



Community Based Maternity Services Report

April 2020



healthwatch
Walsall



Introduction

Healthwatch Walsall are the independent voice of the public in health and social care services in Walsall. We gather feedback from members of the public about their experiences of using health and social care services. We use that feedback to work with service providers and commissioners to find ways of improving services for the public.

One of the ways that we collect feedback is through carrying out a focused project around particular services, conditions or groups within the community. On this occasion we have carried out a project that particularly looks at women's experiences of using community maternity services and health visiting services.

The work was part of our Work Programme 2018/2019 selected from intel and comments from the public.

What we did

Feedback for this project was gathered using a survey as well as a holding a small number of focus groups.

The survey was made up mainly of multiple-choice questions along with some open text questions that enabled respondents to expand on their answers. The survey was available online as well as a hard copy survey.

Focus groups were carried out using a framework and prompts that were designed to generate discussion between participants and the facilitator, providing a deeper understanding of the experiences of women using community maternity services.

Who took part?

The project aimed to speak to women who had given birth in the last 12 months. Although there were 203 responses to the survey ten of the respondents said that they had not had a baby in the last 12 months and therefore, their responses were removed from the feedback. This means that there were 193 eligible responses to the survey.

We asked the respondents to the survey for their demographic information. The highest number of respondents said that they were aged 25-34 years old (68%); 1% said that they were aged under 17; 17% said that they were aged 35-44 years and 14% said that they were aged 18-24 years old.

71% of respondents said that they identified as White British; 8% said that they identified as British/Asian- Indian and 3% said that they identified as British/Asian- Pakistani. There were no respondents who identified as Bangladeshi; Gypsy or Irish Traveller; Chinese or Arab.

48% of respondents identified as Christian and 27% said that they had no religion or belief. 6% said that they were Muslim and 4% as Sikh. There were no respondents who said that they were Jewish.

When asked their marital status 53% said that they were married and 9% said that they were in a civil partnership. 24% were co-habiting and 11% were single.

94% of the respondents to the survey said that they identified as heterosexual; 1% said that they identified as bisexual and 2% said that they identified as another sexual orientation.

6% of the respondents said that they considered themselves to have a disability.

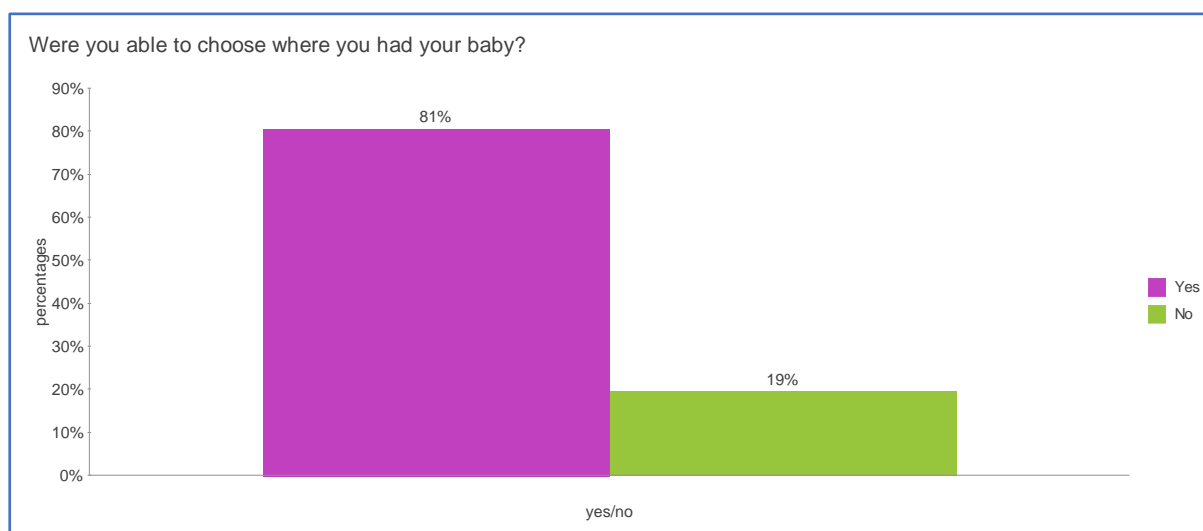
Findings

Respondents to the survey were asked if they were able to choose where they had their baby and 81% of the respondents said that they had been able to choose and the remaining 19% saying that they had not been able to choose where they had their babies.

Those that said they were able to choose where they had their baby were asked what difference it had made to them being able to choose. For many, the choice was made on the basis of the locality of the hospital with it being local making a difference to some. For instance, one respondent commented that being local made it *'better for me to travel'*. For others locality was important because they had other children with one commenting that it *'made it easier as it was local, and I have another child, so she was able to visit.'*

The level of care that they required influenced the choice made by some respondents, for example, one respondent said that it meant that they could *'have the same consultant as during my previous high risk pregnancy and deliver in a unit with a level 3 neonatal unit which helped my anxiety.'*

Having a choice about where they gave birth was considered by some respondents to have given them peace of mind and for some being able to choose a hospital that they were familiar with meant that they *'felt comfortable with the hospital I was used to.'*

