



SHROPSHIRE AND TELFORD & WREKIN

Maternity Voices

Working in partnership to improve maternity services

MATERNITY VOICES PARTNERSHIP FEEDBACK SURVEY REPORT

Quarter 3 -October 2021-December 2021

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

Louise Macleod, Development Coordinator:
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



36

Number of respondents over the quarter (Oct-Dec 2021).

58%

Percentage who were responding about their first birth experience

65%

Respondents felt their choices were listened to, respected and supported

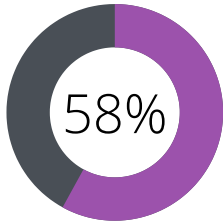
KEY FOCUS AREAS

Continuity of Care - This is not just about the implementation of 'Continuity of Carer' (which will be a longer term change), but providing as much continuity as possible here and now. It is important when building up a trusting relationship, that subtle but important changes can be picked up quickly, particularly with regards to a person's mental health. We understand that with more prescriptive postnatal visits continuity can be harder, but every effort should be made for continuity and to keep a person informed on who they will see.

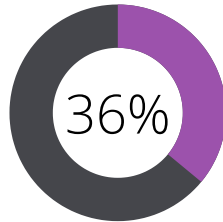
Communication - Improving communication, information and the language used when conversing, not only with service users but also other staff, is important. Having respectful discussions so that informed choices can be made is critical; individuals need to be at the heart of their own care and not feel like they are part of a set system or a conveyor belt.

Postnatal Visits - As in previous quarters, it has been noted that new mums often find it really hard to go back into the hospital for follow up appointments, so exploring other options could improve their experiences and recovery. This can be particularly important when recovering from a c-section or for those situated further from the hospital.

RESULTS: ANTENATAL CARE



of respondents giving feedback for their First Birth Experience



of respondents receiving Midwife Led Care

"Due to Covid, face to face meetings were not available. We were given a link to an online course which we did but did not find it extremely useful. It needs more examples & videos of how to do things which is why we then did private online classes."

"None taking place- told to do the online course which was not the best!"

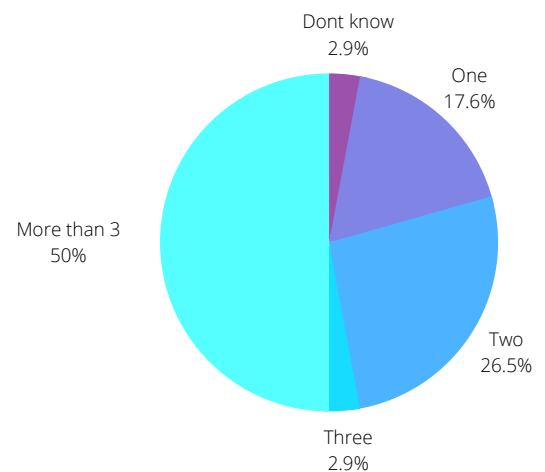
For the third report in a row continuity of care has been highlighted by service users as a key area for improvement. Antenatal education was also highlighted. From respondents that had babies between Oct 2020 and Oct 2021, responses indicate that many had not been offered antenatal classes. Other service users had been offered the online sessions, however this seems to have not been offered consistently. This was echoed in another survey the MVP completed In October 2021. The social aspect of courses was really missed too with one service users saying *"I was also unable to connect with others due at the same time as me. I felt very isolated when I had my baby and didn't have anyone to talk to who had a baby of the same age."*

Three service users mentioned access to support for Pelvic Girdle Pain (PGP) or Physio access was not sufficient. Although telephone appointments may help some, others stated that they did not get anything additional to what they had already looked up online. Ultimately, Face to Face appointments whenever possible is critical to providing the necessary support.

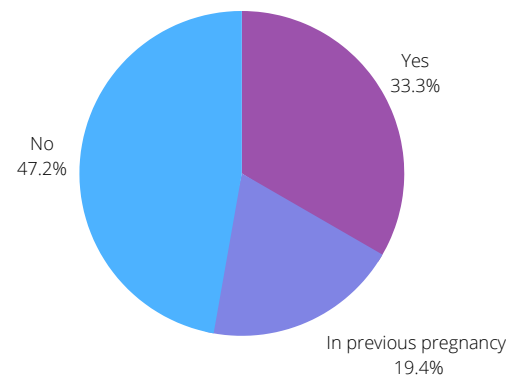
The staff at Bridgnorth Maternity were absolutely fantastic, despite their staff shortages, they were all really lovely, caring and I never felt my appointments were rushed, even though I knew they were super busy.

