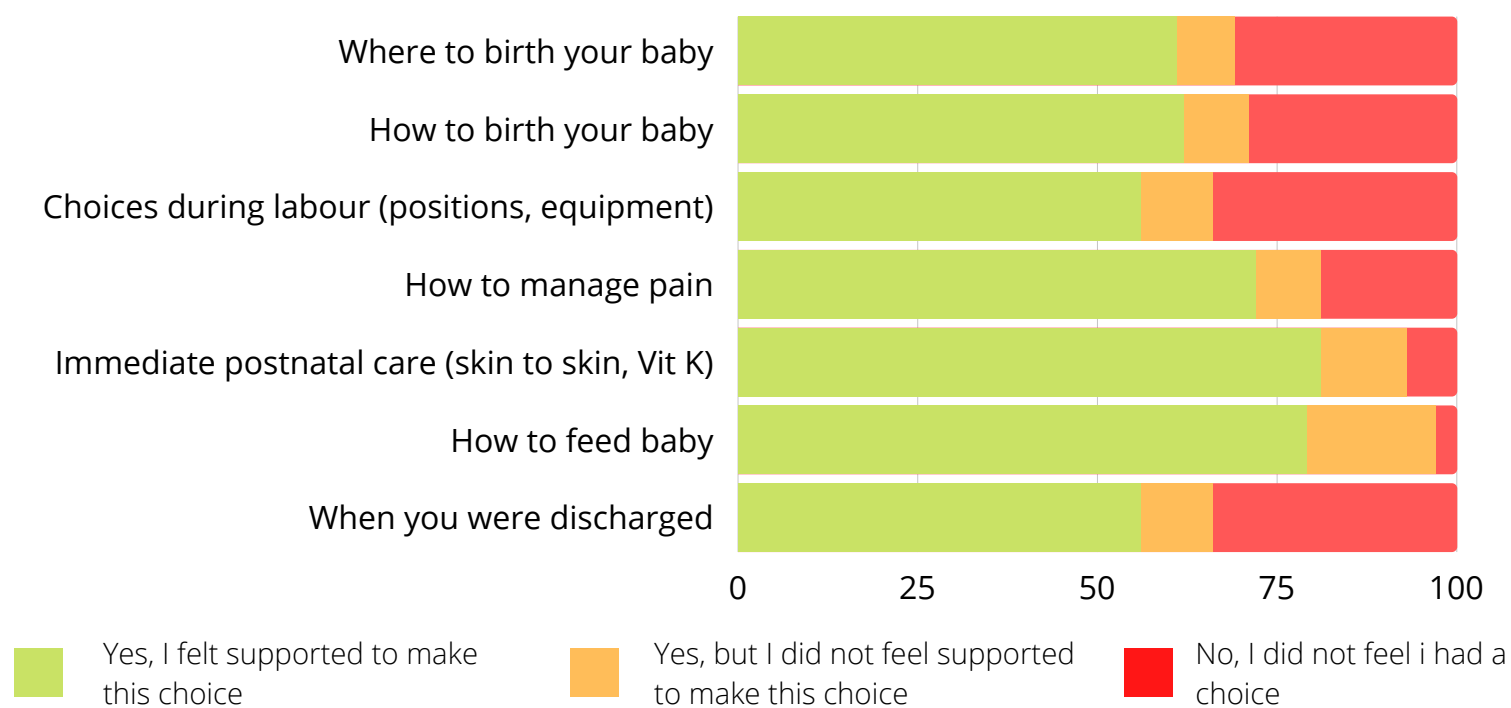


# RESULTS: CHOICES AND LANGUAGE



This theme is important across all aspects of care during pregnancy, labour and postnatally. Small changes in the language used, the empathy shown and the time taken to explain care makes a big difference in peoples experience. Ensuring that non bias conversations take place with time for the service user to ask questions is important to make service users able to make informed choices in their care. Inappropriate language , such as being called "a loud one" has a lasting impact on people. We have also received feedback of conversations being had in earshot of service users about others care or being talked about rather than too when in the same room.

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



"More communication about what was happening and the offer of more effective pain medication. I was never asked if I had any preference for how I would like to give birth, albeit it was a relatively quick labour and birth"

"More information at the start of pregnancy, especially when first child. Appointments were very short and often felt like a tick box exercise for the midwife and no opportunity to ask my own questions. Felt like a number and not a person"



**Over 25% of respondents felt that their choices were not supported or respected, this remains unchanged from Q1**

# 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**

44 of the 117 respondents indicated they had used triage during their maternity journey. People's experiences were mixed, we received 26 additional comments. Areas for improvements included triage being busy, uncomfortable chairs, partners not allowed in and conversations happening between staff or other service users which would have been better if done in private.

