



**healthwatch**  
Slough

**healthwatch**  
Hampshire

**healthwatch**  
Windsor, Ascot and  
Maidenhead

**healthwatch**  
Bracknell Forest

**healthwatch**  
Surrey

# Maternity Voices Project

Frimley Integrated Care System

Summary Report

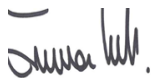
November 2019

# 1. Foreword

Frimley Local Maternity System welcome this report and thank our five Healthwatch organisations for undertaking this valuable work on our behalf. We are delighted to hear the mainly positive comments.

We work closely with our Maternity Voices Partnership colleagues in shaping and co-producing our plans but are aware that we may not have always been reaching women from all our communities. We hope that the relationships established with women through these focus groups will flourish going forward and we can work with women to really understand what they want.

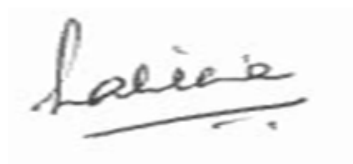
We are reassured that most of the recommendations in the report identify issues that we are already working hard to address but are grateful that we have an opportunity to focus on some specific themes that have been described.



**Emma Luhr**

**Director of Midwifery**

**Frimley Health Foundation Trust**



**Dr Lalitha Iyer**

**Chair**

**Frimley Local Maternity System**

## 2. Introduction

Healthwatch Slough was approached by Frimley Health and Care Maternity System to create a project, across five Local Healthwatch organisations (Slough, Windsor, Ascot and Maidenhead, Bracknell Forest, Surrey and Hampshire) which would enable new parents to shape maternity services for the area in the future.

As part of the NHS Five Year Forward View, in March 2015 NHS England launched a review into the current provision of maternity services. After a nationwide consultation with women, families, NHS staff and stakeholders, the Better Births report published its findings in February 2016 and set out a proposal to make maternity services across England “safer [while giving] women greater control and more choices”.

Frimley Maternity Services had conducted their own research through the Maternity Voice Partnership, but they recognised the need to develop and maintain a dialogue with parents from a range of backgrounds and to inform the design and delivery of services in the future. This report focusses on reaching out to those people who are often under-represented, and it identifies areas of importance to mothers and birthing partners in terms of what further support is required as well as areas for improvement in services.

The Healthwatch teams also worked closely with the Maternity Voices Partnership in order to share learning about how best to engage with these groups, leaving a more sustainable legacy for the system.



We would like to thank all  
the parents who shared  
their experiences with us.



## 3. Key Findings

Healthwatch set up 15 focus groups with mothers and birthing partners and spoke to 96 people across the Frimley Integrated Care System area. Most had given birth at Frimley Park Hospital (63) or Wexham Park Hospital (28).

75% of respondents said they were either 'satisfied' or 'very satisfied' with Frimley Maternity Services and respondents gave lots of positive feedback about all aspects of their maternity experience including:

**Antenatal services**, particularly when appointments were on time, they had the time to talk to midwives about their problems and concerns and being given quality information and being told about their options.

**Labour ward**, particularly when they felt well-informed, prepared and understood, respondents were very positive about their experiences

**Postnatal services**, respondents underlined the extra support they needed, but there was still a lot of positivity about this element of the maternity services.

**Health visitor care**, respondents particularly liked continuity of care and the amount of support given and the time taken to explain.

**Specialist services**, respondents were very complimentary about the specialist care they received including the neonatal unit where respondents talked about the helpful staff and how understanding and caring they were and the FGM specialists who respondents felt made a real difference to them and their community. Family Nurse Practitioners were universally appreciated by the younger parents that were supported by them.

### Areas for improvement

Despite most respondents being satisfied overall with their experiences with Frimley Maternity Services, there will still some areas which people felt could be improved in order to make their experience better. There were two main themes:

#### Communication

Issues raised included respondents not feeling listened to and being able to make their own choices about how they gave birth. People wanted to be communicated with more effectively during labour and to receive consistent advice. While the majority of respondents talked about their midwives and other maternity professionals being caring helpful and kind, some felt the staff lacked empathy and could have been more supportive. Good quality information was raised as an important issue in antenatal, birth and postnatal periods.

## Support

Another recurring theme closely linked to communication is the need for more support; whether it was the need for more physical help, more guidance or more empathy and understanding. Many respondents wanted to be supported throughout the maternity process whether it was allowing them more time in antenatal appointments to discuss their concerns, or more help with breastfeeding. The following issues were raised:

- Regular and longer antenatal appointments
- Antenatal classes
- More beds for delivery
- More support on the postnatal ward
- Enabling more help from and for birth partners
- More support and checks before discharge
- More breastfeeding support on the postnatal ward and afterwards
- More mental health support, particularly following a traumatic birth or postnatal depression
- More support at home after the birth including information on support groups and accessible contact numbers to seek help

## Differences in experiences

This project provides qualitative insight and so making wider interpretations needs to be approached with caution. From the experiences shared with Healthwatch, there were differences in experiences between Frimley Park Hospital and Wexham Park Hospital and this arose from less satisfactory experiences reported by women from BME/Muslim groups. The main recurring theme that led to lower satisfaction was communication which led to some of these women feeling confused or helpless; whether it was the staff's attitude, the lack of understanding (of their choices or cultural needs), lack of support or confusion resulting from a language barrier or lack of information. The project sought to understand the experiences of women with protected characteristics and the following issues were shared with us:

### Muslim women

- Perceived staff behaviour and attitudes
- Privacy when breastfeeding
- Interactions with male staff
- Guidance for birth partners

### Older parents over 40

- Extra precautions leading to additional stress and anxiety
- Pressure to have a C section

### Younger parents under 25

- Judgemental attitudes
- Able to make their own informed choices and that these should be listened to
- Interactions with the wider family – over-involvement disempowering the mother or excluding close family unnecessarily

### People with a disability

- Need for additional support for people with long term mental health conditions
- Ensuring mothers with a learning disability get the time they need to understand what is happening

## 4. Recommendations and Responses from the Local Maternity System

### 1. Improve communication

*Matrescence* is a term that was coined by anthropologist, Dana Rafael. It means the process of becoming a mother. It is one of the most substantial physical, mental, and emotional changes that a woman may experience in her lifetime. Considering this substantial change, it is clear that women need to be supported at all times through their maternity experience. It is very important that all maternity professionals provide clear, informative, sympathetic and frequent communication in order to help a mother feel in control and supported. Women should be listened to. They know their bodies better than anyone and therefore they might know the best position to get into in order to deliver their baby or they might be ready to push if they say they are. Empower mothers and their partners to make their own choices by keeping them informed and take time to make sure they understand what their options are. Try to tailor care to the individual and their circumstances.

#### **Response:**

*Communication is key between health professionals and women and their families, who constantly strive to act on women's experiences and improve communication. Women have choice however for some choice is limited due to medical or obstetric conditions and the department is committed to striving to ensure the best outcome.*

*We are undertaking a programme of training focused on conversation skills. Our Motivational Interviewing training uses a guiding and reflective style to understand women's own aspirations and has been delivered to doctors, midwives and midwifery support workers.*

## 2. Provide free antenatal Classes

Free antenatal classes should be available for everyone and midwives should give clear information about how to access these classes.

### **Response:**

*Midwives and doctors who participated in our organisational development and leadership programme are working on a project to pilot antenatal education in our developing Community Maternity Hubs. The 'speed dating' style and focus has evolved following feedback from our Maternity Voices Partnership survey. We are investing in on-line parenting resources which provide information and support for women and their families.*

## 3. Allow for disclosure and provide staff training in relation to picking up signs of domestic violence and substance misuse

Reassure mothers that they can disclose sensitive information about their personal circumstances (such as domestic violence or alcohol/drug abuse) at antenatal appointments and will be signposted to non-judgemental support. This needs to be done regularly and not only at the booking appointment.

### **Response:**

*Midwifery staff undergo annual updates on safeguarding adults and children which includes domestic violence. We will take this feedback back and include it in our annual updates. We are working with midwives and support workers to Make Every Contact Count however we have to be mindful not to put the woman at risk and it is not always appropriate to ask the question. Midwives are aware that this question should be asked at regular contacts and when it is safe to do so. There is information in the maternity records and we will point out the page on our website related to Domestic Abuse with signposting for support. We will maintain a dialogue with Domestic Abuse services to identify what other initiatives are being used elsewhere that we could learn from.*

## 4. Encourage continuity of care and advice

In order to avoid conflicting advice, ensure there are comprehensive and detailed handovers between maternity professionals and if possible try to limit the number of different maternity professionals delivering the care.

### **Response:**

*We are progressing continuity of carer for women who are diabetic, with plans to introduce a vulnerable team at Frimley Park and increase the team size of the Crystal Team at Wexham Park.*

*The more complex a women's condition is the more health professionals will be involved, and decisions and information may change as the pregnancy progresses. This recommendation is linked with the communication recommendation.*

*Continuity of carer is also provided from obstetricians in their speciality settings, ie. Vulnerable teams and diabetic women.*

#### **5. Allow women privacy on the wards**

Women may need privacy when trying to breastfeed and allowing them the privacy of closing the curtains on the postnatal ward should help this. This could also help Muslim women relax when male visitors are visiting others on the ward.

#### **Response:**

*We would like to better understand the concerns raised particularly by our Muslim women and to work with them to improve their experience*

#### **6. Provide translation and staff training in relation to race and culture**

Translation services should be provided in a way that best meets the needs of patient, and staff training in relation to race and culture should be reviewed.

#### **Response:**

*We currently provide translating services, however this cannot always be face to face. We would welcome services users from the group of women who require interpreting to work with us to progress improvement. The more common leaflets/information sheets have been translated into our top 5 most commonly spoken languages.*

#### **7. Provide more support and information before induction**

Provide mothers with detailed information about induction and their options so they can make informed decisions.

#### **Response:**

*We have identified the need for more information and resources to be available to our women and are developing a microsite of information which will include information on induction. We will consider how else we can ensure that women are well informed and prepared and leading the decision to be induced.*

#### **8. Allow partners to stay the night**

Allowing birth partners to stay in the postnatal ward will provide much needed support for the mother which should also take some of the pressure off the staff. This will also encourage partners to be more involved, whilst providing them with the support they might also need as a new parent. This should also help bonding in the family unit.



**Response:**

*This is an issue that has been raised and trialled previously and we have found that women are unhappy with other partners staying. Again, we would be really keen to work with women to find a solution that works and supports women particularly if women would be happy sharing a bay with partners of five other women which may impact on privacy.*

**9. Provide more breastfeeding support**

Provide information to new parents about what support is available which should include a range of options; access to specialist staff; home visits from health visitors who specialise in breastfeeding; telephone advice and local face-to-face support groups. If the baby is struggling to feed then check for tongue-tie and arrange prompt treatment.

**Response:**

*Midwives and support workers attend annual update days as part of their mandatory training we have specialist Infant Feeding midwives on both sites, and are improving the numbers of support workers on the post-natal wards and in the community to assist with breast feeding in particular.*

*Community Maternity could support Infant Feeding drop in sessions as well as like with the third sector and Health Visiting colleagues to provide support for women. There is an existing Tongue Tie service and babies are referred if clinically indicated (not for cosmetic purposes) or if the Tongue Tie is not impacting on feeding*

**10. Provide more mental health support**

Allow time before and after the birth for new parents to talk about their mental wellbeing. Give information to new parents about what support is available before they might need it.

Take concerns about mental health seriously and signpost new parents towards support before they are in crisis. Ensure mental health services can respond quickly to women with perinatal mental illness.

**Response:**

*We are working with our three specialist mental health providers and perinatal mental health midwives and obstetricians to understand the pathways and service provision across Frimley. Information provided to women has been updated and we are investing in the Solihull on-line parenting information for women which focuses on emotional wellbeing. We hope that the website that we are developing will provide women with easy access to information and contacts for support.*

## 11. Provide more support at home

Clear information needs to be given to new parents about what support they can access once they arrive home with their babies. Parents need to understand they can call the health visitors for support when they need, and should be provided with available and accessible help for queries if health visitors aren't contactable.

### **Response:**

*We have iPads on our postnatal wards which have a range of useful information for women that can be downloaded to their phones and this in addition to our developing website will provide a range of resources to support women. The Local Maternity System is working with our five Health Visiting teams to improve communication and handover across the system and we would value further input from women in helping us to understand the challenges that women face.*

## 12. Improve communication with people with additional needs

If the mother has additional needs, whether a disability, a cultural requirement or a lack of ability in speaking English (to name but a few) then extra time should be allocated to make sure the midwives fully understand the specifics of the mother's individual circumstance and to make sure the mothers understand what is happening. This may mean more or longer antenatal appointments or having different methods of communication on offer.

### **Response:**

*We would value working with women to better understand what we can do to improve the personal experience of women with additional needs. Our new personal care plans which have been printed in our top six languages provide a trigger for women to raise issues and prompt conversations with their midwives but we would like to do more to improve women's experience. We would like to pilot longer appointments over an extended post-natal period where required and improve the transition to health visiting care.*

# 5. Next Steps

We hope this project has provided some further insight into the experiences of parents from a range of backgrounds and we are pleased that the Local Maternity System has responded positively to the views shared and will take action to further improve experiences. As set out in the responses to recommendations, further work is planned with BME parents to identify how to best respond to the issues raised in this report. There were some groups that we were unable to reach within the timeframe and we would suggest that opportunities to engage with more women with disabilities, same sex couples, Gypsy, Traveller and Romany people and vulnerable women should be sought in the future.