"What was not good about my care? Not having consistency in who I saw for appointments and not meeting the consultant who was looking after me...leading up to my c-section I saw 3 different consultants and spoke to a different one on the phone."

How many midwives did you see during regular antenatal appointments?



Did you attend antenatal classes?



RESULTS: INTRAPARTUM CARE



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



Out of the 36 service users who completed the survey this quarter, a third planned to birth in a Midwife Led Unit. However, just 10 of these women actually gave birth on the consultant unit; 6 had the change in birth place recommended in pregnancy due to a medical reason, 3 as the MLU was closed, and one was transferred during labour.

One respondent also indicated she had a free birth as there was no midwives available to attend a home birth.



"Ellie my midwife was fantastic such a kind and caring person she was part of the violet team, and I also had a student midwife Beth at my antenatal appointments and she was actually the person who delivered my baby!"

Communication was highlighted as the most important areas for improvement in intrapartum care as 11 of the 24 comments we received focused on this. More kindness and compassion from consultants was mentioned, as well as being mindful of tone used by all staff. We also received positive comments where women felt empowered and supported by their midwives.

"Midwife who looked after me during labour and birth was EXCELLENT and I was extremely grateful for her confidence to question an aggressive misinformed and rude doctor"

A number of comments highlight privacy not being respected and lack of awareness of who else can hear conversations, particularly around triage where service users felt that conversations were inappropriate, either between staff or overhearing private medical information of other people in the care setting.

Improved information and discussion around the induction process, including the different methods available and steps taken if one method is unsuccessful, has been highlighted by service users in this quarter and previous survey responses.

"Small things that are important to birthing mothers weren't facilitated. Having a private space to give birth makes women feel safe, this was not my experience. At one point a student midwife came in to talk to another student about when they were to take their lunch breaks, I was exposed on the bed and they did not introduce themselves never mind ask if they could enter. This happened multiple times with different staff members."

RESULTS: POSTNATAL CARE



"Instead of someone sitting with me and my baby to talk to us about discharge and options, the whole ward was spoken to like we were having a lecture. So impersonal."

Comments around the postnatal ward were mixed, with some saying it was fantastic and supportive, but others stating it felt understaffed and disorganised. Discharge (labour ward & postnatal) being delayed or taking a long time can cause frustration, so communicating with people regularly and on an individual basis is very important in ensuring the best experience.

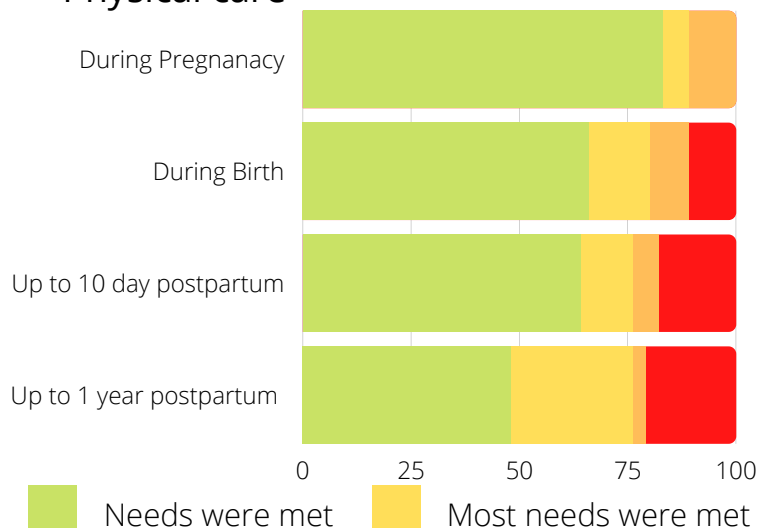
Over half of the 36 respondents had 3 or more community midwives providing their regular postnatal care, which is not providing good levels of continuity. The need for home visits was expressed, with a number of service users struggling to come back for hospital appointments for a number of reasons, such as having to travel from Ludlow or with older siblings, which is particularly difficult if partner is at work or person is unable to drive due to having a c-section just days beforehand.