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

24 of the 117 respondents indicated they had used EPAS during their maternity journey. Most comments were predominately positive. The team show compassion and understanding at difficult times.

*"Helpful, supportive and kind, was seen quickly and had my worries eased, after a previous missed miscarriage I was terrified that it was happening again but the service was great"*

## **Infant feeding**

21 of the 117 respondents indicated they had accessed infant feeding support during their maternity journey, this was provided by both SaTH and Health Visiting teams. Comments on those who accessed support were mainly positive however wider feedback from service users indicates a lack of specialised support. Concerns were also raised about the Tongue Tie service, in terms of lack of assessments, it being suspended during covid and also not being able to see babies beyond 28 days. Good feeding support has a large impact on peoples early postnatal experience and mental health.

*"I found the health assistant at the MLU was great at giving support for breastfeeding and she also referred me on to Sandra who diagnosed tongue tie. Unfortunately it was a 6 week wait to get my little girl's tongue tie snipped so I went private."*

## **Diabetes Clinic/Midwife**

12 of the 117 respondents indicated they had used the diabetes clinic/midwife during their maternity journey.



# RESULTS: SPECIALIST SERVICES



## **Mental Health Support**

9 of the 117 respondents indicated they had accessed mental health support during their maternity journey. Comments were mixed, some found the service helpful, others found it hard to access particularly during Covid. 3 people had also used the specialist community support in North Staffordshire.

## **Physiotherapy**

10 of the 117 respondents indicated they had used physiotherapy services during their maternity journey. In person appointments are essential, during Covid people were having phone consultations which they found unhelpful.

## **Talk about/Birth Reflections**

7 of the 100 respondents indicated they had used the Talk About/Birth Reflections service. Those who accessed the service found it useful but wider comments indicate this service should be offered to more and more information given about how to access it.

*"This took far too long to get an appointment (6 months between request and appointment) and over the time I was waiting I struggled with the emotional impact of what had happened to us. I appreciate the pressures brought on by covid but I don't understand what it is about the pandemic that meant that a video chat took 6 months to arrange. The actual appointment was excellent and did help me to understand and process our experiences."*

## **Neonatal**

8 respondents indicated their baby had been on the Neonatal Unit, the 4 comments received were positive.

*"The Neonatal team were incredible. They made a really difficult and unexpected time for us a bit easier whilst our baby was on the unit for 4 weeks. The staff took time to explain everything and answered all our questions."*

## **Smoking Cessation**

1 respondent indicated they had used smoking cessation services during their maternity journey, they found it helpful.

## **Family Nurse Partnership**

1 respondents indicated they had received care from the Family Nurse Partnership team.

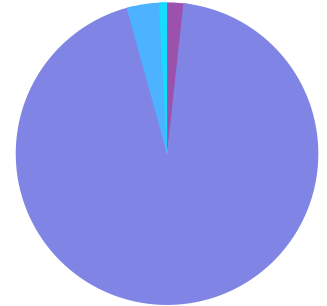
*"Family nurse service is great."*



# DEMOGRAPHICS



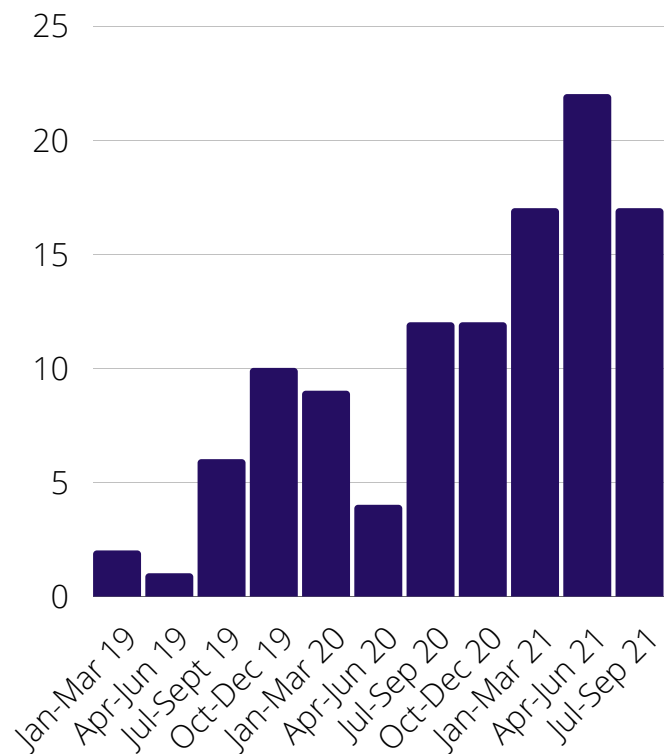
White British : 94%  
 White Irish : 2%  
 Other White Background : 3%  
 Black / Black British - African : 1%



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. English was the first language of 98% of respondents, French and German speakers were also represented.

