

Healthwatch Warrington Maternity Services Report 2019

Introduction

Healthwatch Warrington is the independent voice of the public in health and social care services. We gather feedback from members of the public using health and social care services about their experiences. The feedback that we gather is shared with service providers and commissioners in order to improve health and social care services.

On this occasion we have focused on maternity services and the experiences of women from Warrington who have recently given birth. The project looked at the information and support that women were given before and after the births of their babies.

Maternity was agreed as a joint Healthwatch Priority along with Halton, our partners were interested in feedback due to large investment into the service as well as local intelligence from case studies received.

What we did

The project made use of a survey to gather feedback from a range of women. The survey was hosted online and sent out via a weblink to our local maternity services and shared widely on social media targeting local parents as well as being shared through Healthwatch Warrington's networks. The surveys were made up of mainly closed questions with some open text questions that allowed respondents to expand on their answers.

In addition to the surveys, we also gathered case studies from a small number of women about their experiences. The case studies were based around a series of open questions and the participants gave us their responses in their own words.

Who took part?

There were 40 responses to the survey and four case studies collected. This means that the number of respondents cannot be seen as being representative of all the women in Warrington who have recently used maternity services and therefore, should be viewed as a snapshot of the views and experiences of those people who have taken part in the survey or provided a case study for the project.

Survey respondents were asked some basic demographic questions including their age group, ethnicity, religious beliefs, marital status and whether they considered themselves to have a disability.

73% of the respondents were aged 25-34 years old and 25% were 35-44 years old. The remainder were aged 18-24 years.

93% of the respondents identified as White British; 5% as White Other and the remainder as White Irish.

50% of the respondents said that they had no religion or belief, 48% said that they were Christians and the remainder said that their religion or belief was 'other'.

All of the respondents identified as heterosexual. 80% said that they were married; 15% said that they were cohabiting; just over 2% said that they were separated and the same percentage said that they were single.

3% of the respondents said that they considered themselves to have a disability.

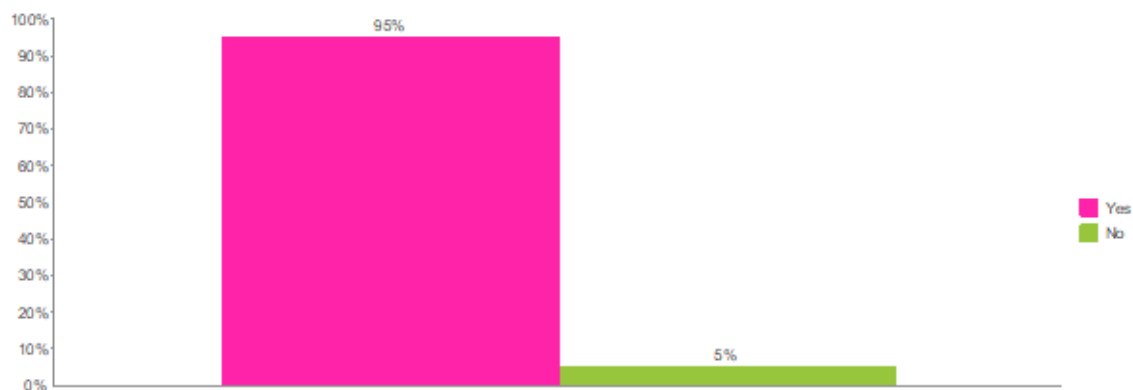
As the sample size is small it has not been possible to provide meaningful analysis that considers any differences in feedback or experiences between different demographic groups.