All respondents had contact postnatally from the Health Visiting (HV) team; 74% received their first contact within 10 days of giving birth. Of the 14 responses, 71% said they found the HV Team helpful and supportive. Generally respondents wanted more contact during the first year, particularly before weaning at around 5-6 months so information was fresh in their mind, and more regular check in's rather than it be down to the service user to contact the HV.

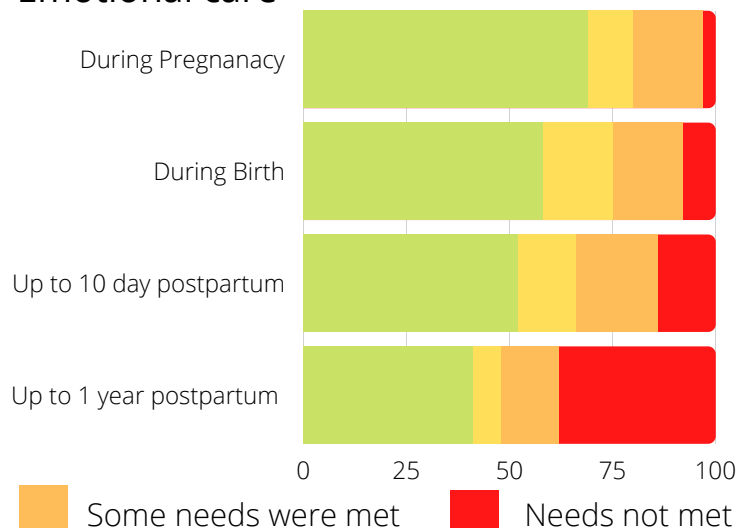
"Very little contact. My hv is aware my daughter had tongue tie, referral arranged no follow up. No offered weight checks." Feb 2021

"Receptionist came across obstructive. But HV on advice line and visiting HV both lovely and very supportive." Oct 2021

Physical care



Emotional care



RESULTS: CHOICES AND LANGUAGE



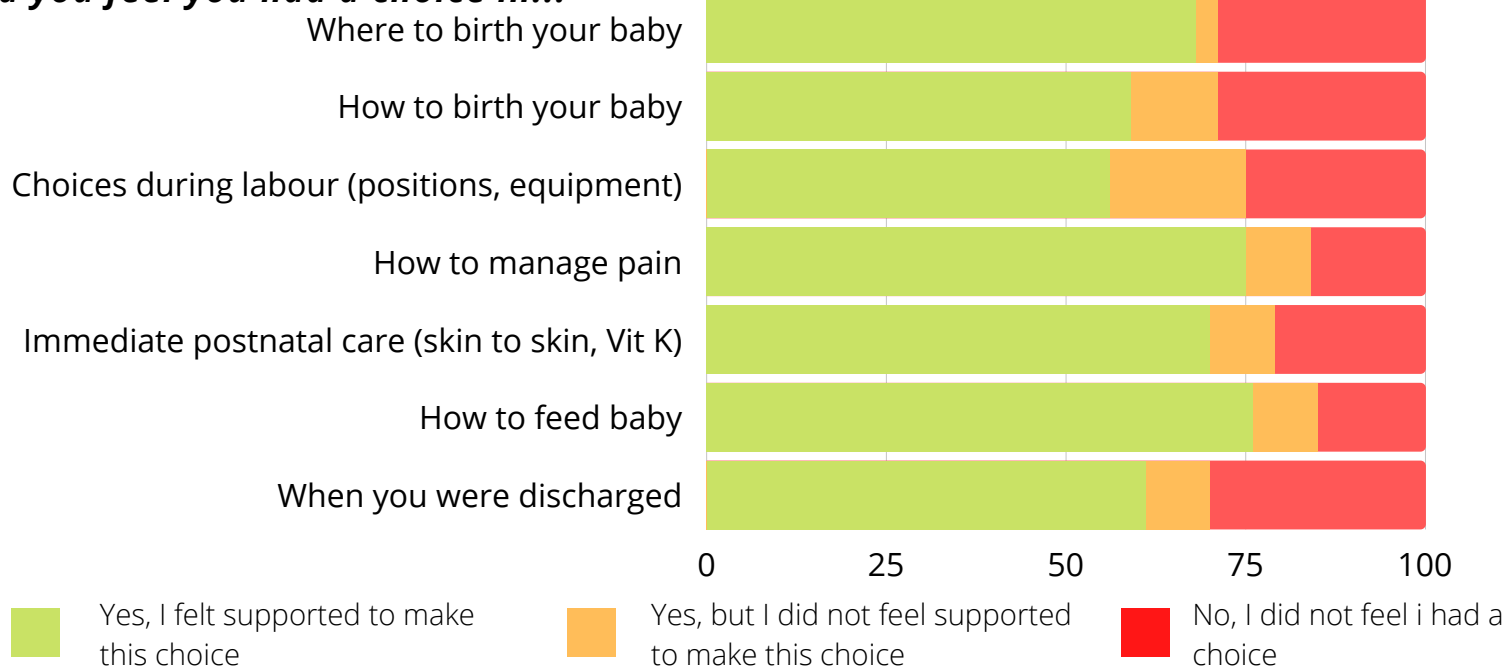
This theme comes up in every survey we do. Beyond providing safe care how people are spoken to during their pregnancy, birth and postnatal period is one of the biggest factors in how people feel about their experience.