84% of respondents were between the ages of 25-39, with 9% being younger service users. 9% of respondents have their day-to-day activities restricted by a long term health problem, disability or other impairment.

The chart opposite presents the quarter in which each respondents baby was born. almost half of respondents have had their baby in 2021 and a further 33% in 2020. The themes and responses from those with babies born earlier than 2020 have not highlighted any major differences although their antenatal care was not impacted by Covid-19.

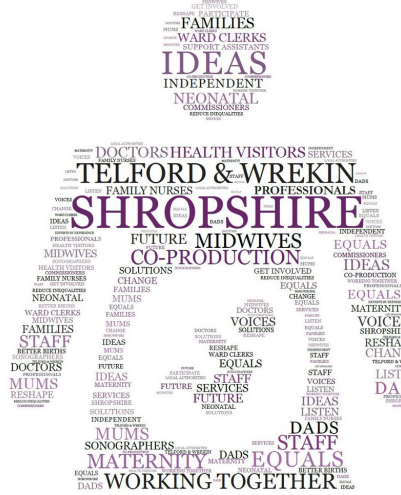


# Suggested Focus Areas

**Continuity of Care** - as in Q1, this focus area is important for service users. Being able to build up a relationship and rapport with the care provider is crucial for peoples experience. A number of respondents mention building up trust and not having to repeat things about their health or previous experiences. This is most important during the antenatal and postnatal period. Continuity of care is mentioned less when talking about labour and birth.

**Feeding Support** - Infant feeding support and in particular breastfeeding support is lacking. Those who received support from the lactation consultant at SaTH or the breastfeeding facilitators with Health Visiting were mainly positive about their experience but there are many women who feel adequate support from trained professionals was not readily available or accessible. Specialised breastfeeding support is limited by staff availability, a number mentioned lack of support over evening and weekends. Of the 84 comments we received about early postnatal improvements, 24 mentioned infant feeding support. The suspension of tongue tie services meant that people either stopped breastfeeding or saw someone privately, obviously the cost of this can be prohibitive for many.

**Postnatal Care** - This theme was also key in the Q1 report. More specifically many people mentioned they wanted more physical checks, recovery information and home appointments rather than having to go back into the hospital, particularly when partners have not been able to accompany them. Being discharged quickly after birth and in particular after c-sections was mentioned, although this may be a positive for some others may want longer stays, personalised care and doing what is right for the individual is crucial. 34% of respondents felt like they did not have a choice on when to be discharged, a further 10% felt their choice was not supported.



"Maternity care at Bridgnorth hospital and Telford Hospital were both really good."

"Giving birth in a pandemic was so scary but the team at Telford made it so calm and a great experience"

"Brilliant! I went in (to triage) twice with reduced movements and they were amazing. They didn't make me feel crazy or like I was there for no reason. They were reassuring and made me feel so much better."

"EPAS and Alex in particular are incredible. I had two losses and I'm not sure I'd have got through them without her support. She also supported me through my successful pregnancy - worth her weight in gold."

# 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 Q1 report.

**Language, communication and information** was one of the key focus areas highlighted in the Q1 report. The MVP is coproducing a leaflet on Labour and Birth Choices, a video explaining Inductions and planning to develop a workshop based on Language and Communication. This will also be covered during Theme 4 in the User Card Experience system through the SaTH Maternity Transformation Programme.

**Postnatal contact** has been highlighted to the LMNS board, including the impact Covid has had on services. In person Health Visiting services were limited and contact points such as the breastfeeding support groups in Telford and baby weigh clinics have not currently resumed, discussions continue on the importance of these.

We have restructured and recruited 15 new volunteers. This will enable the MVP to have the capacity to focus on more areas of care. We have a Community Engagement Lead volunteer who will help us to contact and hear from more seldom heard groups and ensure we are gathering data from a representative sample of the population. We also have a Health Inequalities and Quality Improvement Lead who will focus on the coproducing a local Action plan for the Equity Strategy.

## 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.

The Quarter 3 report will be prepared during January and cover the October - December 2021 period.

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