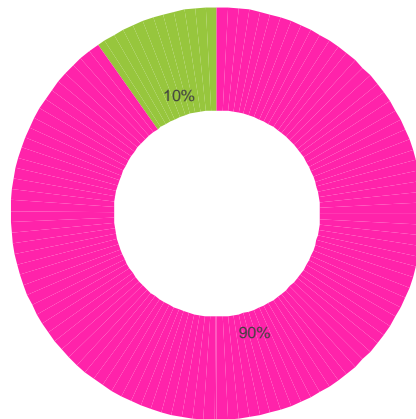


90% of the respondents to the survey said that they felt that they had enough advice and support to have a healthy pregnancy. Those that said that they had not received enough advice and support were asked what would have made a difference to them. Respondents suggested that there was the potential to improve antenatal classes with one suggesting that there should be *'more antenatal opportunities not just an app'* and another saying that *'the birthing class was very factual e.g. drugs available, etc. There wasn't support with coping strategies in birth e.g. breathing techniques.'*

Another respondent said that they had tried to access a class for managing their weight but *'was told there was only one class a week, which I couldn't attend due to work.'* One focus group participant felt that there was a lack of knowledge about classes saying that they had *'asked my midwife about classes I could go to- she just shrugged and said that she didn't know.'*

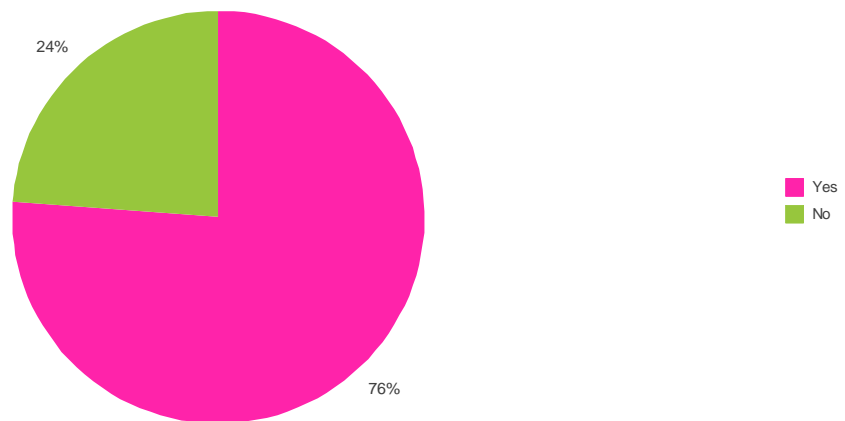
One of the focus group participants commented that they had had *'a lot of leaflets but not much chance to ask questions'* during their pregnancy and another commented that they felt there was a lack of support and as a result they had had to *'ask friends [and] contacts'*.

Do you feel that you had enough advice and support to have a healthy pregnancy?



Birth plans

Did you have a birth plan?



76% of the respondents to the survey said that they had a birth plan and 24% of them said that they did not have a birth plan.

Those that said they did have a birth plan were asked the reasons why they chose to have a birth plan. For some of the respondents the plan was led by the midwife with one stating that they had a plan 'because you are led by the midwife to do it' and another saying that the 'midwife did it'. As it was led by the midwife some respondents commented that they thought that they had to have a birth plan with one commenting that 'they told me I had to have one' and another saying that they 'thought it was essential.'

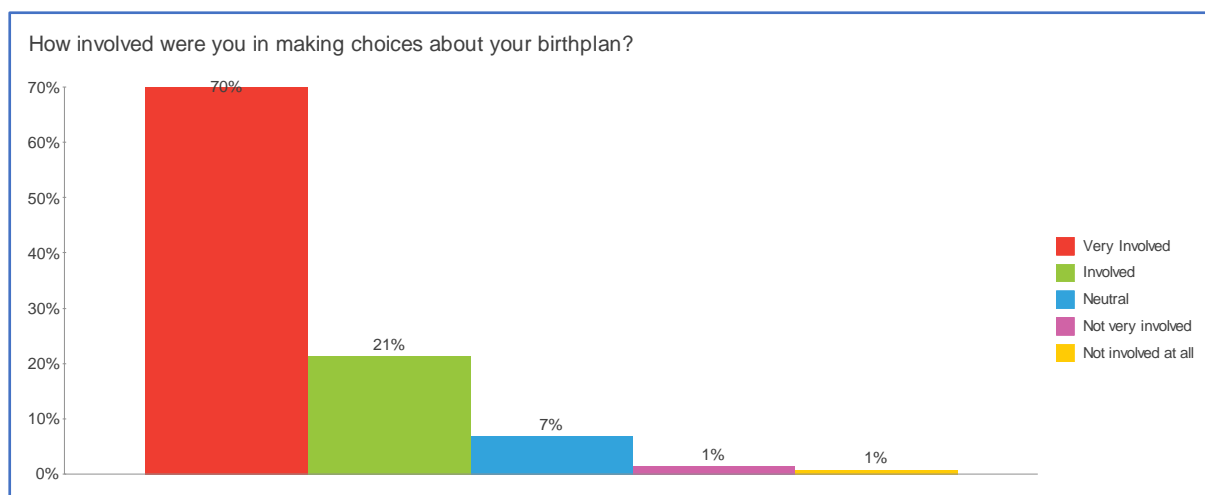
However, there were some comments that the respondents had not been offered a birth plan and had developed their own with no support from midwives with one respondent saying that the 'midwife and hospital never mentioned it, so I wrote one myself' and another saying 'I had to print off the birth plan template myself, having Googled, from the NHS website'.