There have been some great comments about building a rapport with a community midwife and building trust (the violet team was highly praised). However the feeling of being rushed through a process or important decision is clear on a number of occasions, including having an induction, management of 3rd stage of labour and rushed to be discharged from the labour ward. Allocating time to explain a persons choices and ensure that they can then make an informed choice is critical. This is obviously made harder with current staffing pressures, a point with was noted by 2 of the respondents this quarter.

"Felt unsupported and at times spoken to in a patronising & unsympathetic manner when discussion vbac & gestational diabetes was told: Gosh you don't fit our usual profile for diabetes"

"My midwife who helped deliver my baby was so helpful, supportive, kind and compassionate. The breastfeeding nurse was also patient, trustworthy and kind."

Did you feel you had a choice in...



"Simple choices were not listened to on the consultant led unit. I wanted a quiet dark space to give birth, they could not close the curtains as they were broken & people came in and out of the room without notice. Even when I was naked from the waist down on the bed exposed people walked in to speak to the midwife/student midwife as if I was not there."

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

19 of the 36 respondents indicated they had used triage during their maternity journey. We received 8 positive comments with people feeling reassured, that care was compassionate and checks done correctly.

"I contacted triage 3 or 4 times due to pre eclampsia and Covid. Each time the midwives were caring, professional and approachable."

Early Pregnancy Assessment Service (EPAS)

6 of the 36 respondents indicated they had used EPAS during their maternity journey. Comments were mixed, previous Covid restrictions had an impact with people having to attend without a support partner.

Infant feeding

4 of the 36 respondents indicated they had accessed infant feeding support during their maternity journey, this was provided by both SaTH and Health Visiting teams.

Diabetes Clinic/Midwife

9 of the 36 respondents indicated they had used the diabetes clinic/midwife during their maternity journey. Comments were predominately positive, however 2 of the 8 comments mentioned that knowledge of diabetes outside the team, as well as communication between the diabetes team and wider teams needs improvement.

"The Diabetes team were absolutely fantastic, so supportive and I never felt like anything was too much trouble, even when I was calling them several times with questions. The clinics are very busy and the waiting to see a doctor after your scan could be better."

"The diabetic service were great when I was diagnosed, I had all of the information I needed and despite being petrified of needles they helped me to overcome this to test my bloods easily. I found that once this is done you're left on your own with just a few appointments. There is a very real misunderstanding of gestational diabetes with anyone else outside of the team. Others just don't seem to understand it or have any knowledge of it."