Key findings

Survey findings

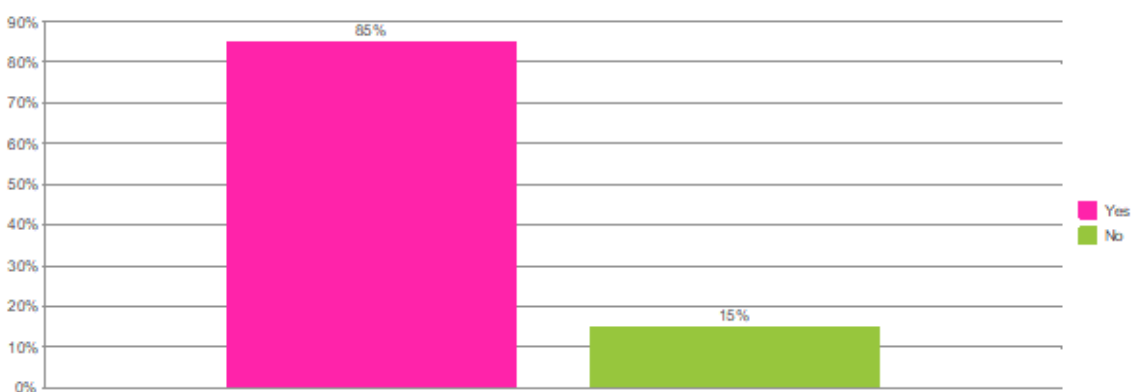
Respondents were first asked if they felt that they had received enough information during their pregnancy to ensure that it was a healthy experience. **95%** of the respondents said that they felt that they had received enough information. Those that said that they had not had enough information were asked what advice would have made a difference to them. Only one respondent gave an answer saying that they would have liked 'more on how mental health is important.'

Do you feel that you had enough information on how to have a health pregnancy?



When asked if they had been able to choose where they had their baby, **85%** of respondents to the survey said that they had been able to choose.

Were you able to choose where you had your baby?



Those that said that they had been able to choose where they gave birth were asked what difference it had made to them being able to choose. A key theme was that the participants felt more in 'control' of their birth experience. Others spoke of being more 'relaxed' because they were able to choose where they preferred to give birth including being able to choose a home birth.

If yes, what difference did this make to your experience?



Those who said that they were not able to choose where they gave birth were asked what difference it had made to their experience. Two respondents answered the question and neither felt that not being able to choose had made any difference to their experience. However, one said “after a not so good birth, I will choose another hospital.” The other commented that they weren’t “given the option” and that an “assumption was made” about where they would give birth.

Participants were asked if they had had a birth plan. 67.5% said that they had had a birth plan.

Did you have a birth plan?

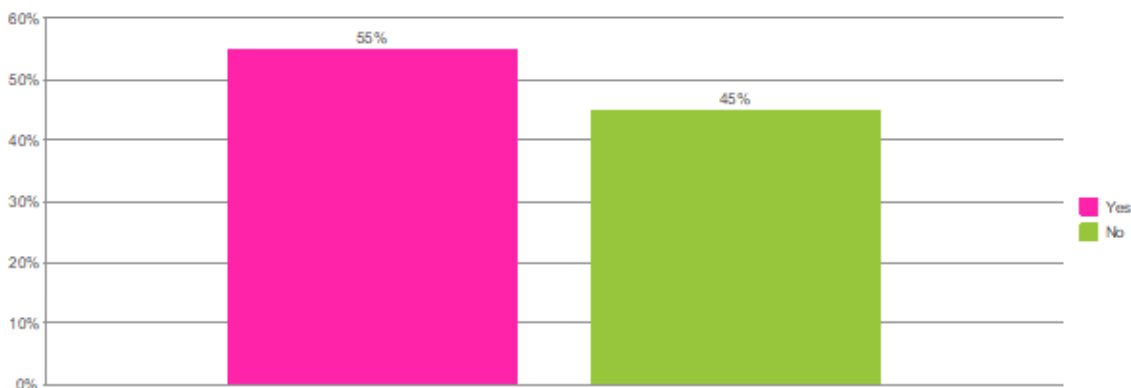


Of those that had a plan in place, 55% said that the birth had gone according to plan.

Those that said the birth had not gone according to plan were asked in what? Some of the respondents said that they had needed an emergency caesarean section when they had their baby. Another had had a section planned because she was having twins but had gone into labour naturally two weeks before the section was booked for. None of the respondents in these cases said that they felt that these changes were due to the care that they were receiving.

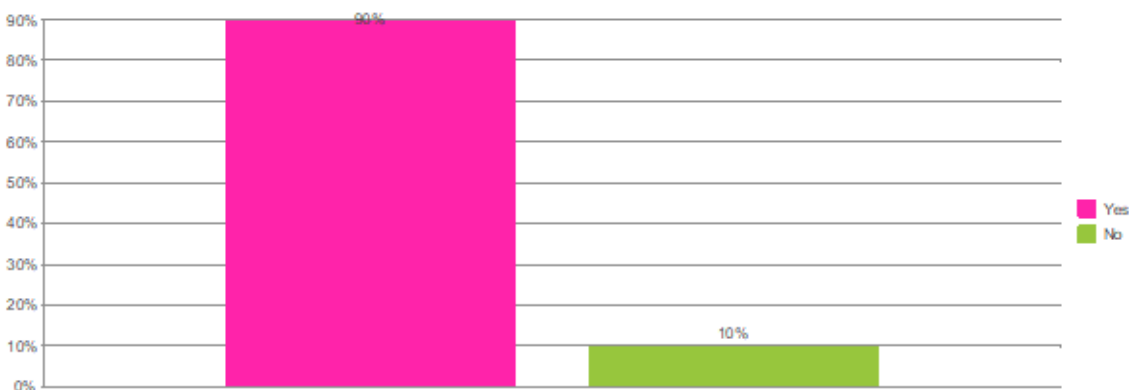
However, two respondents commented that they lacked support from staff. One said that 'I was induced and had no say in anything' whilst another commented that 'midwives don't get back to you and leave you feeling alone.'

Did things go to plan?



When asked if they had felt supported, 90% of respondents said that they did.

Did you feel supported?



87.5% of respondents said they felt that they were treated with dignity and respect.

However, there was one comment from a survey respondent that told of how they had felt there had been a lack of dignity and respect when they were 'in labour and I was fully exposed' and the 'admin/receptionist [person] just walked into the room'. They went on to say how they were 'devastated, still am, but couldn't say anything because I was pushing... I've never felt so vulnerable'. They asked that 'if one thing can be changed just respect our moment and our dignity.'

95% of respondents said that they felt that their friends and family were also treated with respect by staff when they were giving birth.

However, there were some comments about Fathers with one respondent suggesting that staff needed to 'call partners by their name, not just Dad, and always acknowledge them'. Another said that 'the lack of partner facilities was difficult. My husband stayed to look after our baby but on a chair that didn't even recline and with no male toilets on the ward this was really non-inclusive, and I think it made it difficult for partners to help.'

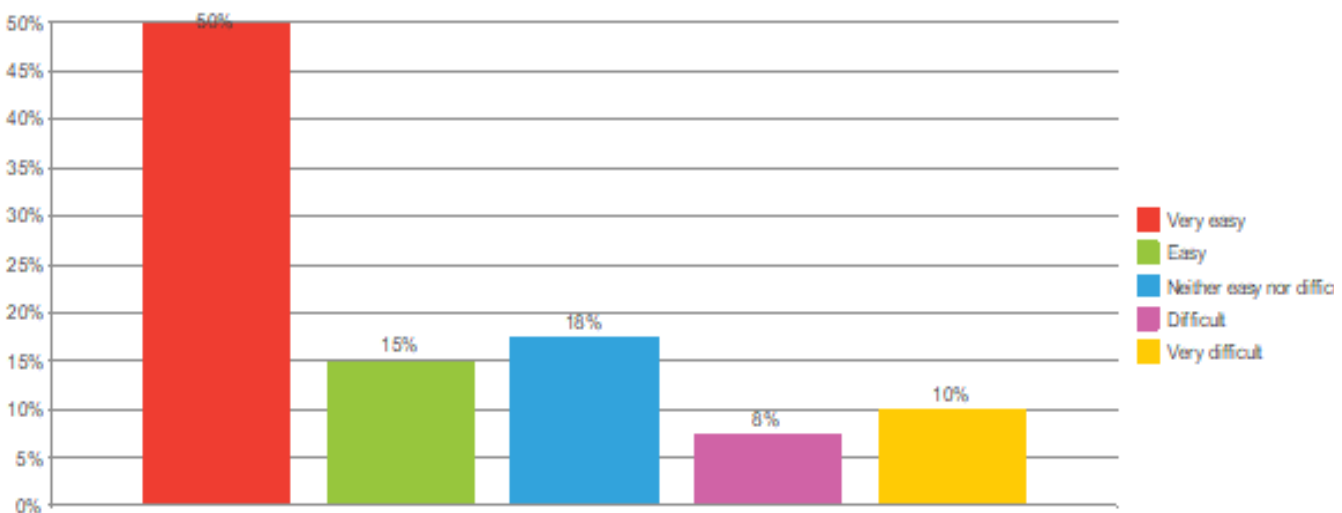
Do you feel that you were treated with dignity and respect



Care from midwives

Respondents were asked how easy it had been to contact their midwife. 65% of respondents said that it was either very easy or easy to contact their midwife. 18% said that it had been difficult or very difficult to contact their midwife.

How easy was it to contact your midwife?



We also received one comment about being able to contact their midwife with the respondent saying that the improvement that they would like to see was that **'they contact you back and don't ignore your messages'** whilst another said that being able to contact their midwife **'directly'** was an improvement that they would like to see. However, generally feedback was more concerned with the continuity of care from their midwives. For example, there were comments about having a **'named midwife'** with one respondent saying that they **'saw every midwife on my local team'** and others said that they would like to be **'able to see the same midwife during and after pregnancy.'**

When asked if they had had the same midwife throughout their pregnancy and after the birth **77.5%** said that they had not had the same midwife.



Did you have the same midwife throughout your pregnancy and after the birth?



75% of respondents said that they had found their midwife very helpful or helpful during their pregnancy. 12.5% said that their midwife had not been very helpful and 2.5% said that they had not been helpful at all.

How helpful did you find your midwife during your pregnancy?



After the birth of their baby 80% said that they had found their midwife to be very helpful or helpful. 10% said that they had found them to be not very helpful. None of the respondents said that they had not found their midwife at all helpful.

How helpful did you find your midwife after the birth of your baby?



At the hospital

Respondents were asked how supported they felt in the hospital after the birth of the baby. Not all of the respondents answered the question because a small number commented that they had had a home birth and therefore the question was not relevant to them. 79% said that they felt very well supported or supported whilst 10.6% said that they either felt unsupported or not at all supported.

Following the birth of your baby how supported did you feel in the hospital?



There were some further comments about the support and care that respondents had received in the hospital when they were giving birth or after the birth of their baby. Some of those comments were very positive with respondents using words like ‘amazing’ about the staff at the hospital.

However, there were also some suggestions for improvement or observations about their less positive experiences. For example, one respondent suggested that there needed to be ‘regular check ins on mother and baby’ and that ‘a shortage of rooms shouldn’t mean that you are invisible.’

The care after the birth of their baby was commented upon by some of the respondents with one saying that the ‘post labour ward were inattentive with pain relief’ and this was echoed by another who mentioned that after being moved to the ward ‘in the middle of the night’ she ‘could have done with some paracetamol and some food but neither were offered and I had to ask a couple of times.’ However, this respondent went on to say that this had not gone on to ‘affect my overall experience which was very good.’

Support in the community

On their return home, 72.5% said that they felt either very well supported or supported. 10% said that they did not feel supported and 2.5% did not feel supported at all.

How supported did you feel once you returned home?



Feeding support

In the suggestions for improvement from respondents there was feedback about support for feeding their babies. This was particularly the case in relation to support in hospital with one respondent saying ‘there needs to be more breastfeeding support on the ward.’ This was not just requested by women who had had their first baby. One respondent said ‘as I had previously breastfed, the midwife just left me to it. But latch was actually poor in the first few days and very painful. Would have been helpful if someone had been able to remind me of good position and attachment to prevent this.’

Sometimes this was accompanied by a request for more information on what to expect after the baby had been born including advice on looking after the baby and bathing the baby.

Case Studies

There were a total of four case studies collected as part of the project and these were in varying degrees of details. The feedback was generally positive from the parents who provided a case study however, there were some parts of the case studies that show areas that could be improved for the women and their families experiencing maternity services.

Case Study 1

‘My first midwife appointment was at least an hour long and the midwife went into great detail about my pregnancy and how to stay healthy throughout.

Due to a traumatic experience with my first child, I did look to go elsewhere to have my second. I explained this to my midwife and had an in-depth discussion about the procedures they could put in place this time around. I then, as a result of this conversation, decided to stay with Warrington Hospital.

Due to pregnancy issues and advice from my consultant/ midwife I opted for an elective section as my experience when giving birth to my first [child] was particularly traumatic.

The experience was completely different for my second (for the better). I was well looked after, felt supported and safe and I could approach the staff with any concerns.

[I have] absolutely nothing but praise for the elective section team, they were amazing. Myself and my husband were looked after. I especially liked the fact that I had the same midwife supporting and with me during my time at the hospital.

I was struggling with anxiety after having baby. My health visitor checked on me often and the midwife made a few extra appointments with me before discharging me.’

For this mother having reassurance from her midwife during her pregnancy and having a plan in place provided reassurance and ensured that she had a more positive experience than the first time that she gave birth. Her experiences at the hospital were positive and having the continuity of the same midwife at the hospital made a positive difference to her experience.



Case Study 2

'I was given lots of information for a healthy pregnancy throughout my pregnancy. The appointments I had with the NHS doctors and nurses at [medical centre] were always great. I felt that any concerns I had were always answered in full and I was always happy with the service they provided.'

I was able to choose where I had my baby. I did at first look at a home birth but as my partner wasn't too keen on the idea, I chose to give birth on the midwife led ward at Warrington Hospital as I had a low risk pregnancy.



I did have a birth plan of stay at home as long as possible or until I really needed to go to hospital, no pain relief and to be on a six hour discharge once I'd had my baby. Yes, things went to plan, however, I did go to hospital a little earlier than I would have liked due to my partner saying 'right we need to go'. So I did need to stay on the induction ward, only for a short time until I was in established labour.

I did also have to ask for gas and air as the pain was so intense. Which was of course given to me as soon as I asked and completely took the edge off the pain. My labour was then quite quick and my baby was born with no complications.

I did feel very supported during my time at Warrington Hospital. The midwife we had was wonderful throughout my birth and I'm very grateful for her helping me to bring my [child] into this world. My partner and Mum who were also at the birth were treated with great care and attention.

There is nothing that I would change at all as my experience was wonderful. It really couldn't have gone any better. I absolutely loved that I didn't need to move from the labour ward as [I] was being discharged from there within the six hours, like I was told would be possible if my delivery went according to plan, and that my partner could stay with me, as this wasn't available when I had my [last child] in 2011.

The staff and services were second to none.

My aftercare was great, I felt well looked after and [my] baby was taken great care of too. The midwife and health visitors I dealt with at my home appointments were all very helpful and reassured me with any concerns I might have had. '

This participant gave very positive feedback about their whole experience of maternity services. Again, having choice had made a difference to their experience and being able to minimise the amount of time they spent in the hospital before and after giving birth.

Case Study 3

'I had both of my children at Warrington Hospital. Both of them were born by elective c-section, as I have a medical condition. I had regular visits with my consultant or their team throughout my pregnancies and felt fully informed of the process of planning my births. I developed Post Natal Depression following the birth of my first child. I was very well supported through my recovery and into my next pregnancy.'

I was offered specialist support in my second pregnancy to ensure that I had good mental and physical health.

The midwifery team gave me a wealth of information about maintaining good health and mobility in pregnancy and I was offered physiotherapy and acupuncture to support with pain relief in the later stages. During my second pregnancy I became less and less mobile as the pregnancy progressed. I was offered support and medication to ensure that I maintained as much mobility as feasible and had regular growth scans. I was monitored regularly and given advice throughout my pregnancy in managing my existing condition without my usual medications.

The surgeries went very well and I felt that I was given as much control as possible. I was even able to see my second [child] being born- the team lowered the sheet once his head was safely delivered. I don't remember being offered this option with my first child but I did have a dedicated nurse who described the birth to me.

After the birth of my first child they became unwell and had to spend some time in the NICU. The staff on the NICU ward were excellent with me throughout this difficult time and all of our visitors were treated well and my [child's] medical care was excellent. The only thing I found difficult to manage was that I remained on a main ward with everyone and yet had no baby with me, I found it difficult to see other mothers with their children and I couldn't have mine at my bed. As a result of this feeling I spent large parts of my day in NICU so that I didn't get upset by being surrounded by all the other families. It would have been easier had I been moved to a smaller or single room at this time but I understand that wards can be very busy and things like this cannot always be accommodated. For my second [baby] I was in a single room due to some of my mobility issues. The staff on the ward were very attentive and supportive and helped me with everything I needed.

I was happy to be able to go home the next day after having my second baby and had regular checks from the midwifery team to ensure that I was healing well and coping well.'

The participant in the case study had positive feedback about the support that she had in her second pregnancy. Receiving support for her mental health as a result of her experiences after the birth of her first child demonstrates a person-centred approach that considers the needs of the expectant mother. The case study also demonstrates that there were reasonable adjustments made to accommodate the needs of the participant. The participant was able to feedback how her experiences had been improved since the birth of her first baby due to changes in the way the maternity service worked with her.



Case study 4

'In terms of my pregnancy, I had a very happy and healthy pregnancy with little to no issues. My community midwife was great and really helpful. She gave me loads of information and supported me with any concerns I had. I was able to choose where I had my baby and she talked to me about pros and cons of having a birth plan and what to include. In the end I decided not to have a birth plan as I didn't want to be disappointed if it didn't go to plan. I was asked if I wanted to attend Hypnobirthing at the hospital. I honestly don't have anything negative to say in regards to the care I received from community midwife.

I went into hospital for an induction, 3 days before I had a c-section. I had been decided a week prior to the consultant obstetrician. It was decide, with my consent that I should be induced.



The induction procedure was long. I was in the labour room from noon on the Wednesday until 9am the next day when I was taken for a c-section. During this time I was given several internal examinations from various midwives and one registrar, all these were fine and I gave consent too. However, one midwife continued an internal examination without my informed consent. I then pleaded with the midwife to stop the examination five times. Even though I was in an awful lot of pain I can remember this clearly like it was yesterday, as does my husband. At this point I asked for an epidural as I was terrified and didn't want to feel anything anymore.

[Some] weeks after the safe delivery of my baby, I spoke to my community midwife about my experience and how I was having nightmares and flashbacks to the labour room and the midwife's examination. The community midwife was very kind and referred me to a consultant obstetrician and psychologist for support.

I was told by the consultant obstetrician that the midwife in question was a longstanding and respected midwife at the hospital and that it wouldn't have been her intention to hurt me. I was also told that the midwife would be sent on a communication course. She suggested that it was about perception and how the same thing can happen to two separate women and it will be perceived differently.

I can see now that as a new mum I was in a vulnerable position and blamed myself for this. I was vulnerable... to what I now understand was a violation tantamount to assault, as the midwife did not have consent and was asked on numerous occasions to stop. I was also vulnerable as a new mum when I went to back to the hospital to report what had happened to me and although my story was met with empathy, I was effectively silenced.'

The participant in this case study had a mixed experience with their experience of support from her community midwife coming in for praise before the birth of her baby. However, she shared serious concerns about her experience during the birth of her baby in relation to communication and consent. Furthermore, she had misgivings about the way that when she raised her concerns the hospital dealt with her.

Case Study 5

Case study 5 is taken from Warrington Maternity Unit & Maternity Voices Blog, bringing you real life pregnancy/labour/birth experiences from Jo Lambert, midwife and Rachel, one of Maternity Voices Partnership members. We have taken extracts from the Blog Rachel has written, and you can read the series on www.whh.nhs.uk/services/maternity



I wanted a water birth with as little intervention as possible. I wanted to be that woman, that mother. It's what women's bodies are designed to do after all! My birthing story could not be further from that ideal.

I was desperately trying to avoid being induced (back then you couldn't have a water birth if you were induced because of the types of monitors available) so I begged the staff to give me a second sweep. The appointment was at about 9am on a Thursday morning. I didn't make it out of the hospital and my son was born by an emergency section under a general anaesthetic at 8.10 that evening.

The staff were amazing, keeping me informed whilst also breaking news to me bit by bit and in a gentle way. I remember the moment that I realised that I was in a high dependency room on the labour ward and that the water birth option had gone. I remember wanting to get up and about but being encouraged to stay on the bed.

But most of all I remember the 2 minutes between the ‘look’ the two doctors gave each other as they carried out what seemed like the 24th examination of the day and being asked to shuffle my bum over onto the operating table.

It was that quick - this baby needs to come out now - no time for a spinal, it has to be a general anaesthetic - sign this, drink this - go. The midwife stopping the trolley so that I could say goodbye to my husband.

Turns out it was 20 minutes between them making the decision and our son being born. And as the fog of drugs and recovering from a really major surgical procedure turned into the sleep deprived fog of being a new parent, I didn’t really give that day a huge amount of thought - I didn’t have the capacity!

But it affected me deeply. I can’t remember when I first started acknowledging my experience as ‘traumatic’, I think it was a gradual thing. Birth is presented as this amazing thing, the most powerful thing a women can do, a rite of passage almost, that precious moment that you hold your baby for the first time - I don’t remember that moment; I remember waking up to see my husband holding a baby, the next thing I remember is someone essentially milking me like a cow trying to get baby to latch. Not being ‘present’ not remembering those first moments, not being in control of anything, that was all really hard for me to deal with. But I did deal with it.

And then we decided to have baby number 2. When on my scans it became apparent that the same issues that had caused a section the first time were there again, I sort of went into melt down. I couldn’t go through that again. I wanted to know what it was like to give birth, to hear my baby’s first cries, to be there.

So there’s 2 points to this I suppose - the first is that if you have complications in your pregnancy or are concerned about anything, talk to someone, find that person that can be your advocate and tell them. But the second is that when you’re at that baby group, wrestling the octopus and dodging poonamis, of course talk about the present (no sleep and how much fluid such a small thing can produce) but also to talk about the past, talk about your pregnancy and your birth. It won’t just help you deal with it but it will also help to raise awareness that the ‘miracle of birth’ comes in all shapes and sizes.

Conclusions



Overall, the feedback from respondents to the survey and those who provided a case study were largely positive and there were examples of good practice around support by professionals in the community before and after the birth of their babies as well as positive experiences within the hospital. However, there were some areas for improvement raised.

On the whole, respondents felt that they had good advice during their pregnancy in order to have a healthy pregnancy with only one respondent to the survey saying that they would have welcomed more support around maintaining good mental health.

However, some respondents did feel that they would have liked more information on what to expect after they returned home with their baby and how to care for their baby at home. Whilst feedback about midwives both in the community and in the hospital was generally positive it was clear from feedback that having continuity of a midwife could make a positive difference to the experience of the expectant mother.

Having a choice of where they gave birth was seen as something positive for those women who had a choice, with them saying that it gave them control and helped them to feel relaxed.

However, those who did not feel they had a choice also said that they did not feel it had made a difference to their experience.

Having a birth plan was a matter of choice and not all of the respondents had a birth plan. Having a discussion on the pros and cons of having a birth plan with a professional seemed to have helped the decision making for some.

Most respondents to the survey felt that they had been treated with dignity and respect, however one respondent to the survey and one of the case study participants shared stories about a breakdown in dignity and the impact that this had on them. This suggests that there are occasions where staff need to have more consideration about the way that they work and interact with expectant mothers to ensure that their dignity is maintained. Whilst feedback was generally positive those that did share stories of a lack of dignity and respect had demonstrated significant negative impact to their wellbeing.

The way that the fathers of babies are treated and included was an issue for a small number of respondents. Whilst it was generally felt that partners, families and friends were treated with respect there were suggestions for improvement in the way that fathers were interacted with as well as the facilities that are available to them on the ward.

Although feedback about their experiences at the hospital and on the labour ward was positive, some of the respondents to the survey felt that there could have been better care and communication in some circumstances. This included checking if mothers who had recently given birth needed pain relief or refreshments when they were being moved from ward to ward at different times of the day. Being provided with refreshments after the birth of their baby was seen as a particularly positive experience by one respondent that had been given toast and the lack of it was raised by another respondent as an area for improvement. Whilst this may seem to be a relatively small thing to the staff it can make a positive difference to the experience of a patient.

One of the key areas suggested for improvement by respondents was around the provision of support with feeding whilst in hospital. It was felt that there should be more in hospital for all mothers who wanted it, regardless of whether it was their first child or not.



Recommendations

1. Continuity of midwives

Whilst it is recognised that it is not always possible to have the same midwife before and after the birth, or for the duration of labour, it was the case that having a named midwife who was easily contactable was an area for improvement suggested by a number of women and having the same midwife during the birth was seen as a positive experience by the women where this happened.

Therefore, it is recommended that wherever possible there is a named midwife and that the same community midwife is in place before and after the birth.

2. Dignity and Respect

Generally, the respondents to the survey felt that they had been treated with dignity and respect. However, one respondent and a participant in the case studies shared stories where their dignity had been compromised. It is recommended that consideration is given to how staff can check their working practices and communication with patients ensures that their dignity is maintained.

3.Fathers

Generally it was felt that partners, families and friends were treated with respect. However, there were some suggestions about the need to ensure that Fathers were treated with the same consideration and respect as Mothers including being addressed by their names and having access to facilities. Therefore, it is recommended that consideration is given to how Fathers can be better involved and accommodated when their partner is in hospital having their baby.

4.Advice and guidance on feeding

Having better feeding support was raised by a number of respondents including those who already had children, this was generally around support whilst on the ward. Therefore, it is recommended that there needs to be consideration on how Mothers can be better supported to establish feeding whilst they are in hospital.

5.Further collection of feedback

As the number of participants in the project was quite limited and some demographic groups were underrepresented it is recommended that there should be further ongoing engagement with families who have had recent experience of using maternity services in order to ensure that there is wider feedback from a more representative cohort of service users.

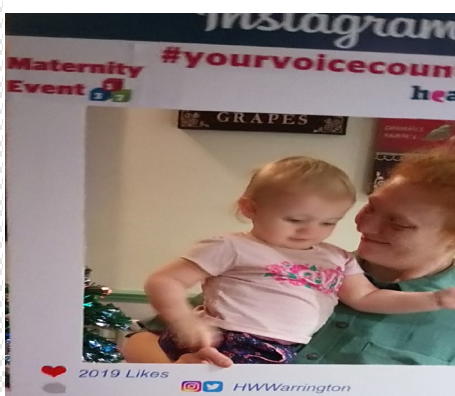
With Thanks

As part of this project we held an information event for new and expecting mothers with talks from Vicky Loftus and her colleagues at MRHMC Ltd who talked to us about the free courses they offer through local community & children's centres ranging from paediatric first aid, Postnatal fitness and Baby Massage.

We also had talks around Perinatal Anxiety & Mental Health by Talking Matters.

Joanne Lambert, Matron of Warrington Maternity Unit talked about all the things our local maternity unit offer such as Book in with the Midwife, Consult the Midwife, Meet the Team: Planned C-Sections. Prenatal Acupuncture & their latest Blog on Midwife & Parents Voice. They also shared the plans for the new Birth Centre.

Many thanks to all our contributors who answered our survey and who supplied us with case studies, as well as the attendees of our Maternity event.



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