There were some respondents who had specific requests in relation to the type of birth that they wanted whether that be a homebirth, water birth or elective caesarean section, and as such they felt that they needed to have a birth plan to enable that to happen.

For some respondents having a birth plan meant that they felt more in control of the birth with one saying 'as my first was an emergency c-section at 28 weeks, all my choices were taken away from

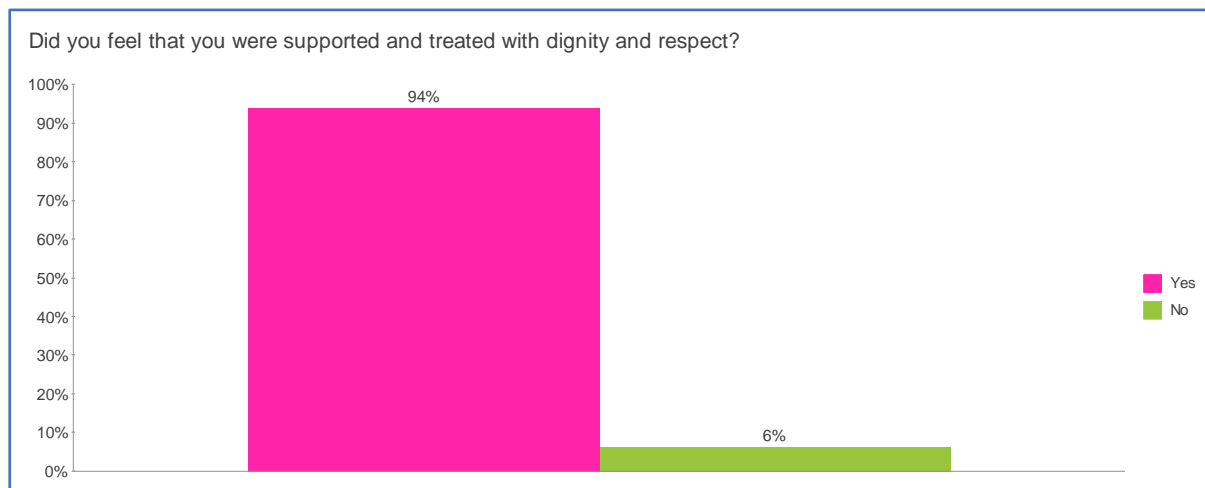
me. This time, although having a planned c-section, I was able to write things down that were important to me... I felt more in control'.

Those that chose not to have a birth plan gave a variety of reasons for not choosing a birth plan such as it not being offered to them; or it not being completed in time for the birth. However, the main reason was that giving birth did not always go according to plan and therefore, having a birth plan sometimes meant that mothers were disappointed when it could not be followed. One respondent commented 'my birth plan was to give birth. I didn't want a birth plan which then may not happen' and another saying they 'did not have one as I did not want to set my heart on something as it could not go to plan.'



Those that had a birth plan were asked how involved they were in the development of their birth plan. 91% said that they were either very involved or involved in the development of their birth plan. 2% said that they were either not very involved or not involved at all.

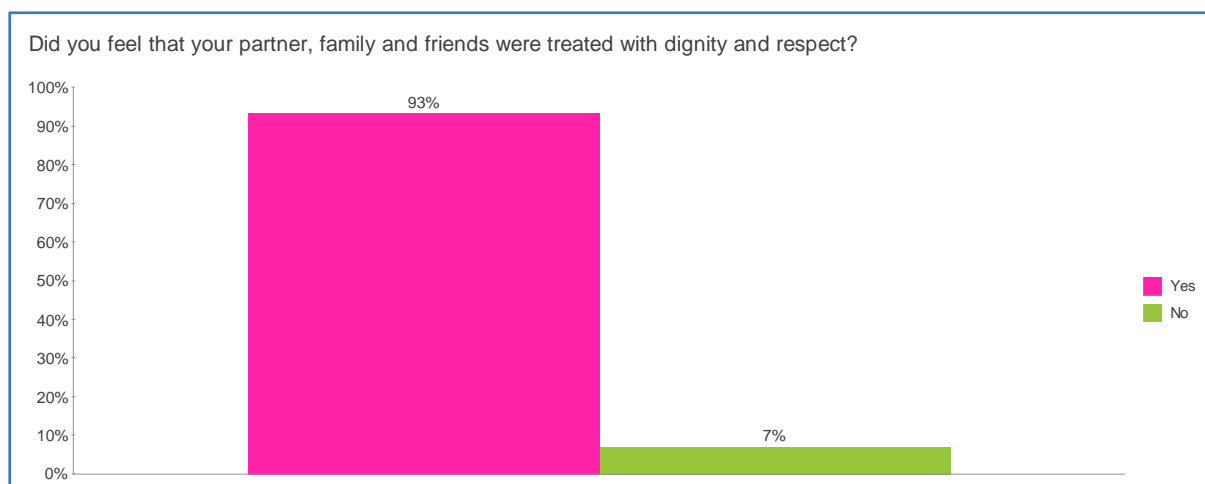
Dignity and Respect



94% of respondents to the survey said that they felt that they had been treated with dignity and respect. Those that said that they were not treated with dignity and respect only commented upon their experiences at the hospital when they were either giving birth or on the ward following birth.

Those that were treated with dignity and respect said largely that it had made them feel safe and gave them confidence in the professionals that were involved with them. It was commented by some participants that they expected to be treated with dignity and respect with one saying that they 'would be angry if I wasn't treated with dignity and respect.'