RESULTS: SPECIALIST SERVICES



Mental Health Support

2 of the 36 respondents indicated they had accessed mental health support during their maternity journey. Comments indicated that they experienced a long wait (9+ months) for psychological support. Wider comments around mental health indicated a general need for more support, with check ins to ensure that people have the opportunity and relationships built to enable them talk about their mental health. One person used the Specialist Community Perinatal Mental Health Service - North Staffordshire but provided no further comments on their experience of it.

Physiotherapy

7 of the 36 respondents indicated they had used physiotherapy services during their maternity journey. The importance of in person appointments are highlighted earlier in this report.

Talk about/Birth Reflections

1 persons indicated they had used the Talk About/Birth Reflections service, they did not comment further. However comments about postnatal improvements indicate a need for this service to be more widely offered and accessible.

"After care for mothers who have had an emergency c -section could be improved, debriefing of the procedure especially if they have been ill and can not remember much about it all."

Neonatal

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

Family Nurse Partnership

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

Health Pregnancy Team

3 of the 36 respondents indicated they had used the healthy pregnancy service. Both comments recieved were positive.

This service helped me to keep my weight down in pregnancy, Emma was a good support to me.

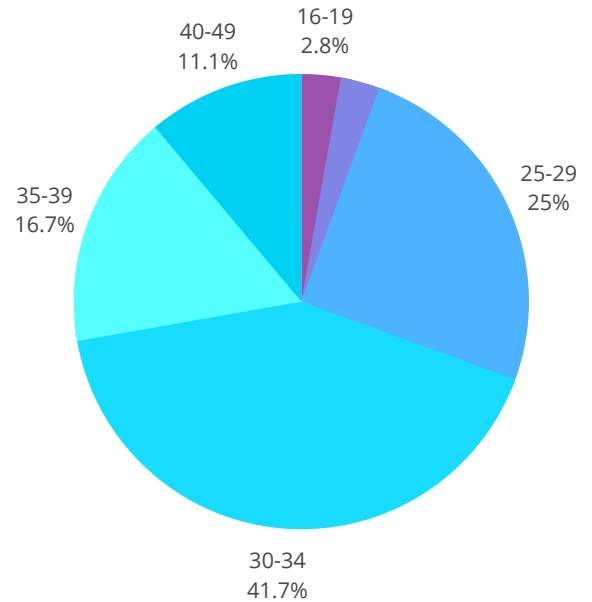


DEMOGRAPHICS



Age of respondents:

All survey respondents this quarter identified as female. (94% were heterosexual and 6% bisexual). All apart from one person described themselves as white British. Of the 35 responses about marital status, 1 person was single, a further 12 living with a partner and the remaining 22 (63%) married or in a civil partnership.



Map showing approximate locations of respondents



We received a far lower number of responses this quarter than the previous two, with 100 responses in Q1 and 117 in Q2. This could be due to a number of factors including lower social media promotions, additional surveys around the User Experience work and SaThs personalised care survey, and people being busy in the lead up to Christmas and the school holidays.

Despite the lower numbers we have maintained a good geographical spread representative of the population, with the highest numbers coming from Telford and Shrewsbury, the most urban areas.

Suggested Focus Areas

IDEAS
INDEPENDENT
NEONATAL
COMMISSIONERS

DOCTORS HEALTH VISITORS SERVICES
TELFORD & WREKIN
PROFESSIONALS
FAMILIES
SHROPSHIRE
FUTURE MIDWIVES
CO-PRODUCTION
SOLUTIONS
CHANGE
MUMS
NEONATAL
WARD CLERKS
FAMILIES
MUMS
STAFF
DOCTORS
MUMS
RESHAPE
STAFF
FUTURE SERVICES
FUTURE
MUMS
SONOGRAPHERS
MATERNITY
DADS
EQUALS
WORKING TOGETHER

Continuity of Care - as in Q1 and Q2, this focus area remains one of the key focus areas. This is not just about the implementation of 'Continuity of Carer' (which will be a longer term change) but providing as much continuity as possible here and now. Ensuring that people are seeing a single midwife regularly antenatally is important in building up a trusting relationship where subtle but important changes can be picked up quickly, particularly with regards to a persons mental health. We understand that with more prescriptive postnatal visits continuity can be harder, but every effort should be made to keep a person informed on who they will see.