When asked if they felt that their partner, family and friends were treated with dignity and respect 93% of respondents to the survey said that they were.



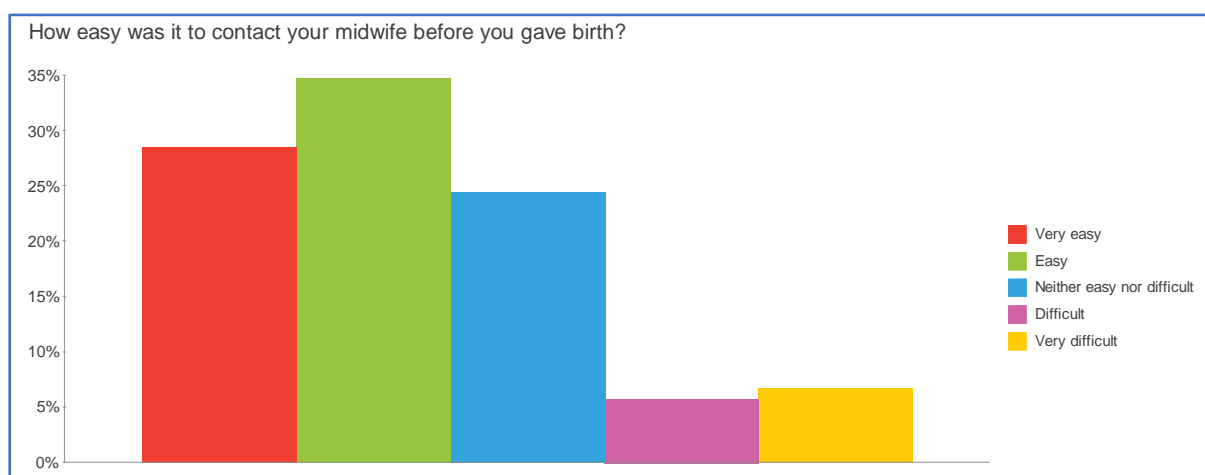
Comments made by respondents to the survey regarding how their partners were treated all related to how they were treated when at the hospital during and after labour. They made no comment about how their partners and families were treated when accessing community maternity services.

Those that took part in focus groups did comment on how their partners were treated when accessing community maternity services. One participant commented that their partner had [‘come to the booking appointment and they were very welcoming’](#). However, another said that they [‘don’t include them before and after birth forget it.’](#)

Contact with professionals

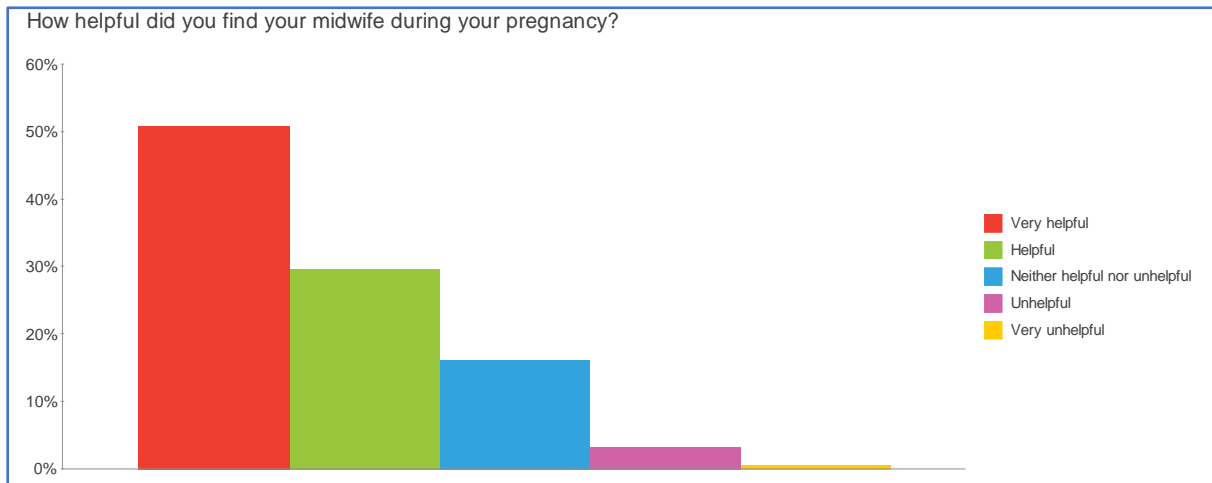
Survey respondents were asked how it easy it was for them to contact their midwife before they gave birth.

63.2% of respondents said that it was either very easy or easy to contact their midwife before they gave birth. 12.4% said that it had been difficult or very difficult to contact their midwife before they gave birth.



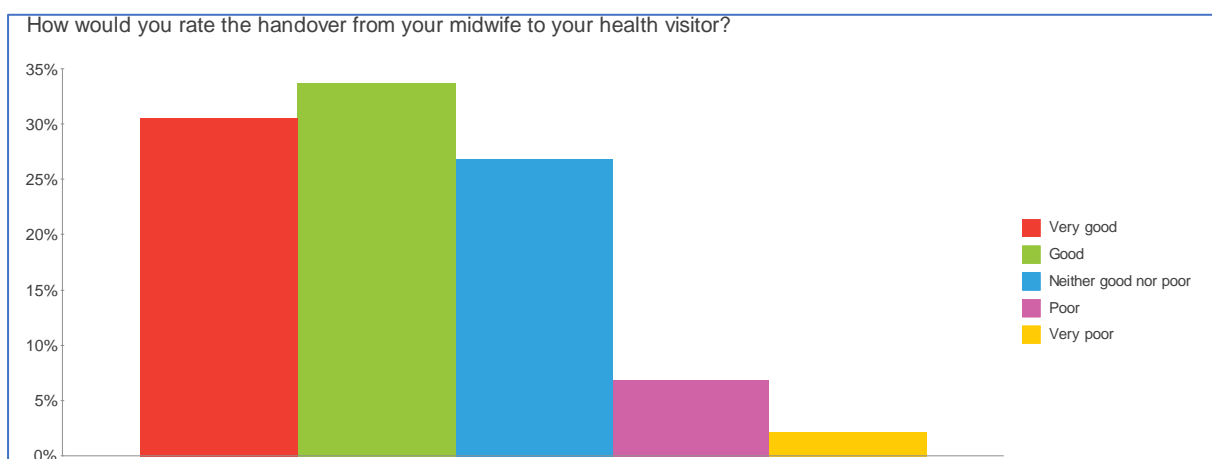
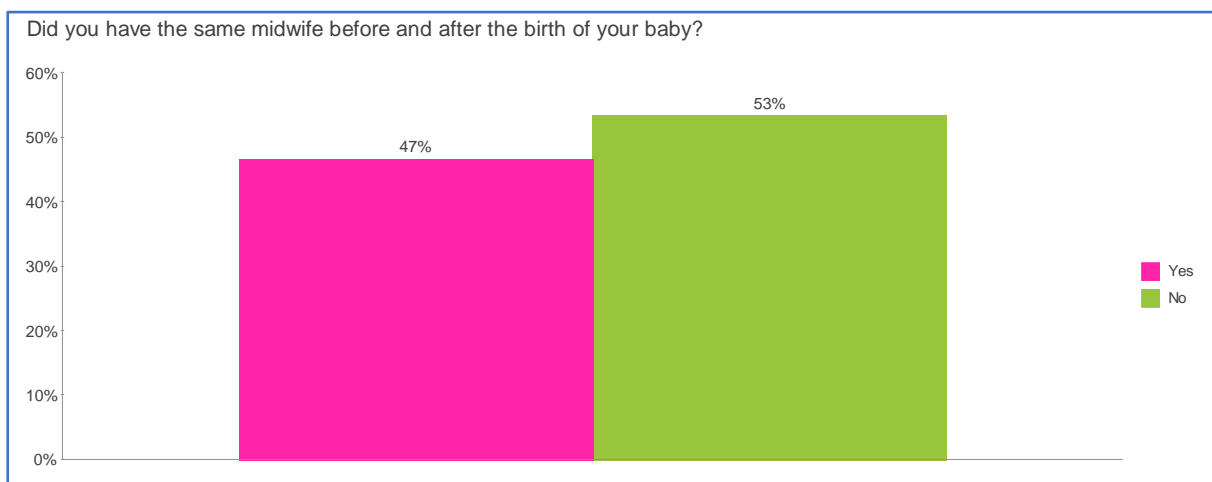
80.3% of survey respondents said that they found their midwife either very helpful or helpful during their pregnancy. 3.6% said that they had found them to be unhelpful or very unhelpful. During the focus groups and comments made by some of the respondents to the survey some felt that the appointments that they had with their midwives were rushed with one commenting that the

'midwife was very rushed' and another saying that 'appointments [were] rushed. Very routine. No care given.'

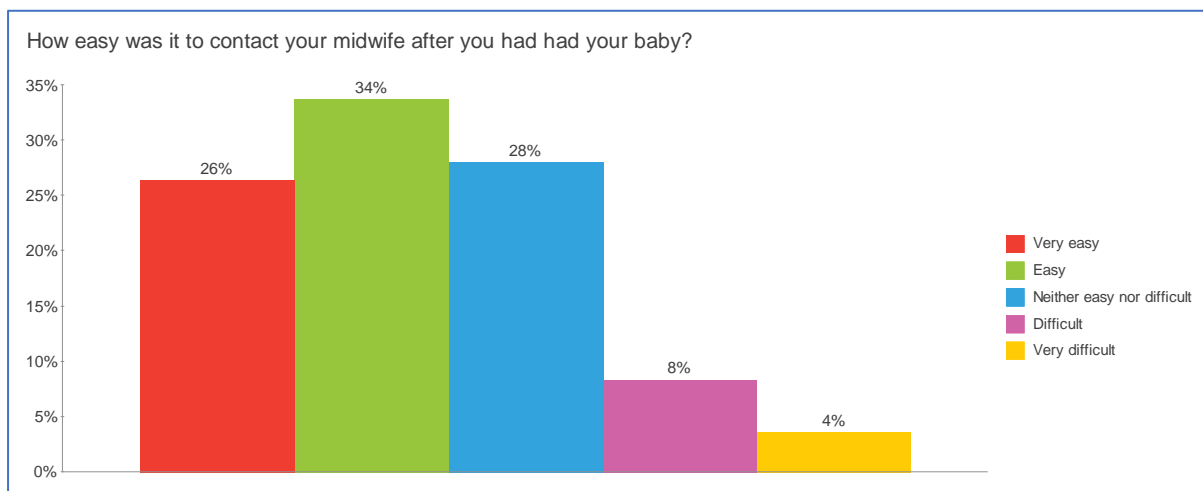


When asked if they had had the same midwife before and after giving birth 47% said that they had and 53% said that they had not.

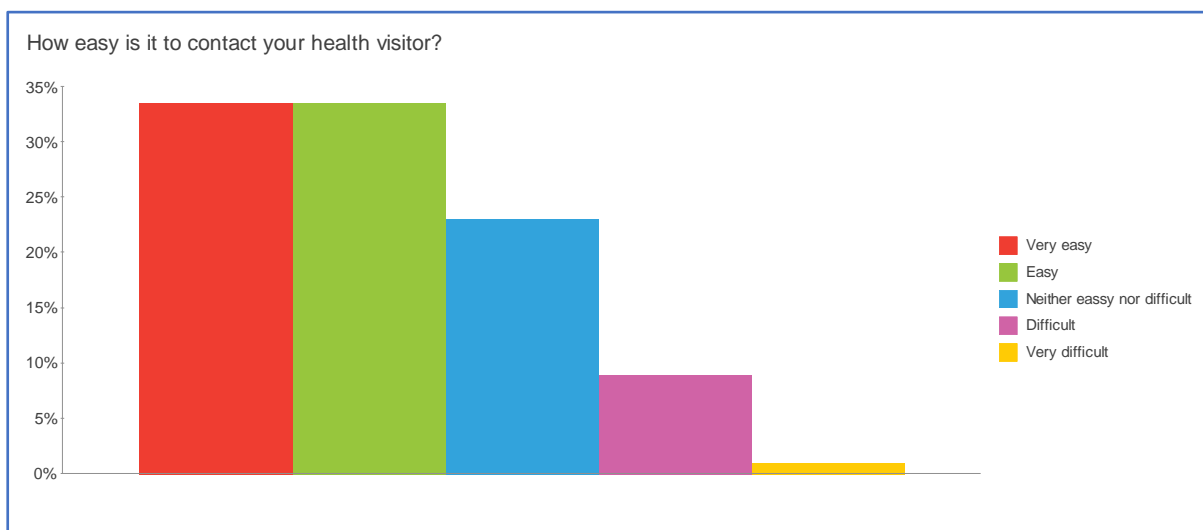
There were a number of comments made with regard to continuity of midwives. This was not only related to before and after the birth but to during pregnancy too. It was commented by a number of participants and respondents that they 'saw a different midwife each time' and that as a result it was 'hard to get a relationship.' Following the birth another survey respondent said that 'both visits at home have been with two different midwives, that were not my named community midwife.' A suggested improvement from one was that there should be the 'same midwife after the birth.'



When asked how they rated the handover from their midwife to their health visitor 64.2% of the survey respondents said that they rated the handover as very good or good. 8.9% said that they rated it as poor or very poor.



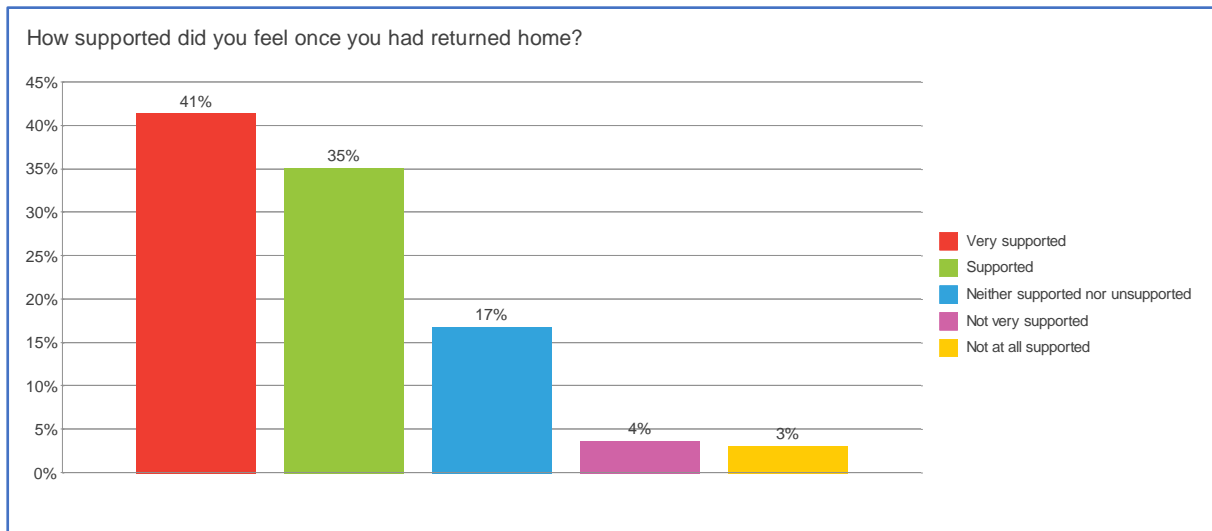
When asked how easy it was to contact their midwife after the birth of their baby 60% of respondents to the survey said that it was either easy or very easy to contact their midwife. 12% of respondents said that it was either difficult or very difficult to contact their midwife.



When asked how easy it was to contact their health visitor 67% of respondents to the survey said that it was either very easy or easy to contact their health visitor. 9.9% said that it was either difficult or very difficult to contact their health visitor.

Being able to contact their midwife or health visitor was a suggested area for improvement for some of the participants in the survey with comments being made about the need to have 'a contact number for the midwife and health visitor. Given office number but not very helpful if needing advice.' There were some comments about there being difficulties in contacting health visitors in particular, with one participant in the focus groups commenting that it was 'difficult to get in touch with the health visitor' and another saying that they had 'left messages but the health visitor doesn't reply to you.'

Support at home



Survey respondents were asked how supported they felt when they returned home with their baby. 76% of respondents said that they felt very supported or supported. 7% said that they had felt unsupported or very unsupported when they returned home with their baby.

Comments by survey respondents and those taking part in the focus groups pinpointed breastfeeding support as a particular issue that they would have valued more support with. One participant in the focus groups commented that '[they] go on about breastfeeding but no support after' whilst another said that there was a 'need for more support for breastfeeding at home. Had a c-section; couldn't drive to the clinic'.

For others it was suggested that new parents in particular would benefit from more support with one survey respondent saying that 'it would be great to have more support, especially with your first child. I felt sometimes I was just muddling through. But we all survived, and I am here to tell the story.' Another commented that more support would be welcomed as 'some people do not have family to provide support in the early days.'

However, there were some more positive comments from some of the focus groups with one participant commenting that they had found the 'after care spot-on; home visits were nice - they felt genuine and culturally aware.'

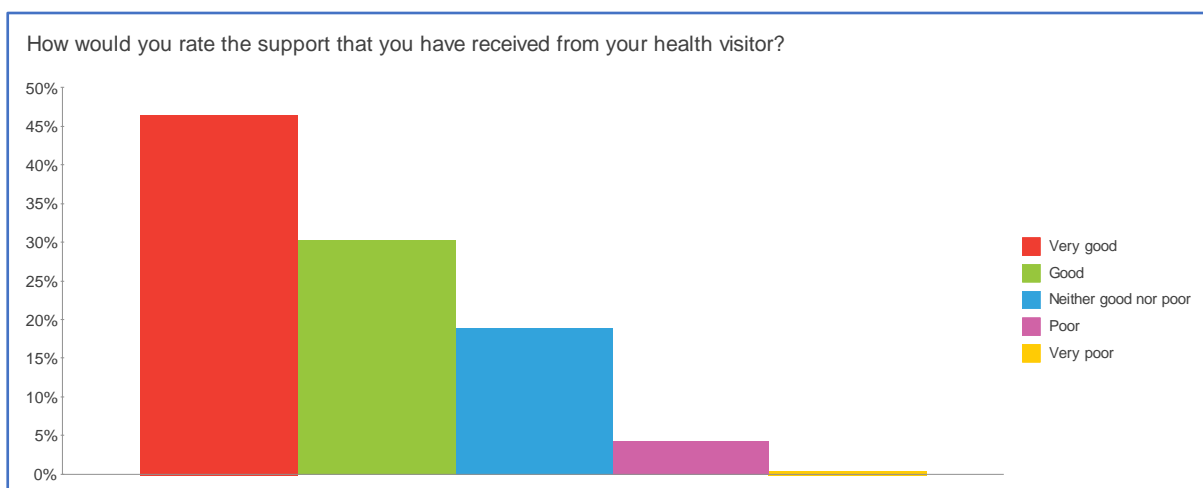


When asked to rate the ongoing support that they received from their midwife after the birth of their baby 64.1% of respondents rated the support as very good or good. 10.4% said that they felt the support was either poor or very poor.

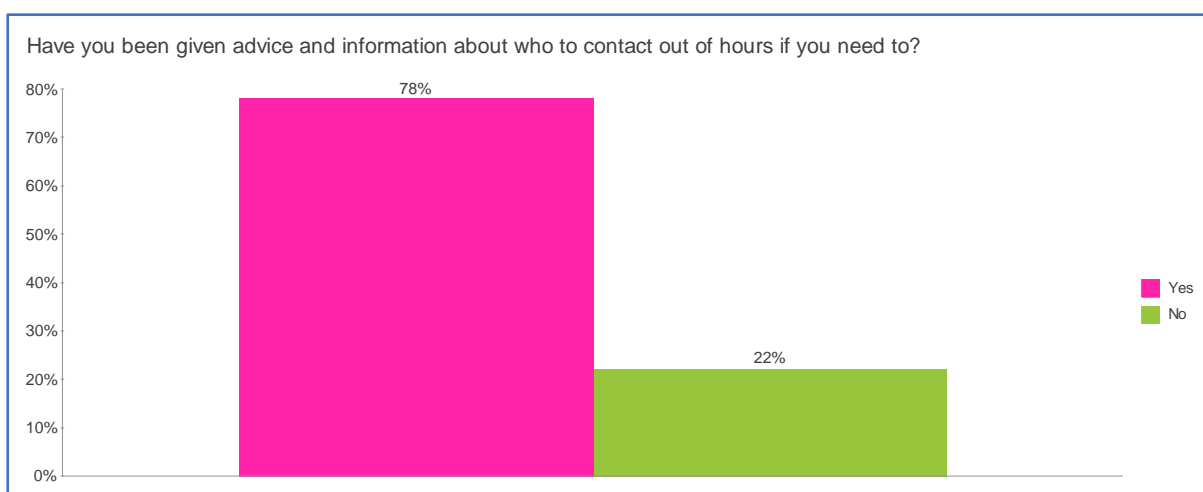
There was very little comment about the support that was received after the birth from the midwives from the focus groups. However, one participant commented that they had had a 'midwife visit [on] day two and then zero' after that point. One of the respondents to the survey commented that they would have liked 'more regular midwife support in [the] early weeks due to traumatic labour and struggling with breastfeeding.'

Respondents to the survey were also asked to rate the support that they received from their health visitor. 76.6% of the respondents to the survey rated the support from their health visitors as very good or good. 4.7% of respondents rated the support as poor or very poor.

Comments about the support that they received from health visitors from focus group participants was mixed. Some commented about a lack of contact from the health visitor with one commenting they'd had 'no contact by the health visitor' and another saying that they'd had 'one visit by the health visitor' and they 'had to phone for another visit'. However, this was not the case for all participants with one saying that the 'health visitor visited every other day'.



Respondents to the survey were also asked if they had been given information on who to contact if they needed help out of hours. 78% of respondents said that they had been given information on who to contact for help out of hours; whereas 22% said that they had not been told.



Conclusion

Feedback from the participants in the focus groups and respondents to the survey was largely positive about community maternity services.

Most respondents had been able to choose where they had their baby. Reasons that this made a difference to those that had been able to do so related to the level of care that they were able to get at the hospital they chose; where the hospital was in relation to where they live; and how familiar the hospital was to them enabling them to feel at ease.

Support and advice on having a healthy pregnancy was generally seen as good, although there were some suggestions of how to improve the support with more access to antenatal classes and detail in those classes.

Having a birth plan was not opted for by all of the survey respondents although the majority of respondents did so. For some having a birth plan was not seen as optional and they were led to have one by midwives. Having some control over what would happen when they gave birth was seen as a key reason to have a birth plan; whilst for those that opted not to have one the opposite was true with giving birth being seen as something that could not be controlled or planned to a great degree.

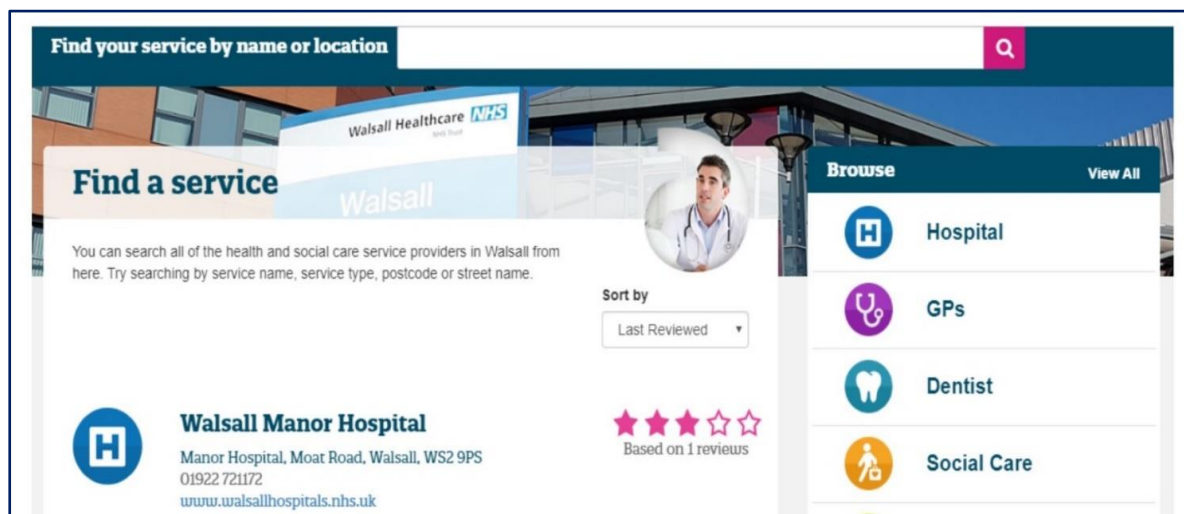
Being treated with dignity and respect was taken as a given by some respondents but, being treated with dignity and respect meant that for some respondents there was greater trust in the professionals supporting them. Most also felt that their partners and family were treated with respect but there were some comments about fathers not being included as readily as they might be by some professionals.

Support after they had given birth was also seen as being positive by most of the participants in the focus groups and respondents to the survey. However, there were some suggestions that support around breastfeeding could be improved as well as a need for some to have more input from midwives and health visitors once they were at home with their baby. Being able to get in touch with midwives and health visitors was raised as an issue for some with messages not being responded to when left on contact numbers. Having continuity of midwives before and after the birth was also seen as a potential area for improvement by some, although continuity of midwife in general was sometimes an issue.

Recommendations

- Seek to ensure all parents have the choice to where they give birth.
- Parents where possible see the same midwifery staff throughout their birthing journey.
- Handovers between professionals need to be good and consistent.
- Contact details for maternity midwives, health visitors and professionals should be clear, working and accessible.
- More information around breast feeding available and communication with midwives, health visitors and professionals be more readily available.
- Greater consistency and approach and delivery of 'after care' to parents.
- Maintain planned and consistent health visitor visits.
- Increase parents' access to antenatal classes and information.
- Make clear that birth plans are optional for parents and that there is choice(s).
- Include all parents including fathers in the birth journey.
- Maintain dignity and respect of parents throughout the birthing journey.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre. Whether it's a compliment, concern or complaint. Link: <https://healthwatchwalsall.co.uk/services/>



DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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