Communication - This was also highlighted in the Q1 report. Improving communication, information and the language used when conversing, not only with service users but also other staff is important. Respectful discussions so informed choices can be made is critical, individuals need to be at the heart of their own care and not feel like they are part of a set system or a conveyor belt.

Postnatal Visits - This has been picked up in this and previous quarters. New mums often find it really hard to go back into the hospital for follow up appointments, so exploring other options could improve their experiences and recovery. Can required checks such as the newborn screening checks be completed before discharge in more cases? Can appointments be at home or closer to home in easier to reach community venues? This is perhaps not an easy overnight change but one we feel needs to be explored.



Final Comments

"Midwife and nurse care for 2 days in hospital and 5 days after the birth was amazing. All medical professionals I met were extremely professional and very kind".

"Violet team were unbelievably supportive and could not of helped me more."

"I had a fabulous local midwife Tracy, she really was the dogs, she helped me, put my mind at ease and let me do what I thought was right for me, now she was a credit to the NHS"

"The staff at Bridgnorth Maternity were absolutely fantastic, despite their staff shortages, they were all really lovely, caring and I never felt my appointments were rushed, even though I knew they were super busy. The Diabetes team were brilliant, Sarah, Carol and Emma are a real credit to the trust."

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 Q2 report.

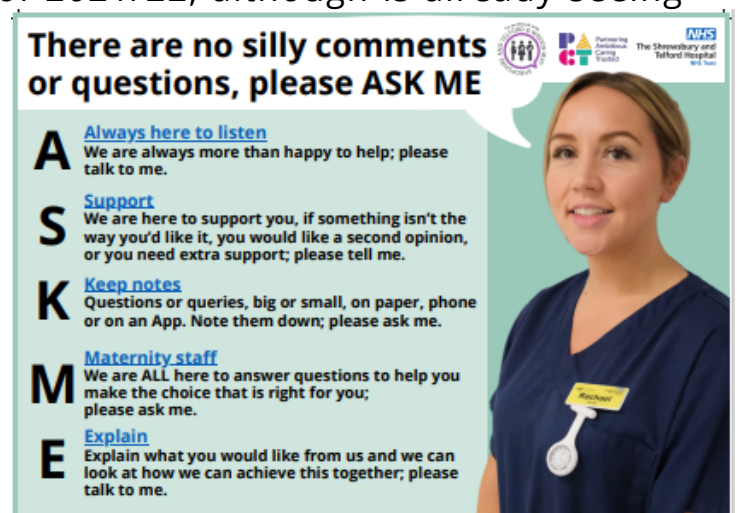
Continuity of Care is an area we are regularly highlighting. Improving continuity is a key part of the Trusts' future development and national objective. During the last quarter we have highlighted a number of areas where continuity may be improved quickly, including where service users could be seen in more convenient locations. Continuity remains a challenge whilst there are considerable staffing pressures.

Feeding Support was highlighted in the Q2 report. The MVP have been involved with the new development of a peer support programme. The **Breastfeeding Network** has been commissioned for a 2 year project to provide peer support across the county. This includes training new volunteers, setting up face to face groups and providing virtual support. We feel this will be a great step forward and the MVP will continue to be involved in its development to ensure support is in place where there is the most need. We continue to also work with SaTH and community health teams to highlight the importance of specialist breastfeeding support.

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.

Mental Health support service developments have been taking place with MVP being heavily involved in implementing a new service which focuses on those effected by tokophobia (fear of childbirth), anxiety or bereavement. The **Lighthouse Service** is due to launch in Q4 of 2021/22, although is already seeing a number of referrals.

Communication is a regular area talked about. In an effort to remind staff and service users to ask questions the MVP has coproduced the "Ask Me" poster. This formed part of the work under the User Experience project through the Maternity Transformation 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 aim to improve numbers of respondents again for the Q4 report through increased social media promotion and through our network of volunteers. However we also need staff to be promoting this survey more widely too.

The Quarter 4 report will be prepared during April and cover the January-March 2022 period. A wider reflection of 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 received the following responses to the Q2 report:

