

# Bromley Maternity Voices End of project report



July 2020

“Great service from the health visitors who helped me out with many issues when I got home.

I lacked confidence and their support was invaluable.”

Local mum

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# 1. Introduction

## Introduction

In 2019 Your Voice in Health and Social Care (YVHSC) were awarded a 15-month contract to provide support to Bromley Maternity Voices (BMV). Delivery of the project was channelled predominantly through the expertise and experience of our Healthwatch Bromley service, supported by YVHSC Central Services.

The support to BMV began in January 2019 and ended in March 2020 and included the following focuses:

- Obtaining the views of women who have experienced maternity services in Bromley, and pregnant women and their families on their maternity journey
- Identifying barriers, enabling communities and encouraging participant involvement
- Diversifying reach by innovative new ways to engage with service users
- Monitoring the issues that are identified and reporting findings regularly

In fulfilling our brief, our approach involved:

- Gathering extensive patient experience feedback from women and their families
- Working closely with Bromley Clinical Commissioning Group (CCG) and Bromley Maternity Voices Chair to support administration of the meetings
- Carrying out a programme of engagement activities and visits to relevant locations across the borough, including venues and geographic locations aimed at reaching a more diverse range of service users
- Carrying out a series of engagement activities at various family centres across the London Borough of Bromley to raise awareness of BMV with women and partners, seek new membership and gather patient experience feedback
- Advertising membership of BMV in a range of languages

## Report layout

This report, consists of two parts:

1. Part one outlines a summary of this support project, the engagement work and meetings that took place as a part of it. Recommendations are included at the end of the section.
2. Part two summarises and details the structured data and feedback we received from parents through the duration of this project.

Part one includes recommendations at the end of the section. Part two includes key findings in brief and a summary of what works well and areas for improvement under each sub section.

## 2. Background

Your Voice in Health and Social Care (YVHSC) is a charitable organisation focused on improving and shaping services within the health and social care sector. They ensure that communities' needs are met and any gaps are well represented.

Healthwatch Bromley is the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Bromley Maternity Voices (BMV) is the Maternity Voices Partnership (MVP) for Bromley. An MVP is a service user led, independent, multi-disciplinary advisory body which brings together other service users, service providers and commissioners and seeks to align forces with local organisations and stakeholders.

The main aim of an MVP is to improve local women's experience of maternity care. In doing so it acts as a 'critical friend' to commissioners and service providers to help shape improvements. It is the ideal platform for the co-production of maternity services and a way for commissioners to engage with the public. MVPs receive practical and financial support from local commissioners.

The MVP membership includes current and recent service users, experienced service user advocates who have ongoing contact with service users, as well as representatives from commissioners and providers of maternity services. In Bromley this includes Bromley Clinical Commissioning Group (CCG) London Borough of Bromley (LBB), Kings College Hospital NHS Foundation Trust (KCH), Oxleas NHS Trust and the Bromley Children Project.

### 3. Context

Maternity Voices Partnerships (MVP) exist across the country. MVP is an NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. It is multidisciplinary in nature and works in partnership with all its members. As well as monitoring services, it should be involved in the coproduction of maternity services, in line with the Better Births resource pack. It should be chaired by a current service user or (non-clinician) service user advocate. The maternity commissioner is responsible for facilitating and organising any agreed funding

In 2019, changes were made to how the funding for the MVP is used. As there are limited resources to fund MVPs, it is critical that this funding is used in the most effective way possible that delivers improved outcomes for women. In Bromley, the funding was used to remunerate the chair of the MVP and to also commission additional support from Your Voice in Health and Social Care (YVHSC) to support the MVP to capture more feedback from Bromley women and also reach those who do not traditionally engage with local services, who can suffer health inequalities and have poorer outcomes from having a baby.

In April 2019 a development day was organised to explore the future and next steps of the Bromley Maternity Voices project. A total of 19 attendees were present at the event, representing organisations, stakeholders and charities involved in providing maternity services. Representation included those from Bromley CCG, Healthwatch, YVHSC, Mindful Mums, KCH, Public Health, PRUH.

The aim of the development day was to explore the current challenges, priorities and experiences of the current maternity care pathway journey and pave a pathway for change and improvement going forward. The Chair of the MVP shared her personal experiences and motivation in bringing essential changes to services, aimed at making it a more positive end to end experience. YVHSC was given an opportunity to discuss ideas for engaging heard to reach communities and seldom heard groups. In addition, key findings from the MVP survey gathered between January-March 2019 were analysed and presented. Additionally, key trends were gathered through the breakout engagement sessions and learnings from a previous Care Quality Commission (CQC) survey research were discussed.

The MVP development day was followed up with another meeting in June 2019, which was attended by 15 representatives.

## 4. Methodology

This project used different methodologies in order to reach out to women and their families.

Engagement and outreach activity allowed us to talk with women one-to-one and collectively, raising awareness of BMV, seeking new membership and seeking feedback on their experiences of care. Through this activity we conducted face to face discussions where issues were discussed in greater detail and service users were able to relay concerns about quality of treatment and care across the maternity care pathway - what works and what needs to improve.

In terms of gathering more structured feedback we utilised a simple feedback form during Q1 and Q2 which encompassed mainly free text feedback. This was processed through our Healthwatch Bromley feedback centre, where themes and sentiment were applied, and trends analysis took place. As the project developed and initial themes were clear, a more detailed survey was developed in partnership with Bromley CCG, the MVP Chair and members. This consisted of both qualitative and quantitative lines of enquiry. This survey was used during Q3 and Q4. Part two of this report details the results of this structured feedback, both the initial form and subsequent survey. In total, feedback from 268 people were gathered.

Both the initial form and survey captured demographic information.

Forms and surveys were completed face-to-face with Healthwatch Bromley staff and also independently by women who accessed the form/survey on our website. Partners helped distribute forms/surveys, adding links and information into key maternity pathway contact points and associated paperwork.

Month	Total Experiences	Cumulative total
Q1 April - June 2019	50	50
Q2 July - Sept 2019	80	130
Q3 Oct - Dec 2019	49	179
Q4 Jan - March 2020	89	268
<b>Total</b>	<b>268</b>	<b>268</b>

## 5. Meetings

### 5.1 Development Day

Date	Name and location of meeting	Attendees	Actions
10 <sup>th</sup> April 2019	Bromley Maternity Voices (MVP) Development Day  Blenheim Children and Family Centre,  Blenheim Road, Orpington BR6 9BH	Bromley CCG; Healthwatch; YVHSC; KCH; PHE; LBB; Mindful Mums; PRUH	<ul style="list-style-type: none"> <li>➤ Increase awareness</li> <li>➤ Raise MVP profile</li> <li>➤ Engage with local mums and increase committee membership</li> <li>➤ Special measures to engage with Seldom heard groups in Bromley</li> <li>➤ Increase outreach by arranging patient engagement visits in children centres located in more ethnically diverse areas of the Borough.</li> </ul>

Maternity Voices Partnership and Bromley CCG organised a development day in April 2019. They partnered with other statutory and non-statutory groups with an interest in maternity services within Bromley including [NHS Bromley Clinical Commissioning Group \(CCG\)](#), [London Borough of Bromley \(LBB\)](#), [Kings College Hospital NHS Foundation Trust \(KCH\)](#), [Oxleas NHS Trust](#) amongst others.

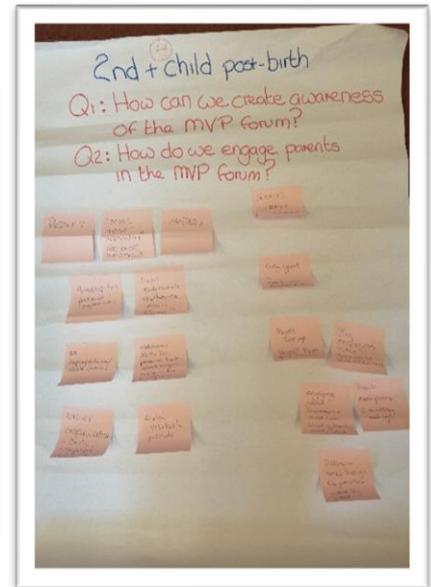
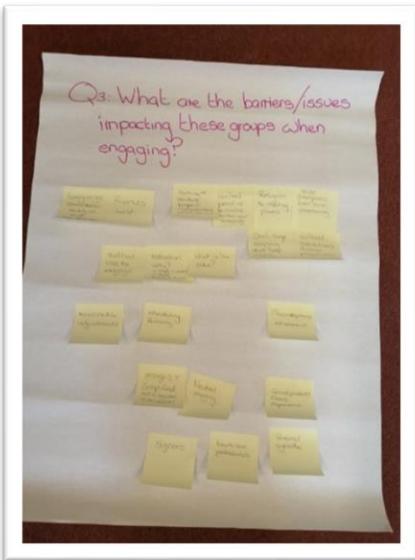
There were 19 attendees at the event, representing various stakeholders and parties who provide maternity services in Bromley.

The aim of the development day was to explore the current challenges and identify areas of improvement to enhance the overall maternity experience for future patients. YVHSC had already been collating feedback from women who had accessed maternity services in Bromley by rolling out the first phase of the survey between January - March 2019. These findings were presented to the attendees on the MVP development day and Bromley Better Births meetings. Additionally, learnings from previous CQC survey and KCH research were utilised to further discover limitations and barriers in efficient delivery of maternity services.

The MVP development day was followed up with an MVP meeting in June 2019, which was attended by 15 representatives. Regular quarterly meetings throughout the year helped maintain the momentum on the MVP.

**Preliminary MVP survey findings, Jan - March 2019, sample size n = 50 Identified:**

- Inconsistency in information and advice provided
- Multiple midwives provided variety of information and advice, this led to confusion and affected mothers' ability to build a positive rapport.
- Some mothers felt they need more than one home visit and require additional support from their Health Visitors.
- New mums needing more support and information on postnatal care.
- Difficulties around in accessing Children and Family centres.
- Anxiety around constant changes to Midwifery staff during birthing stage.



## 5.2 BMV meetings

Date	Name and location of meeting	Attendees	Actions
26 <sup>th</sup> June 2019	Bromley Maternity Voices (MVP) Development Day Follow up Meeting  Post Grad Education Centre Lecture Hall 2, PRUH	Independent Chair; Oxleas NHS Trust; Bromley CCG; Healthwatch; BLG Mind; YVHSC; KCH; LBB	<ul style="list-style-type: none"> <li>➤ Expanding the MVP membership by organising posters and advertisements in multiple languages and recruit multilingual members to join MVP</li> <li>➤ Continued targeted outreach in ethnically diverse areas</li> <li>➤ Stakeholders to cascade defined roles and responsibilities of who does what during pregnancy.</li> <li>➤ Introducing a question to capture age of baby</li> <li>➤ Promote MVPs and their role</li> <li>➤ Continue participant engagement to share outcomes</li> <li>➤ Engaging with new Fathers to be via BLG Mind</li> <li>➤ Arranging coffee mornings for mums and dads and encourage use of social media to discuss maternity journeys.</li> </ul>
26 <sup>th</sup> September 2019	Bromley Maternity Voices (MVP) Meeting  Blenheim Children and Family Centre,  Blenheim Road, Orpington BR6 9BH	Independent Chair,  Oxleas NHS Trust; Bromley CCG; LBB; Healthwatch; BLG Mind; YVHSC; KCH	<ul style="list-style-type: none"> <li>➤ Target outreach aimed at younger demographic by organising street stalls at shops, transport hubs, religious venues etc</li> <li>➤ Continued efforts to expand membership and participation from Seldom heard groups.</li> <li>➤ Advertisements on Charity Jobs and local newspaper to increase recruitment of volunteers to join MVP</li> <li>➤ Increase awareness about the MVP survey</li> <li>➤ Incorporate continuity of care plans and expected target.</li> </ul>
13 <sup>th</sup> November 2019	Bromley Maternity Voices (MVP) Meeting  Blenheim Children and Family Centre,  Blenheim Road, Orpington BR6 9BH	Independent Chair; Bromley CCG; YVHSC; Healthwatch; Being Dad; Mindful Mum; BLG Mind; KCH	<ul style="list-style-type: none"> <li>➤ Utilise Social Media platforms like LinkedIn, Facebook &amp; Twitter to recruit more committee members and increase survey participation</li> <li>➤ Issues reported with accessing and effectively using BadgerNet</li> <li>➤ Expand and promote survey to groups like BeingDads</li> <li>➤ Contact pharmacies with survey leaflets</li> <li>➤ Target outreach aimed at disability groups</li> <li>➤ Encourage participation from traveller community</li> <li>➤ Target homeless</li> </ul>

Date	Name and location of meeting	Attendees	Actions
			<ul style="list-style-type: none"> <li>➤ Target Fathers and partners of</li> <li>➤ Incorporate winter resilience information</li> <li>➤ Continued recruitment via advertisement campaign</li> <li>➤ Reaching out to NST, GP Surgeries, MVP Vital Forum, Buddy Sensory Group</li> </ul>

### 5.3 Better Births Meetings

Details of meeting	Name and Location of meeting	Attendees	Actions
30th January 2019	Bromley Better Births Implementation Group Meeting	Bromley CCG, KCH, Public Health, Oxleas, Our Healthier SE London, Noobies	<ul style="list-style-type: none"> <li>➤ New MVP chair appointed and the first meeting is due to be held.</li> </ul>
2 <sup>nd</sup> July 2019	Bromley Better Births Implementation Group Meeting  Harry Lyne, Beckenham Beacon	Bromley CCG, Southwark CCG, Public Health, Oxleas	<ul style="list-style-type: none"> <li>➤ Following the first MVP meeting, leaflets and posters were ready for circulation. The survey was offered electronically and on paper.</li> </ul>
24th September 2019	Bromley Better Births Implementation Group Meeting	Bromley CCG, KCH	<ul style="list-style-type: none"> <li>➤ Shared YHSC Feedback MVP Survey findings</li> </ul>
11th December 2019	Bromley Better Births Implementation Group Meeting	Bromley CCG, KCH, Southwark CCG, Public Health,	<ul style="list-style-type: none"> <li>➤ Shared YHSC Feedback MVP Survey findings</li> <li>➤ No further updates were provided at this meeting. It was confirmed that MVPs have been given funding.</li> </ul>

Details of meeting	Name and Location of meeting	Attendees	Actions
	SCBU Seminar Room, PRUH	Oxleas, BLG Mind	
12 February 2020	Bromley Better Births Implementation Group Meeting  T1, Education Centre, PRUH	Bromley CCG, KCH	➤ Shared YHSC Feedback MVP Survey findings

## 6. Engagement and Inclusion Efforts

The Healthwatch Bromley Project Officer, alongside 4 volunteers arranged a series of visits to Children and Family Centres, Ante Natal clinics and other health and community settings across the borough in order to:

- Promote the work and membership of BMV
- Gather feedback and survey responses
- Target BAME communities

Visits took place to the following sites, with a focus on services in some wards with higher deprivation and or BAEM communities. The following list is not exhaustive:

- PRUH (Outpatients)
- Cotmandene Community Resource Centre
- Burnt Ash Children & Family Centre
- Blenheim Children & Family Centre
- Biggin Hill Children & Family Centre
- Community Vision Children & Family Centre
- St James Practice (GP)
- Pickhurst (GP)
- Ballatar Surgery (GP)
- Eden Park Surgery (GP)
- Mindful mums meeting
- BAME coffee morning
- Mindful mums meeting
- Being Dads Meetings
- Religious venues

In addition to our outreach visits we built and developed a presence on Facebook, Twitter and other social media platforms.

As a part of our efforts to engage with ethnically diverse groups in Bromley we also advertised the BMV and membership in the following languages:

- French
- Spanish
- Portuguese
- Tamil
- Mandarin

## 7. Strengths & Limitations

The development of the feedback form into a more detailed survey during the project has resulted in different data sets, not fully comparable over the course of the project. However, through this annual report, these data sets have been combined, where relevant, to provide an overall analysis of the issues and themes identified. This includes all data gathered during April 2019 - March 2020. Data from an initial survey used during Jan-March 2019 was fed into the Development Day discussions in April 2019 and a subsequent workplan for the BMV has not been included in this annual report.

Every effort has been made to engage with seldom heard groups throughout the project, however, a true reflection of the views and experiences of all these communities continues to be a challenge.

## 8. Recommendations

### Meetings

Over the course of this project there has been an ongoing conversation about the formality of the BMV and the format of the meetings which is not best suited to attendance by women and their babies/young children. This has translated into continued low participation from patients. Although efforts are made in relation to suitable location and timing of meetings, practical barriers to participation remain.

We recommend that for greater patient participation the following options are considered

1. Provision of creche facilities
2. Provision of suitable equipment, bouncy chairs, play mats and toys for babies and young children attending
3. Altering the format of the meetings to incorporate an element of training/information provision/peer support/meet and greet type activity to enable a clear personal benefit to attending, beyond the overarching strategic drive to improve care for all. This could be achieved to some degree through piggy-backing onto existing mum/parent group events and sessions across the borough

### Outreach

Outreach activity was successful in driving up survey responses and driving greater awareness of the existence of BMV and people signing up with an interest in joining the group. Unfortunately, at the time of greatest progress, the commissioning landscape was changing, and the funding for the YVHSC project was coming to an end. In seeking to build on the momentum created, we recommend the following:

4. Review of resourcing to:
  - a. Increase outreach activity to children's centres and mum/parent groups in the most deprived and the most BAME populous wards in the borough
  - b. Increase information stalls at relevant maternity services

## Section 2



## Key findings

### Key findings in brief

#### Antenatal Care

- Referral pathways are effective, with appointments secured promptly.
- Clinics and scans are well organized, with appointments running to time.
- Doctors and midwives are responsive and supportive, on the whole.
- Good levels of communication and user involvement are observed.
- Partners are supported and included.
- Staffing issues include a lack of continuity and named professional.
- Distance from home to clinic can be challenging in terms of time and cost.
- Digital records system BadgerNET is popular, but not always accessible, updated or reliable.
- Add areas to be improved here
- 

#### Birth/Labour

- Midwives and doctors are supportive, responsive & reassuring, on the whole.
  - Good levels of user involvement are reported - with care plans respected.
  - Partners are supported and included.
  - A shortage of midwives and doctors' results in delays in treatment and care.
  - Transition between midwives following shifts is not always well coordinated.
  - A shortage of anaesthetists means that epidurals are not always available.
  - General pain relief is not always punctual, in some cases taking hours.
  - Environmental issues include temperature, noise and a lack of privacy.
- Add areas the need improvement here

#### Postnatal Care

- Support for breast feeding is good, however alternatives are not addressed.
- The majority of people feel informed at discharge.
- Midwives and health visitors are helpful and approachable, on the whole.
- Good levels of information, signposting and advice are reported.
- Support is tailored, with the number and frequency of visits based on need.
- Partners are supported and included.
- A lack of continuity is reported, with some people citing staffing levels.
- The 9-12 month checks can be difficult to book, with people 'giving up'.
- Mental health awareness and support is at a good, and 'improved' level.???
- Add areas of improvement here

## 9. Antenatal Care

In this section we evaluate the experience of antenatal care, including clinic appointments, scans, digital records (including BadgerNet) and classes. We look at what works well, and what could be improved.

### 9.1 Clinic Appointments

#### What works well?

Feedback suggests that the referral pathway is well organised and efficient - with appointments secured soon after referring, and letters, plus general information received well in advance. The vast majority of people comment that appointments run on time, with very few experiencing delays, or administrative issues.

We heard that doctors and midwives are ‘well trained’, professional and supportive, acting quickly on needs, staying in touch between appointments and in some cases offering home visits. There are also accounts of staff going ‘above and beyond’, for example a midwife accompanying a single mother to an antenatal class.

It is commented that midwives are adept at communication - willing to answer questions, presenting information step-by-step, and involving partners.

#### Positives (selected comments)

*“The staff have been brilliant all through my care - they are really good at their jobs. They do all the necessary checks and are always on time anywhere, at any time I go to see them. They even offered to come to do one of my visits at home.”*

*“My midwife was great. Very helpful and there when I needed her.”*

*“Spoke to my doctor and told her that I was pregnant, she said that she would inform the midwives today and I would get a letter from them. The letter came within a few days and I had an appointment at Orpington Hospital. At the appointment the midwife went through some safeguarding procedures and then allowed my husband to join us. It was my first baby but everything seemed to run to a planned process.”*

*“I needed a lot of information as this was my first child. My midwife was very informative, and went through the stages step by step.”*

## What could be improved?

Many people said they did not have a named or regular midwife, with the lack of continuity making it difficult to build personal relationships. Some indicated that this was not a problem in previous years. It was also observed that clinics are not sufficiently sized or resourced to meet the level of local demand.

For some, the clinic is a long distance from home or work, with implications on travel time and cost - particularly for those who not drive. While there is some flexibility on timing - such as weekend appointments, it is commented that there is no, or limited choice of clinic.

### Negatives (selected comments)

*“I prefer personal contact with a midwife or team who continually monitors you throughout and will eventually deliver your baby - like I had before. Every time I have an appointment, I see someone different.”*

*“Never saw the same midwife twice the whole time I was pregnant! This was very difficult as I had to explain everything several times.”*

*“I had a change of midwives during this process on two occasions which did not help. All three gave me different advice and I was a little confused.”*

*“I work full time Monday to Friday and have some appointments quite a distance from work in the middle of the day. This is quite stressful and costly as I use public transport. Saying that I have been offered a majority of appointments on a Saturday.”*

*“I was not given a choice of where my antenatal check-ups would take place and had to do a lot of travelling. This was not the case when I gave birth to my son two years ago.”*

## 9.2 Scans

### What works well?

We heard that doctors and midwives acted on potential causes for concern - referring those with complications, or at risk for additional scans.

Appointments are reported to be punctual and reliable, with partners able to attend. In some cases, ‘teamwork’ is cited, with sonographers well able to identify issues.

### Positives (selected comments)

*“As a first-time mum I was pleased with the support that I got from the midwife and hospital staff. I was concerned when sent for an extra scan as they thought my baby may have a problem with her spine, I was checked regularly and the problem turned out to be a skin tag. Pleased they checked this out thoroughly.”*

*“I was overweight when I fell pregnant and this was a concern for my doctor and midwife. They gave me dietary advice and told me to cut down my sugar intake. As a result, I had a couple of extra scans but the support for me was first class. Good advice and support.”*

*“I knew the maternity pathway as this was my second child. I had two scans during my pregnancy and everything went smoothly.”*

*“Very good the scans. The team was able to observe an issue with my cervix and I was able to rectify the situation in time.”*

### What could be improved?

In one account, it is suggested that staff acted inappropriately, and without empathy when relaying bad news. In another, staff expressed disappointment when the offer to assist in an ‘extra study’ was declined.

Some people were disappointed that supplementary scans are not free.

#### Negatives (selected comments)

*“At my 12 week scan I had an appalling experience. They told me my babies had died whilst I was changing and were rude and abrupt from the start.”*

*“I found the staff to be abrupt and bordering on rude when I didn’t want to participate in an extra study as I was late for work - bedside manner could do with improvement! I would have felt intimidated had this been my first child.”*

*“My original scan was not as clear as I would have liked and I had to pay for another one to be done, disappointing.”*

## 9.3 Digital Records

### What works well?

It was commented that BadgerNet is useful and easy to use, with some doing so frequently, throughout their pregnancy. The ability to manage information (such as conversations with midwives) was appreciated, with appointment reminders also popular.

#### Positives (selected comments)

*“Badger net was very useful and easy to use.”*

*“The application was good and I used it a lot.”*

*“I was shown BadgerNet and used this all the way through my pregnancy and found it very useful.”*

*“I used BadgerNet to see what the midwives had said at their visits as there was a lot of information to take in which I found extremely useful.”*

*“Digital records are incredibly helpful - especially with appointment reminders.”*

### What could be improved?

While the general consensus on BadgerNet is good, people report it did not always work - with accounts of appointments missing, notes not updated and phone compatibility issues. Some who experienced difficulty reverted back to paper records. Additional functionality was also desired, such as ability to record blood pressure and test results. Not everybody was aware of the application.

One person appreciated the portability of digital records, but noted that professionals do not necessarily read before appointments.

#### Negatives (selected comments)

*“A few appointments were missed which was only noticed after I called up.”*

*“Not updated in timely manner, if at all.”*

*“I used the phone application which I found to be working only some of the time, so I ended up using the paper records.”*

*“I found BadgerNet to be clunky.”*

*“There was a failure to pick up that my baby was breech.”*

*“Digital notes are good and much better than having to carry the notes everywhere. It would be helpful if people read the notes before calling you in, having to explain everything each time is annoying - even if you have to correct/explain a bit, it would be better.”*

## 9.4 Classes

### What works well?

Antenatal classes were found to be useful, with some people attending all on offer. The classes also benefitted partners, with some gaining ‘extra confidence’ as a result.

#### Positives (selected comments)

*“A good start to my maternity with support from my midwife and doctor. I attended all of the antenatal classes and found them to be very helpful.”*

*“My partner attended classes and this gave him confidence about the commencement of labour.”*

### What could be improved?

While the classes work well for some partners, this is not always the case - one, who felt ‘embarrassed’ did not return as a result.

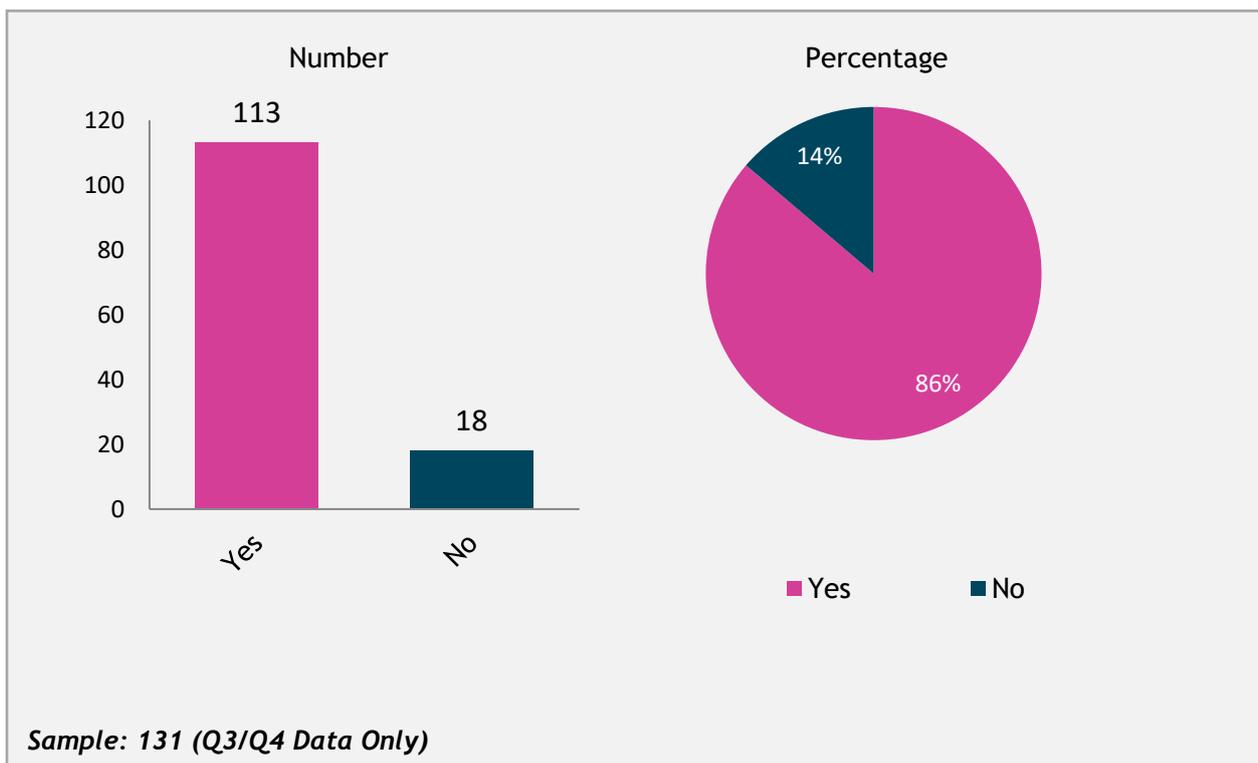
#### Negatives (selected comments)

*“The antenatal classes for mums and partners were good but my husband did feel embarrassed at times and he was one of only two men present at the session he attended. The trainer was good but more sensitivity would be appreciated and he didn’t go to any others following this experience.”*

### Additional Themes

In Q3/Q4 we asked people whether they felt their questions were addressed to their satisfaction. With 86% of people satisfied, it is clear that communication is at a good level, in most experiences. Bold the percentages

#### 9.5 Were all your questions answered satisfactorily?



A notable proportion of negative feedback is about consultants specifically. It was also reported that test results are less likely to be mentioned when 'normal' and this lack of feedback may cause anxiety.

## 9.6 Is there anything 'missing' from your antenatal experience?

In Q3/Q4 we asked people whether they felt anything 'was missing' from their antenatal experience. Around 30% gave examples - with continuity of care (ability to see a named midwife in particular) and user involvement cited as the most desirable areas for improvement.

## 10. Birth/Labour

In this section we explore the experience of birth and labour, and consider what works well, and what could be improved.

### What works well?

A clear majority of experiences indicate good quality, compassionate treatment and care, with people being supported throughout their birth experience.

We heard common accounts of people feeling 'at ease', with midwives and other staff getting to know their patients, offering reassurance and checking on needs regularly, and frequently. At times of potential risk, we heard that staff acted quickly, in a calm and controlled manner. Experiences also suggest that care plans were observed and respected, such as on pain relief preferences.

The Oasis facility, with its 'calm and soothing' environment was appreciated by many who used it.

### Positives (selected comments)

*"During labour the staff were attentive and I was checked on a regular basis."*

*"I was 14 days overdue when I went into labour. The monitoring by the midwives on the labour ward was good and they regularly checked my dilatation. Although the labour was long the staff did put me at ease and gave me lots of encouragement."*

*"I went into labour at 42 weeks and had to have a Caesarean section. The doctors told me what was happening and kept me calm. All of the staff were good."*

*"My son was in an awkward position and I couldn't give birth to him naturally. The staff were very quick to respond and I had a C-Section. I cannot praise the staff enough for their professionalism."*

*“During the birth my baby’s head took time to engage and they were worried about a possible lack of oxygen, but they cut me to deliver the baby quickly. I was in a panic but the staff were calm.”*

*“The labour team were professional and the wards were full when I arrived. I had a birth plan and was clear that I did not want an epidural. Pain relief was given to me at appropriate times and my baby was born after 10 hours approx. Could not fault the labour team. The food in hospital was surprisingly okay. My discharge went well and I was given all of the information needed.”*

## **What could be improved?**

Feedback suggests those who arrived too soon to be admitted were sometimes sent home without adequate information or reassurance, adding to anxiety and stress.

Experiences also highlight a shortage of doctors and midwives - in some cases resulting in discomfort, stress, and increased risk at birth. One person, who experienced a 50 hour labour, said transition between midwives could have been ‘smoother’ while another observed that ‘the midwives were brilliant - but overstretched’.

User involvement is an issue for some - a third time mother said staff ‘assumed she could cope’ however the previous births were complicated, and this was not the case. We also heard that preferences were not always respected, for example a baby being cleaned, then parted from the mother for 3 hours, against wishes.

On pain relief, we hear many accounts of delays and a lack of anaesthetists meant that epidurals were not always available. One person who did have an epidural said that the side effects, which were experienced following birth, were not made clear at the time.

Other topics include the environment, with some finding the temperature and noise-level to be uncomfortable - we heard that those using mobile phones could be inconsiderate, and equipment such as fans were not working. Hygiene was also highlighted, with one family reporting their room was not cleaned for 12 hours following labour.

## **Negatives (selected comments)**

*“I went to the hospital after my waters had broken but I had not dilated enough so they sent me home. I was not given enough information or reassurance at the time and I am sure that me worrying about my baby did not help me. The midwife team could have communicated better. When I was admitted the birth went well. I was also unhappy to be discharged too early. I think that as it was my first child two days was not enough time.”*

*“There were not enough doctors available and I was told not to push. This was very uncomfortable and made me feel stressed. In the end they used forceps and my son still has the marks on his head. Little communication during the actual birth.”*

*“The midwife did have to leave us for around 30 minutes to attend another labour. During this time, I wanted to push.”*

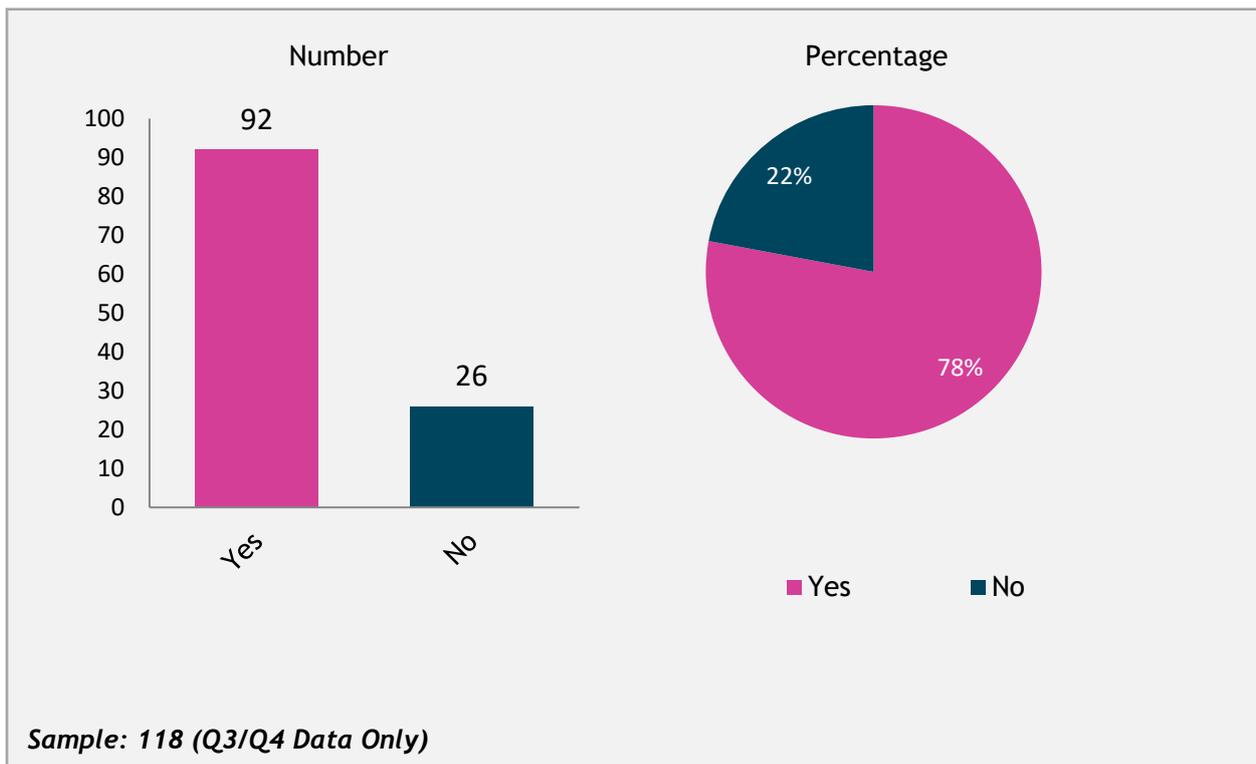
*“I was in labour for over 50 hours and saw over 5 different midwives. The transition between them could have been smoother.”*

*“The midwives kept changing with the shift change and each giving different options for pain relief which was quite stressful.”*

*“No skin to skin, baby was cleaned even though we asked for this not to happen, and was unnecessarily separated from me for 3 hours after the birth.”*

In Q3/Q4 we asked people whether they had met a midwife before going into labour. Just over three quarters of people (78%) indicate that they had.

### 10.1 Did you meet a midwife before going into labour?



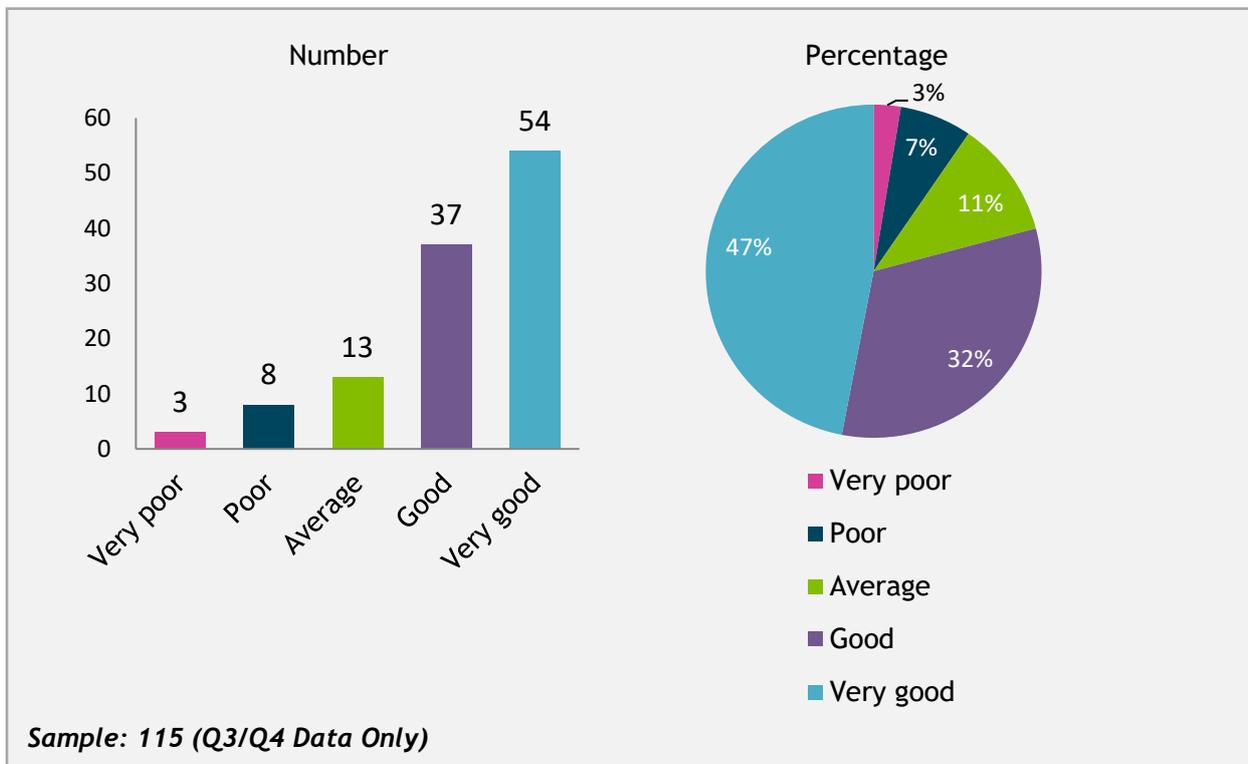
Seeing a midwife prior to birth was reassuring for some.

#### Positives (selected comments)

*“I was dreading the birth but I saw the midwife beforehand and she was very kind.”*

In Q3/Q4 we also asked people to consider the care and support received, and rate their labour experience. Over three quarters (79%) gave ratings of good or very good.

### 10.2 Please rate your labour care experience and support received from the midwifery team and doctors



### 10.3 Is there anything 'missing' from your labour experience?

Finally, in Q3/Q4 we asked people whether they felt anything 'was missing' from their labour experience. Around 30% gave examples, with a notable proportion citing a lack of support and user involvement - in some cases attributed to staffing levels, in others to staff attitude and awareness.

## 11. Postnatal Care

In this section, we look at the experience of postnatal care, including breastfeeding support, general involvement of partners, communication at discharge and staffing. We consider what works well, and what could be improved.

## 11.1 Feeding

### What works well?

Experiences suggest that hospital staff and health visitors offered a good level of support on breast feeding.

#### Positives (selected comments)

*“The birth went well and I had no problems. The staff were okay and they looked after me. I was particularly pleased with the breast-feeding lady who helped me when I was struggling.”*

*“Caring staff who looked after my son well as he was under weight. Although he did not have to go into the special unit they monitored him regularly. I was well supported and the breast feeding team were very good.”*

*“I really wanted to breast feed my child and the support from the specialist was very helpful.”*

*I had problems breast feeding when I got home and the health visitor went through things really well.*

### What could be improved?

We heard that one person who was struggling to breast feed was ‘brushed off’ by numerous midwives and health visitors, with weight implications for the baby - later diagnosed with tongue-tie. Others felt that health visitors were too focussed on breast feeding, and did not offer sufficient advice or support on alternatives. It was also noted that advice by midwives differed and can be contradictory.

Some said that instruction methods (such as use of a doll) were too generic - citing peer support as a more personal alternative. One person noted a lack of clinics and breastfeeding drop-ins around Bromley Common.

#### Negatives (selected comments)

*“I would like more breastfeeding advice and an opportunity to get real mums’ experience of breastfeeding, problems, challenges and what helped them. Hearing how to hold a doll in different positions doesn’t really equip you for the reality of breastfeeding.”*

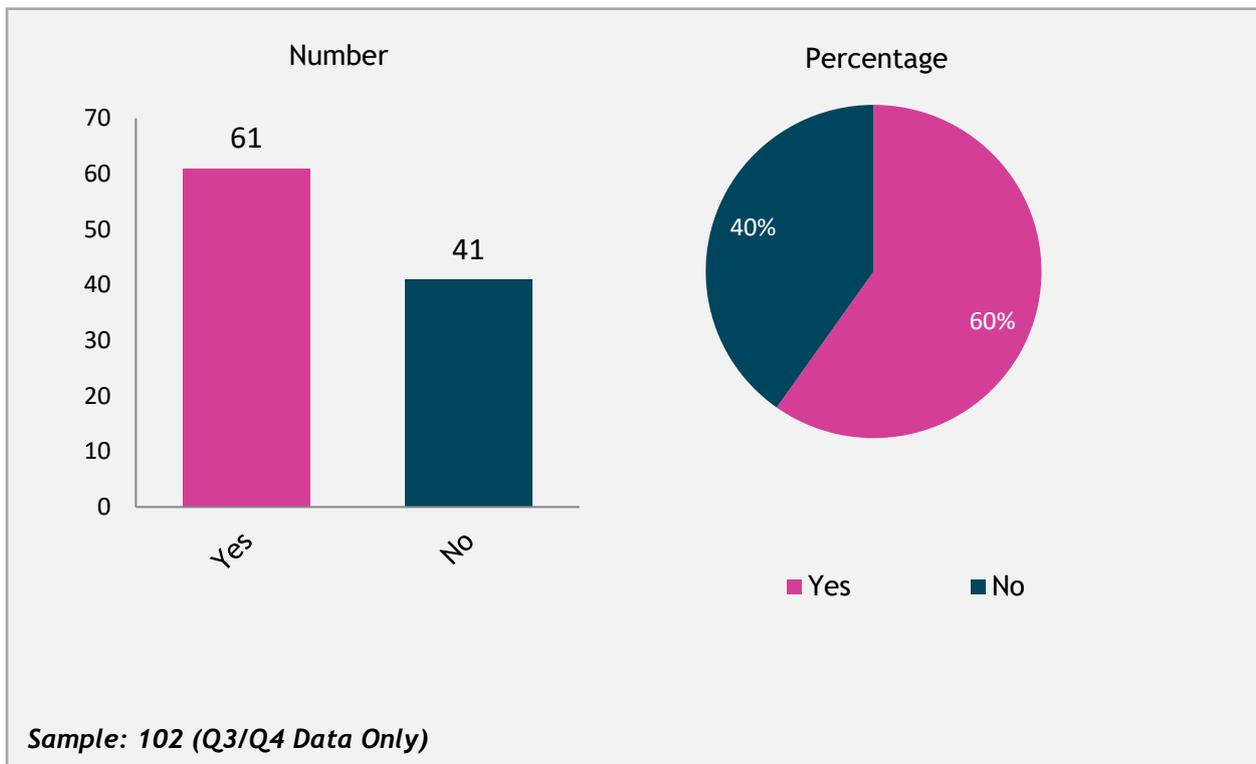
*“I had told all the midwives and health visitors how long it took my baby to breastfeed, over an hour. It was brushed off until he was diagnosed at 10 weeks with tongue tie. Very disappointed and angry on behalf of my son who lost a significant amount of weight. I was not properly listened to by professionals!”*

*“The health visitor appointment was unnecessary and consisted of reading through the red book with me, which I could have done myself at a more convenient time. I experienced problems breast feeding and whilst I was given support to try other positions to breastfeed in, I felt the advice was solely directed at breastfeeding and no one gave advice on potentially switching to formula.”*

*“I feel that health visitors impose breastfeeding and they make me feel guilty for not doing so.”*

In Q3/Q4 we asked those requiring additional support and advice around feeding, if they had received it. While the majority (60%) indicated they had, a sizeable proportion (40%) said they had not.

### 11.1.1 Did you require additional support or advice on feeding your baby and if so, did you receive it?



## 11.2 Partner Support and Involvement

Experiences suggest that partners were welcome and included throughout - involved in discussions and reassured by staff. For some, it was important that their partner was present.

### Positives (selected comments)

*“I gave birth at the hospital in April. The staff were very lovely, my husband and I were well looked after. Both the Oasis centre and labour ward were excellent. Oasis was*

*very calming, and when I returned to the labour ward the staff were thorough at explaining everything and reassuring both myself and my husband.”*

*“Our daughter was delivered at the PRUH and I was lucky enough to use the Oasis suite. The very caring and nurturing team of midwives looked after us. It was important to me that my husband was able to stay by my side the entire time we were there. Very happy with the support from the team.”*

### What could be improved?

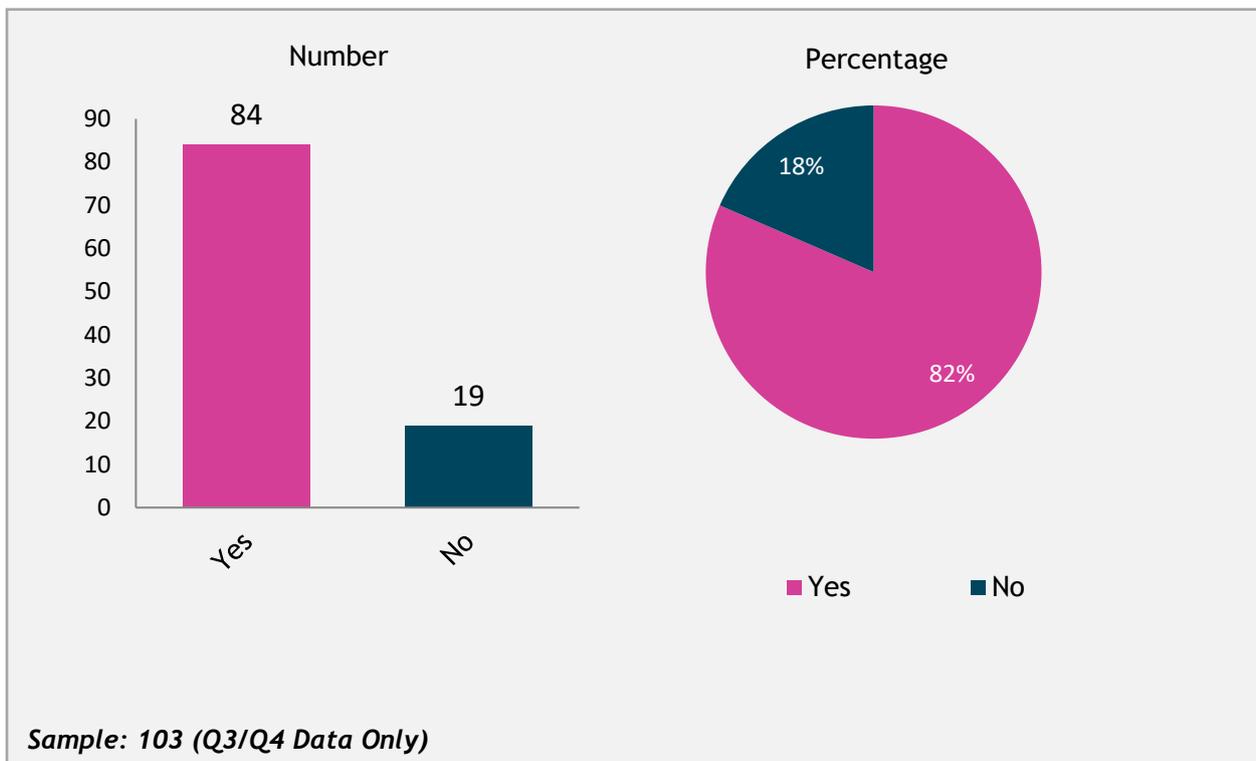
It was commented that private rooms would enable the family to visit, and partners to stay. One person was disappointed that both the partner and sister could not be present at the same time, adding it ‘caused distress’.

#### Negatives (selected comments)

*“I wanted my sister and my partner to be with me at the birth. Unhappy that I was told only one person could support me which was distressing at a time when I needed more comfort.”*

In Q3/Q4 we asked people if they felt their partners were supported. The majority (82%) indicate that they were.

#### 11.2.1 Did your partner feel supported?



## 11.3 Discharge

Here, we look at information and communication during discharge, and the general experience.

### 11.3.1 Information at Discharge

#### What works well?

Some people indicate they had received ‘all of the information needed’, including ‘essential information’ at discharge. One person commented that the discharge pack was comprehensive.

#### Positives (selected comments)

*“Discharge was fine and I was given all of the information that I needed.”*

*“I had lots of information when leaving hospital and the health visitor came to see me the next day.”*

*“I was discharged at the right time and given a lot of essential information.”*

#### What could be improved?

Others felt that the process was ‘rushed’ and that information was lacking, or incomplete. One person says that more written information would be beneficial, while another received conflicting information from the hospital and health visitor.

#### Negatives (selected comments)

*“I got some information on discharge but felt it was all a bit of a rush. I am sure there was information missing because I found out later.”*

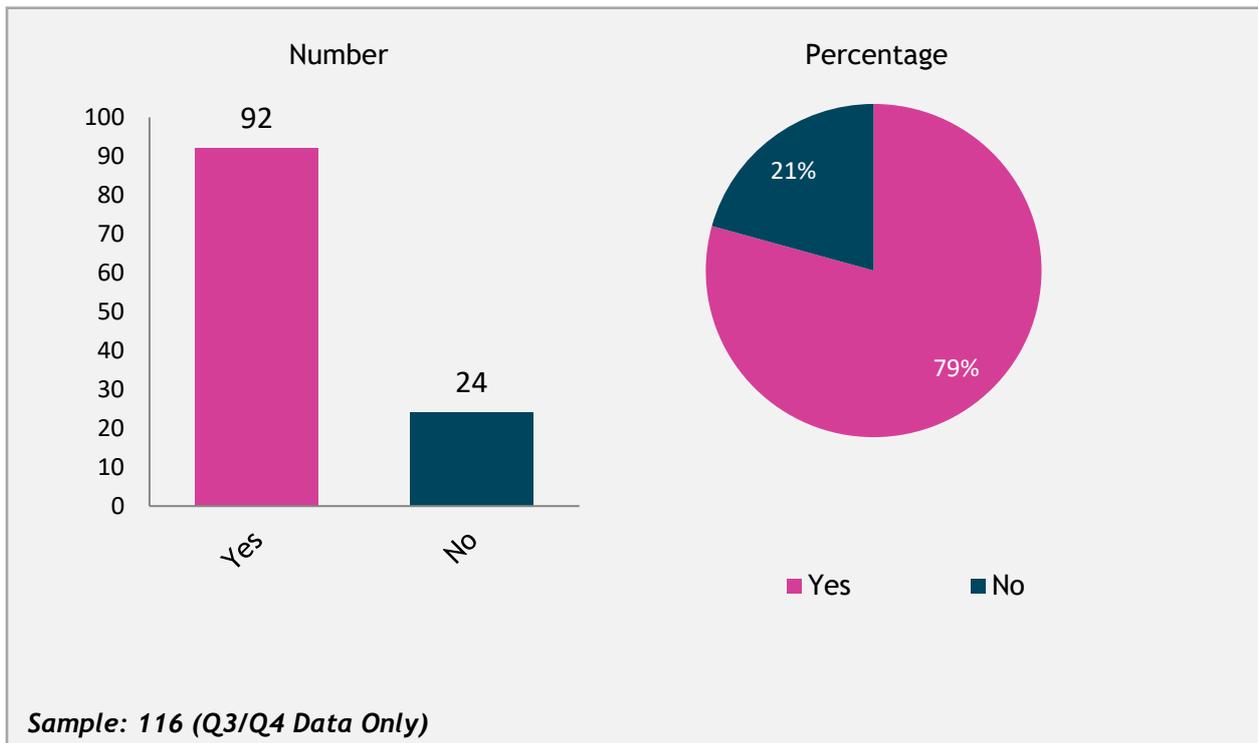
*“Was given no information regarding what happened during labour, things were not noted down on discharge from hospital.”*

*“I wish I was given more information, possibly written, on discharge to help me.”*

*“Conflicts between health visitor information and advice from the hospital on discharge. There needs to be some sort of training or discussion between the two teams to ensure consistency of information given.”*

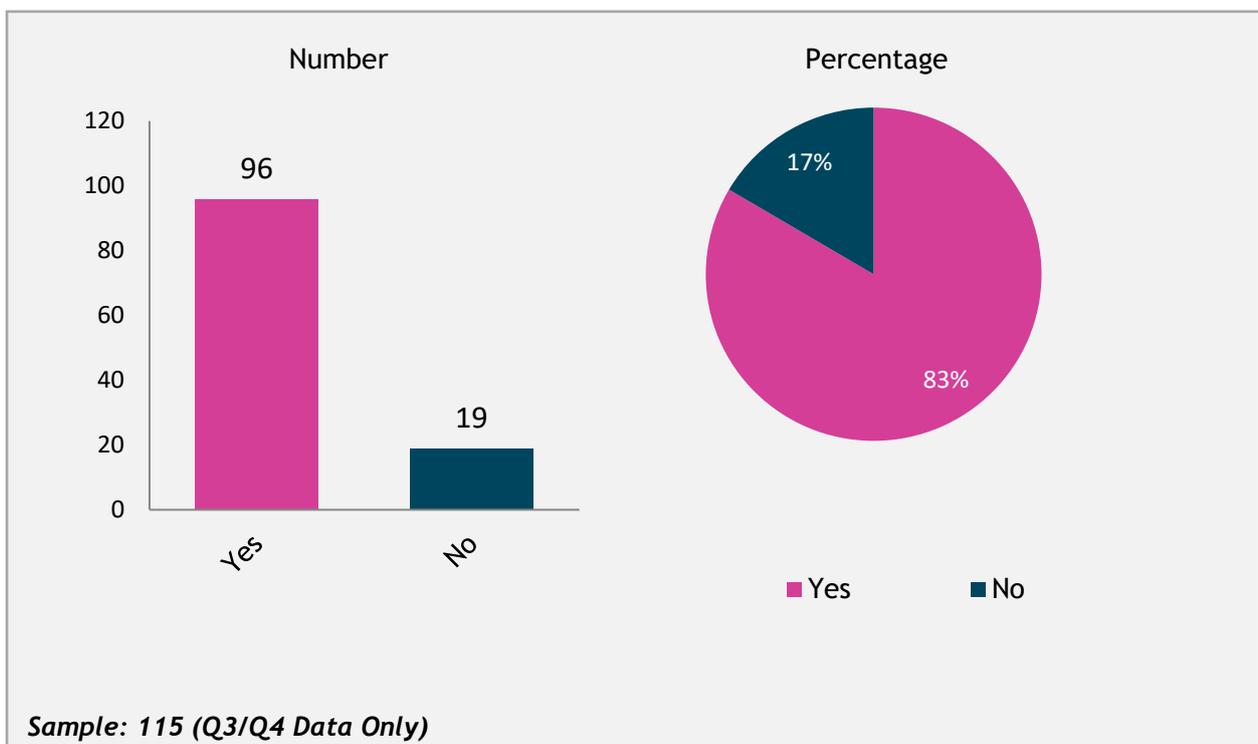
In Q3/Q4 we presented a series of questions about information at discharge. We asked if people felt fully informed, were advised about additional information sources and next steps, and received the ‘right level’ of advice, when asking.

### 11.3.2 During your discharge, did you receive all the information you felt you needed?



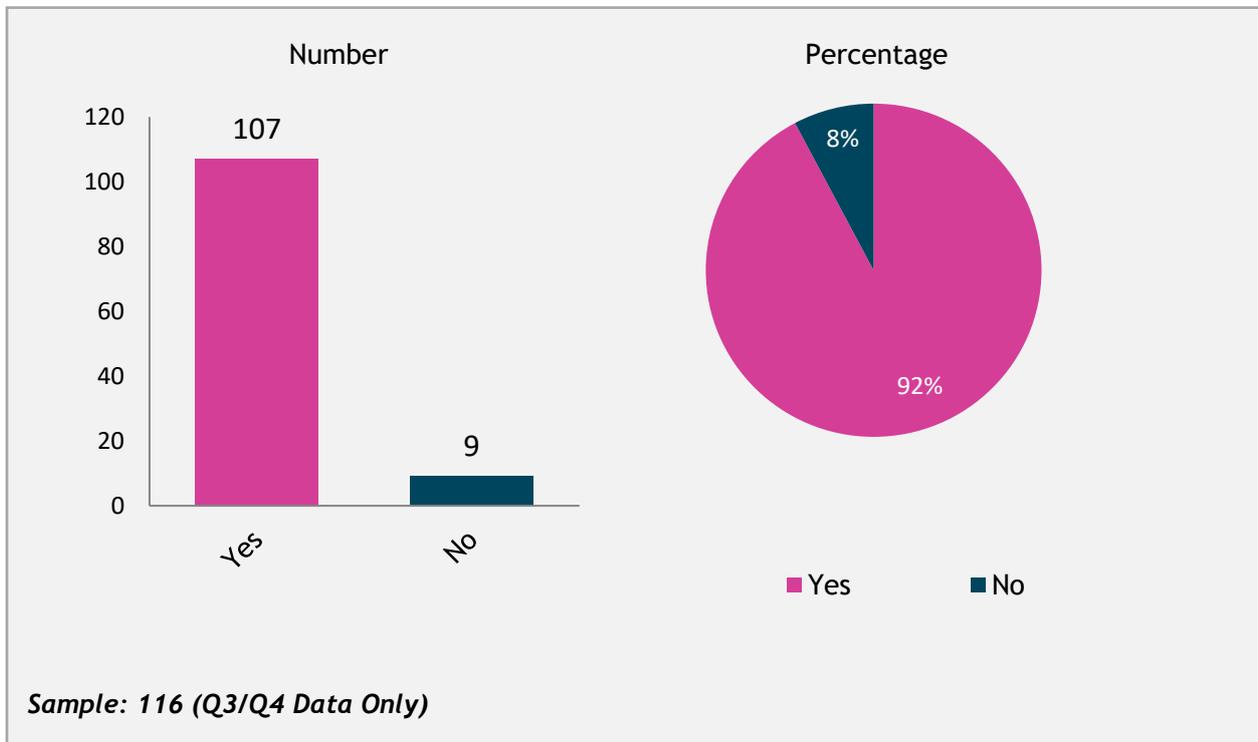
Just over three quarters of people (79%) indicate they received all information required.

### 8.3.3 During your discharge, were you advised where to get additional information or how to access other services?



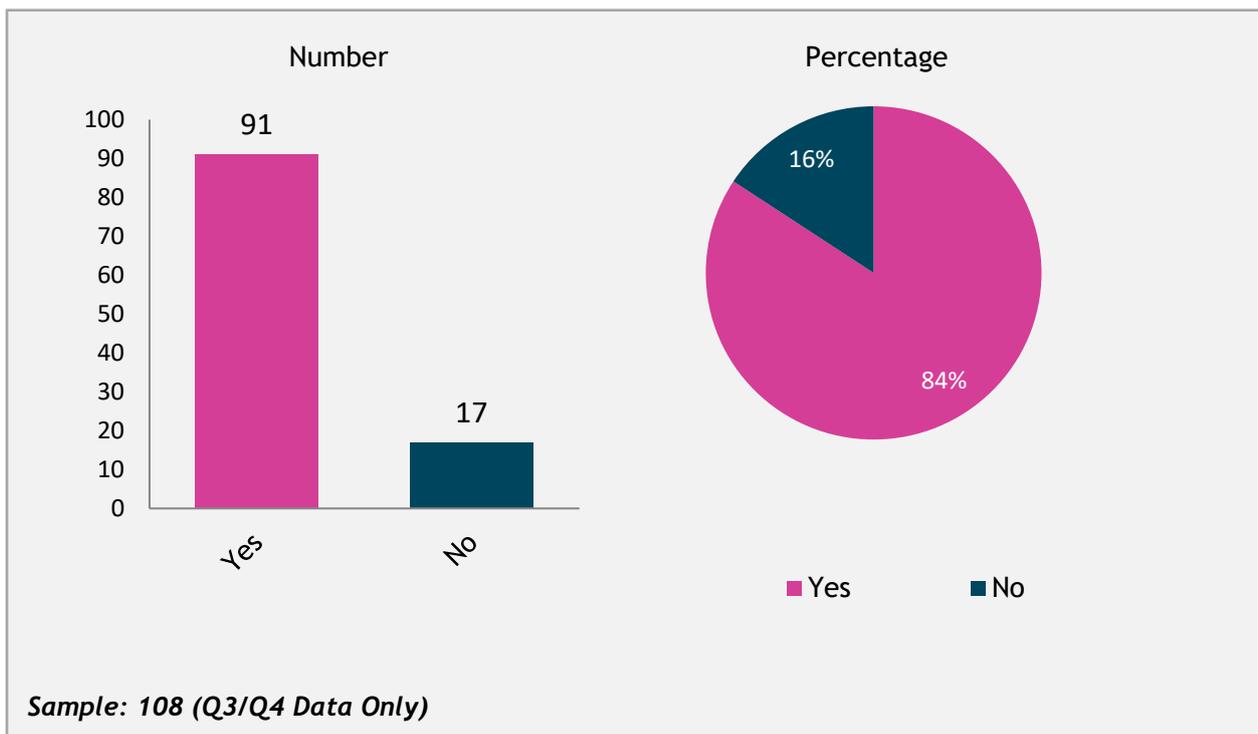
83% of people indicate they were advised where to get additional information.

### 11.3.4 Were you advised on the next steps in post-birth care during discharge e.g. health visitors, midwife visits, hearing screening, etc.?



A clear majority of people (92%) indicate they were advised on next steps.

### 11.3.5 When requesting information did you feel you were given the right level of advice and or signposted to the appropriate service/ team?



84% of people indicate they received the 'right level' of advice.

### 11.3.6 Discharge - General Experience

#### What works well?

Many people comment that they were discharged at the right time - about two to three days on average.

#### Positives (selected comments)

*"I felt supported and they did not rush me out of hospital."*

*"I was discharged after three days which was about right."*

#### What could be improved?

However, some were discharged before they felt ready. There were also delays, in most cases due to medication, while one person spent an additional day in hospital as a doctor was not available.

The discharge process was viewed as lengthy by some - who cite excessive paperwork and forms.

#### Negatives (selected comments)

*"I got discharged from the maternity ward at 11pm and I didn't feel ready to leave the hospital. It all seemed a bit of a rush and I had to get my brother in law to pick me up. I felt alone when I got home."*

*"The discharge process was very slow - there seemed to be a lot of paperwork, this needs to be improved."*

*"The discharge process was quite long with a lot of forms needing to be signed."*

*"The service was only let down at the point of discharge. I had to wait ages for the medication to arrive. This was bad planning as they knew what I needed at least a couple of days before I was discharged."*

*"When I was due to be discharged there were no doctors around and my discharge was delayed by a day. Eventually I had to threaten to discharge myself before they took action!"*

## 11.4 Special Baby Unit

### What works well?

We heard that the unit acted promptly, with accounts of ‘life saving’ treatment and care. Experiences also reflect very good levels of support and involvement, with staff said to be reassuring and informative.

#### Positives (selected comments)

*“I had a difficult birth and my baby was stressed once delivered, so he was put straight into the SBU (Special Baby Unit) for monitoring. It was all too much for me but the care on the unit was good. My son was starved of oxygen during the birth and has a few difficulties, including me not being able to breast feed him. The unit saved his life and their prompt action prevented the situation from being worse.”*

*“My baby was small when she was born and had to go into the Special Baby Unit. This was a worrying time for me but the staff in the unit were brilliant and gave me lots of encouragement and support. I had a longer than normal stay in hospital, but to be close to my daughter was important to me. Discharge was timely.”*

*“My baby was small at 5 pounds so the birth was not a problem for me. He was taken to the special unit and monitored closely due to his size. Two fingers on his left hand were fused together but I understand that this can be corrected when he is a bit older. The staff in the ward were professional and knowledgeable. I was discharged after five days which I felt was about right for my first child.”*

*“My husband was with me so that was helpful and although the staff were busy, they were attentive. My baby was born at 33 weeks and spent some time in the Special Baby Unit to control his development (weight) and reduce the risk of infection. The team were fantastic.”*

### What could be improved?

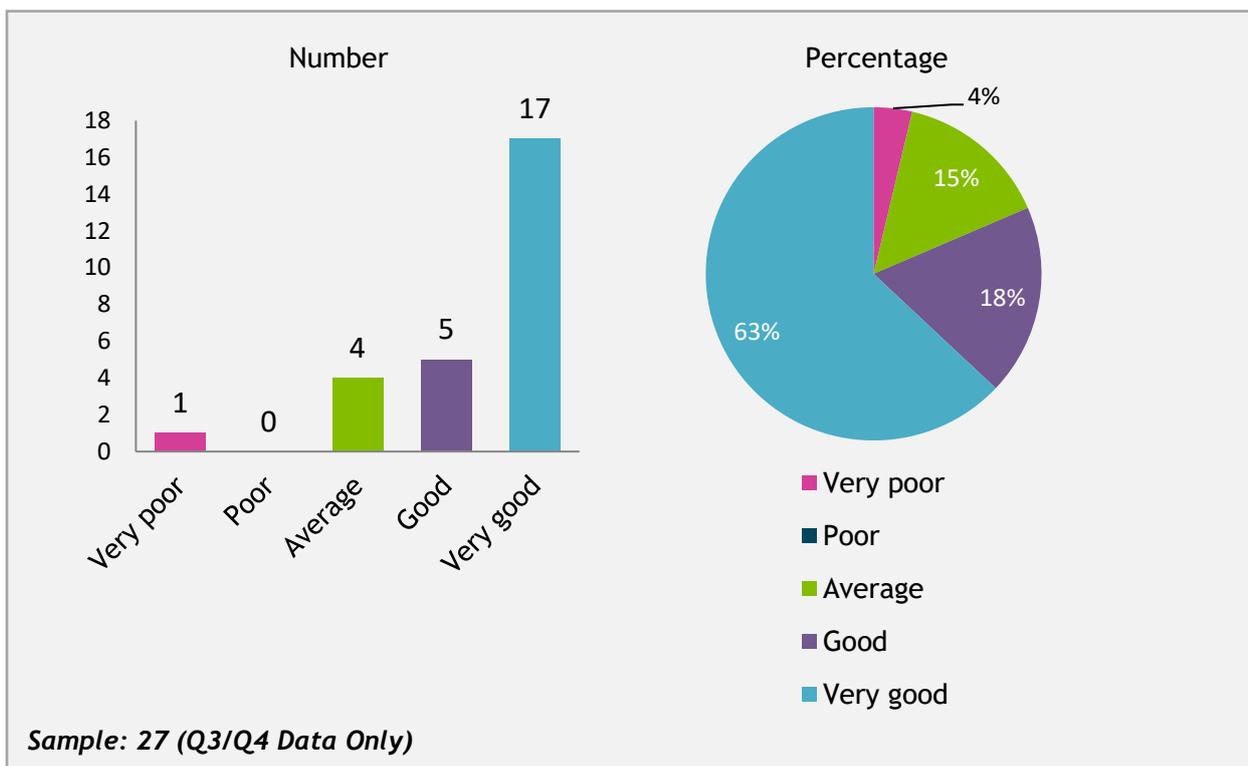
One person commented on the environment.

#### Negatives (selected comments)

*“The ward was very hot.”*

In Q3/Q4 we asked people to rate their overall experience of the Special Baby Unit. 81% indicated it was good or very good.

#### 11.4.1 Please rate the care you received from the Special Baby Unit:



## 11.5 Staffing

In this section, we evaluate the experience of midwives, health visitors and GPs.

### 11.5.1 Midwives

#### What works well?

It is commented that midwives are helpful and approachable, offering good levels of information, signposting and advice. Those requiring additional support following birth were visited frequently - in some cases for extended periods and in one case on Christmas Day. Experiences demonstrate that midwives have good levels of mental health awareness (see Mental Health section, page 44).

Feedback also suggests that midwifery and health trainer teams are well organised - working well together.

#### Positives (selected comments)

“Aftercare was good - I felt special.”

*“I wanted a home birth but I was having severe stomach cramps when the baby was due and was rushed in to hospital. On arrival the midwives were expecting me and I was well looked after.”*

*“My midwife visited me every day for about a week and the health visitor came. I received regular visits after this as my baby was jaundiced. Very caring and made sure everything was okay before discharge.”*

*“I was given additional support because of my son’s condition. He is monitored regularly and doing well. Support from midwife and health visitor was good.”*

*“My midwife was good and very reliable, I had lots of questions and she answered them all.”*

*“Both midwife and health visitors supported me for 28 days after I returned home. The support was excellent.”*

*“Visits from the midwife and health visitor were fine. I was also told about the support from Burnt Ash Centre which I now visit on a regular basis.”*

### **What could be improved?**

For some, the standard number of visits (reported to be 3) was not sufficient and those experiencing a difficult birth would have benefitted from greater emotional support.

One person notes that the service leaflets ‘bear no resemblance to the aftercare’ - citing a shortage of staff, while another says that staff changes and a lack of continuity resulted in confusion.

### **Negatives (selected comments)**

*“Midwives were really great when they came. Good quality but I wanted help every day and they did not come every day. I was not aware that they only came 3 times post birth.”*

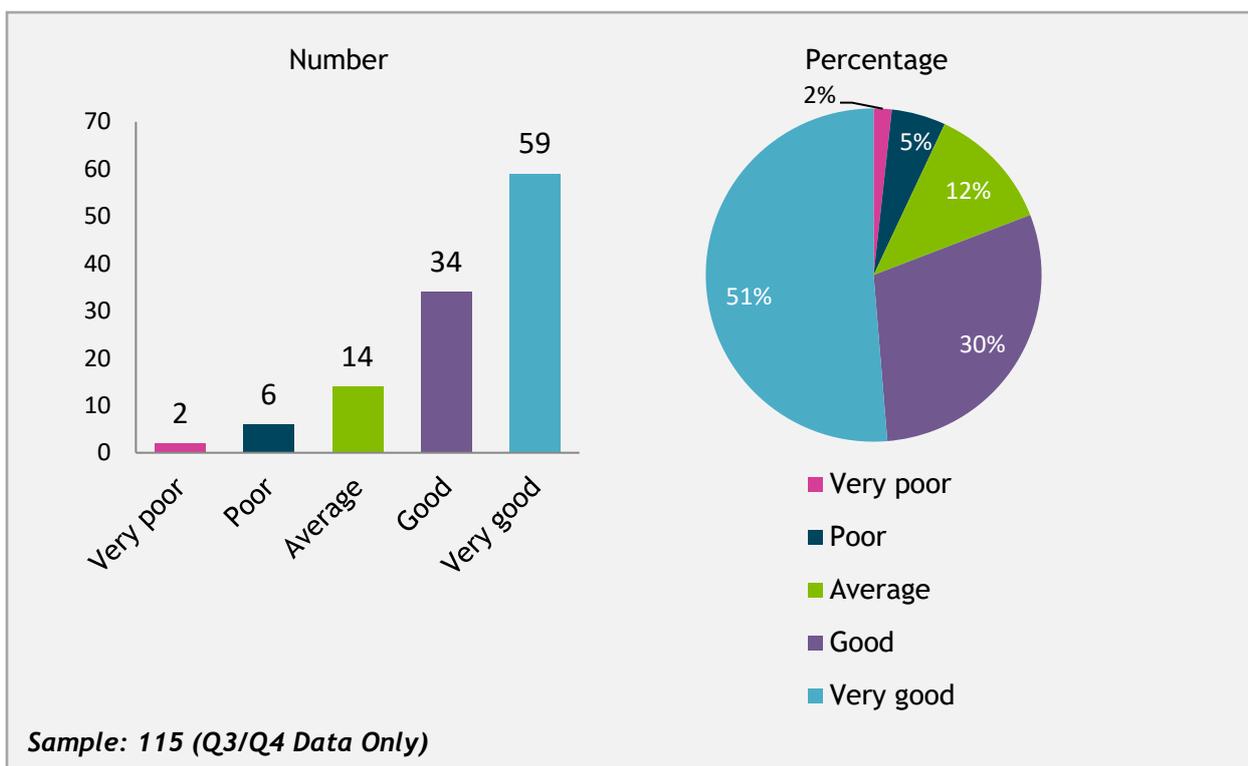
*“It was a complex birth, I felt very tearful after, I would have appreciated more emotional follow up support. Perhaps even a volunteer role as I understand midwives are stretched.”*

*“There is a lack of consistency among midwives, every midwife has their own way of doing things and I felt a little bit lost.”*

*“The support leaflets and information that I received did not bear any resemblance to the aftercare that I received. I think they are short of staff.”*

In Q3/Q4 we asked people to rate their postnatal care experience of midwives. 81% gave ratings of good or very good.

### 11.5.2 Please rate your postnatal care experience and support received from midwives:



### 11.5.3 Health Visitors

#### What works well?

As with midwives, experiences suggest that health visitors are supportive - offering good levels of information, signposting and advice, in some cases 'keeping in constant touch'. It is commented that partners are also included and supported.

Those requiring additional support were visited frequently and feedback suggests that visits are punctual - in several examples the day after returning home.

The handover between midwife and health visitor appears to be well co-ordinated. First time mothers consider the health visiting service to be particularly important.

#### Positives (selected comments)

*"Health visitor came to visit me at home a couple of times which was good and it was support that I needed."*

*"Health visitors were good and one of the midwives came to see me and the baby. I did feel lonely after the birth but the health visitor kept in constant touch and told me to go to the children's and family centre. I did this and I like the services there."*

*"I had trouble breast feeding but the health visitor helped me out. My husband was also struggling and the health visitor was very good with him and I am getting all of the support that I need."*

*"I was seen at home several times by the health visitor because of my distress. This lady was very supportive."*

*"The health visitor came to see me the day after I got home and one of the midwives also visited me. My daughter was a good weight and had no issues so I was discharged quite quickly. I had contact numbers if I needed further support."*

*"I got in a bit of a panic when I got home but the health visitor came the next day and was very encouraging. Really needed this support."*

*"Only saw the midwife once after the birth but the health visitors took over and they were supportive."*

*"My health visitor was supportive and I still see the team at the Community Vision clinic. As this was my first child the aftercare is very important to me."*

### What could be improved?

Many people say the number of visits on offer is not sufficient and some cite staffing levels, with one person noting a reduction in the service level, compared with previous births. Visits are considered particularly important by younger and single people.

For the 9-12 month checks, booking appointments can be difficult and in some cases the service was not used, as a result. Location is also an issue and a particular problem for those don't drive - one person says the distance made it difficult to arrive on time. Lack of choice and multiple locations are also cited as issues.

### Negatives (selected comments)

*"The health visitor came to my home on two occasions - seen in a timely manner but a couple more would have been nice."*

*"I was discharged too early from the service. The health visitor was great and I could have done with a couple more visits from her."*

*"Services seem so busy, understaffed and rushed. The health visitor was lovely but I don't think you get enough time or easy access to them. Much reduced from baby number one."*

*"Health visitors only came once after my son was born. I feel they should come more to check that you are coping as I am a single mum. For the 9-12 month check up, I got a letter to ring them to make an appointment for the check-up. Tried ringing but no answer. So won't go for the check-up. Think they should come to the person's home for the check up. "*

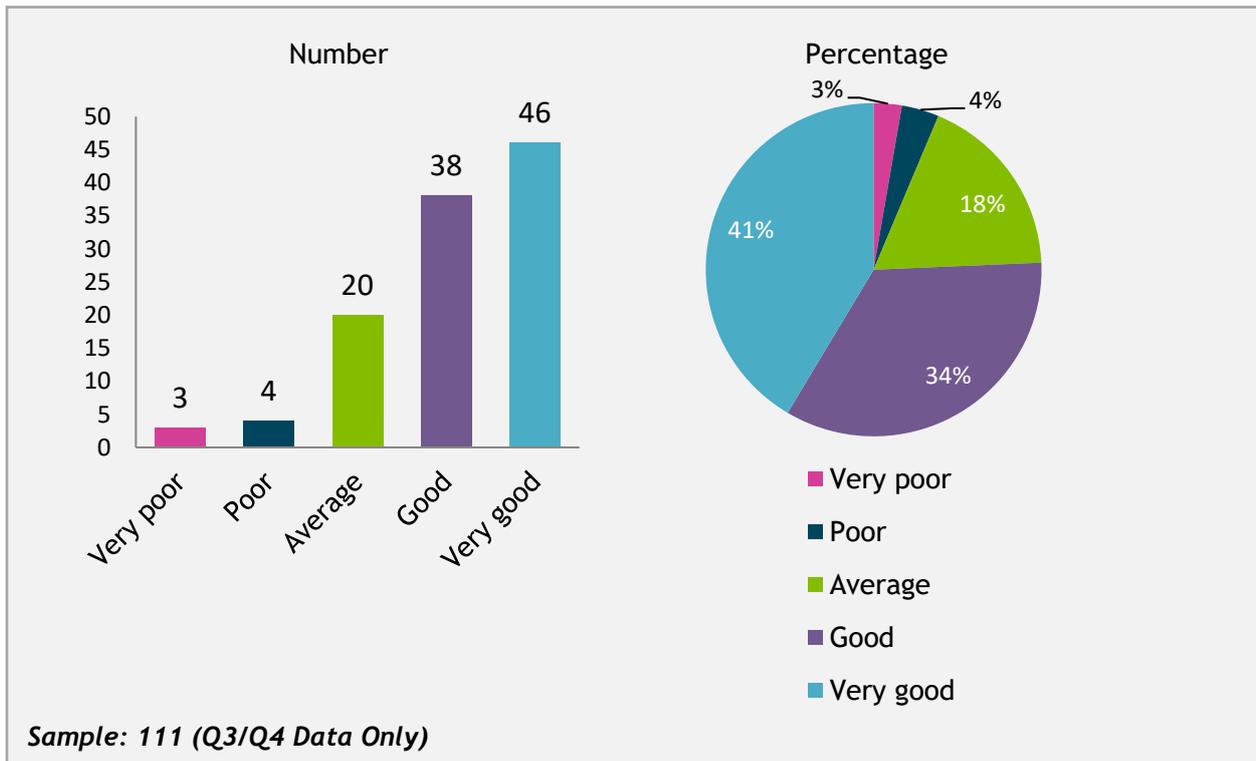
*“Although I live in the north of the borough my health visitor is based miles away and I have to travel to get to appointments. This is not easy for me as I don’t drive and I have been late for appointments as a result.”*

*“The midwife support again was very helpful and I saw the health visitor at the Cotmandene Centre. It is a bit of an issue as I live near to the Blenheim Centre which would be more convenient.”*

*“It was a bit of a mission getting to see the health visitors as they use different locations. When you see them, they are great.”*

In Q3/Q4 we asked people to rate their postnatal care experience of health visitors. Three quarters (75%) gave ratings of good or very good.

#### 11.5.4 Please rate your postnatal care experience and support received from health visitors:



#### 11.5.5 GPs

##### What works well?

Some people found their GP to be supportive - offering advice and reassurance, with one person feeling ‘well looked after’ and another assisted with minor ailments. Those with mental health needs comment on being referred or signposted to support services and groups (see Mental Health section, page 44)

We also heard accounts of good co-ordination between the GP and midwife.

#### Positives (selected comments)

*“My GP was very supportive.”*

*“I experienced some virginal bleeding during my pregnancy at 10 weeks and was concerned as I had previously miscarried. My GP was very good and gave me good advice and reassurance. I also had cramps which were monitored by the doctor and hospital consultant. I was well looked after.”*

*“Communication between my GP and the midwife was good.”*

*“I received a lot of help from the health visitors due to the weight of my baby. Since the birth my GP has been very good when I have needed to make appointments for minor ailments.”*

#### What could be improved?

Others comment on a lack of support and involvement, with one person needing more appointments to feel assured. Communication is also an issue - we heard accounts of poor liaison with the health visitor, antenatal class and hospital, and delays in acquiring sometimes ‘vital’ information.

#### Negatives (selected comments)

*“I could have done with more support from my GP.”*

*“Support from the surgery was okay but I relied heavily on the midwife for information.”*

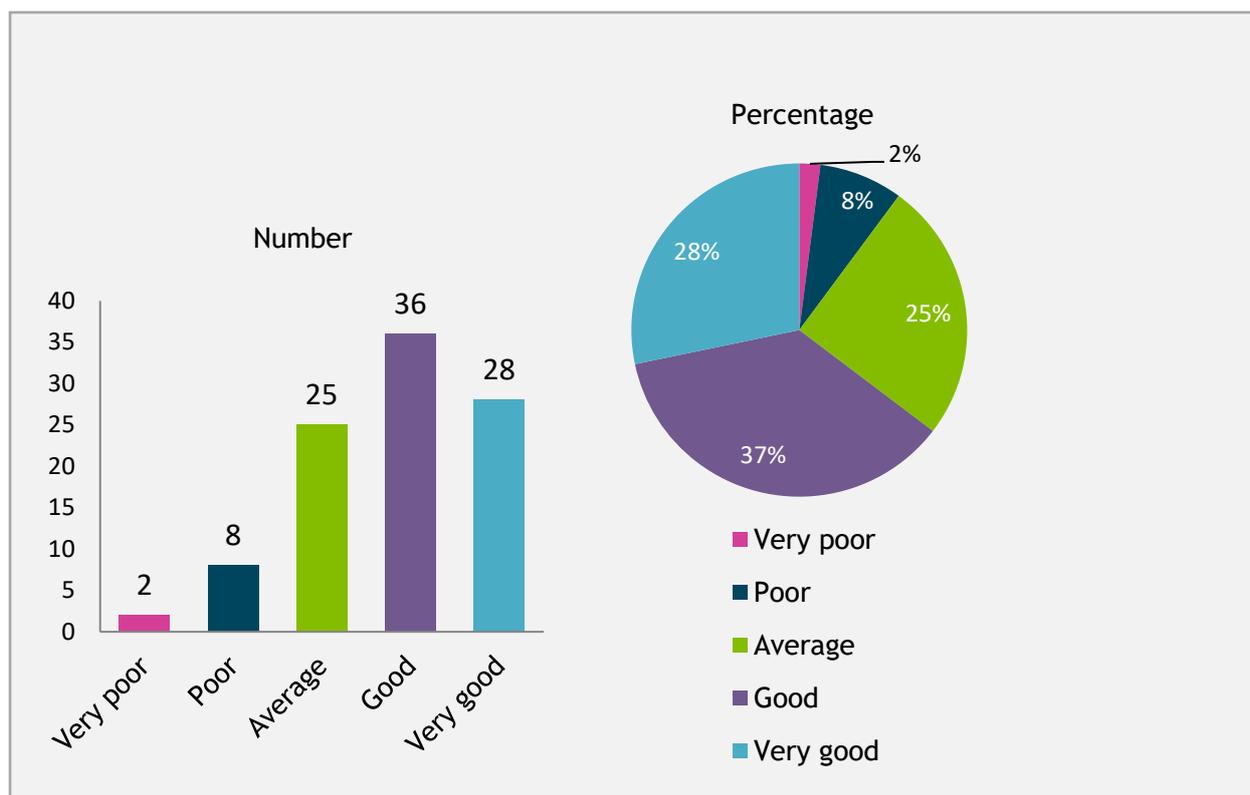
*“The communication between the health visitor and GP needs to be improved. GPs need to listen more, also I feel that I need more appointments from GPs to be reassured.”*

*“My doctor did not inform the antenatal team of my pregnancy or tell me what to do. So, I was 16 weeks pregnant before I saw a midwife. I had lost a lot of confidence but the midwife was brilliant and got me back on track. After the initial problems things went well.”*

*“The communication between the hospital and my GP let this service down. There were delays in my doctor getting vital information.”*

In Q3/Q4 we asked people to rate their postnatal care experience of GPs. A notable proportion (35%) did not consider the service to be good.

### 11.5.6 Please rate your postnatal care experience and support received from GPs:



## 11.6 Aftercare Services

### What works well?

We receive compliments for support services including the National Childbirth Trust and various Children's Centres, with appreciation of peer support, advice, and early learning classes.

It is also commented that visiting the Children's Centre reduces the need to visit the GP.

#### Positives (selected comments)

*"I joined a local NCT (National Childbirth Trust) group for extra support and have found this the best source for getting postnatal advice."*

*"I have joined the local NCT which has been good to make contacts."*

*"I like the early learning group for toddlers and the music and movement classes."*

*"Good support following the birth for my baby. As I was cut I am having problems and my GP has referred me to a specialist to sort this out. Aftercare for my son has been great, particularly at the Children's Centre."*

*“I have used the Blenheim Centre for all of my children and I rate highly the service provided.”*

*“The Cotmandene Centre has been brilliant for me. I get my checks done here and do not have to go to the GP very often.”*

### What could be improved?

One person is disappointed that a ‘fantastic and invaluable’ peer support group has been cancelled. Another has to travel out of borough to access a Children’s Centre, however it is reasonably close to home.

Additional parenting classes, on topics such as Colic and Reflux are also desired.

### Negatives (selected comments)

*“A Mindful Mums postnatal walk organised for all the new parents was fantastic and invaluable - it was great to get exercise and share our experiences but this seems to have been cancelled now.”*

*“My son did have epilepsy at 4 months old which he is now being monitored for. There are no Children’s centres in or near West Wickham so I go the one in Shirley which is outside the borough but close to me.”*

*“I think some more parenting classes on babies including basic information and what to do about things such as Colic, Reflux, CMPA (Cow’s Milk Protein Allergy), etc as my baby suffered all of these and with no experience it was a bit overwhelming.”*

## 11.7 Additional Postnatal Themes

### What works well?

Experiences reflect a good level of awareness around cultural needs, such as using clear and simple language for people with limited English skills.

### Positives (selected comments)

*“Staff in the hospital were good. They spoke to me slowly and in a way that I could understand as English is not my first language. Support good and information good.”*

### What could be improved?

Privacy is an issue for many people - some felt uncomfortable in ‘full and open-planned’ feeding clinics, while others said there were ‘too many checks, by too many people’ and felt this could be obtrusive, at times. We also heard accounts of curtains left open, causing embarrassment.

One person, whose premature baby had been transferred to another hospital, found remaining on the maternity ward to be emotionally difficult.

Other issues include levels of support for tongue-tie, access to the Listening Clinic and awareness of mental health issues.

#### Negatives (selected comments)

*“I had to contact PALS (Patient Advice and Liaison Service) myself to arrange to visit the listening clinic - I think this should automatically be offered to anyone who has a difficult birth.”*

*“After I had my baby prematurely, I was put in the maternity ward in a private room. I could hear babies cry all night which was difficult as I didn't know whether my baby had survived his journey to St. Thomas.”*

*“Ward staff were okay and I was only upset when I was being examined and the curtain was not pulled together properly and a gentleman walked into the room and he could see me, which was not good for my dignity.”*

#### 11.8 Is there anything in postnatal care that you would like to see changed or improved?

Finally, in Q3/Q4 we asked people whether they felt there was anything about their postnatal care that could be changed or improved. Just over 30% responded, with suggestions including greater privacy on the ward, less pressure to breast feed, more home visits after birth and greater continuity of care.

## 12. Mental Health

In this section we focus on experiences associated with mental health and wellbeing.

#### What works well?

Experiences demonstrate that midwives have good levels of mental health awareness, acting in a personal and appropriate way. One person, during birth was encouraged that the midwife was mentally health trained. We also heard that GPs have referred or signposted to mental health support services and groups.

One person, who suffered from Postnatal Depression says there is ‘much greater awareness’ of mental health in recent years.

### Positives (selected comments)

*“The midwife and health visitors did all that they could but I was suffering from postnatal depression and as a single mum I had no one to turn to. I saw my GP who suggested that I spoke to Mind. I was given lots of information and a support worker helped me through the depression.”*

*“I have a mental health condition and my GP and midwife were aware of my situation. Both spent a lot of time with me and the monitoring of my baby was spot on. I did have a bit of depression at 37 weeks but my doctor arranged for me to see a specialist.”*

*“I have suffered with depression in the past and I made my midwife aware of this from the outset. Because of this she took extra care and at every meeting she asked how I was feeling. When I had a wobbles (concerns) she gave me good advice and at one point put me in touch with another lady who had empathy. I felt well supported.”*

*“My post-natal care has also been good. This is important as I had PND (Postnatal Depression) after my first child but the mental health support I have received has been really good this time around. There seems to be much greater awareness these days.”*

### What could be improved?

Support has been insufficient in some cases, with delays having a further impact on mental health conditions. In one account, a person needing perinatal support found it difficult to acquire, and equally difficult to be discharged from - once realising it was not required. One person comments on receiving ‘no support’ whatsoever, after leaving hospital. Q4 monitoring report capture PTSD and traumatic birth to add

### Negatives (selected comments)

*“I did not feel that I was listened to when I had postnatal depression. As a single mum I was finding it difficult to cope. My health visitor was aware that I was having difficulty but could not continue to support me. I felt left out and my doctor eventually referred me to Oxleas. The delay increased my problem.”*

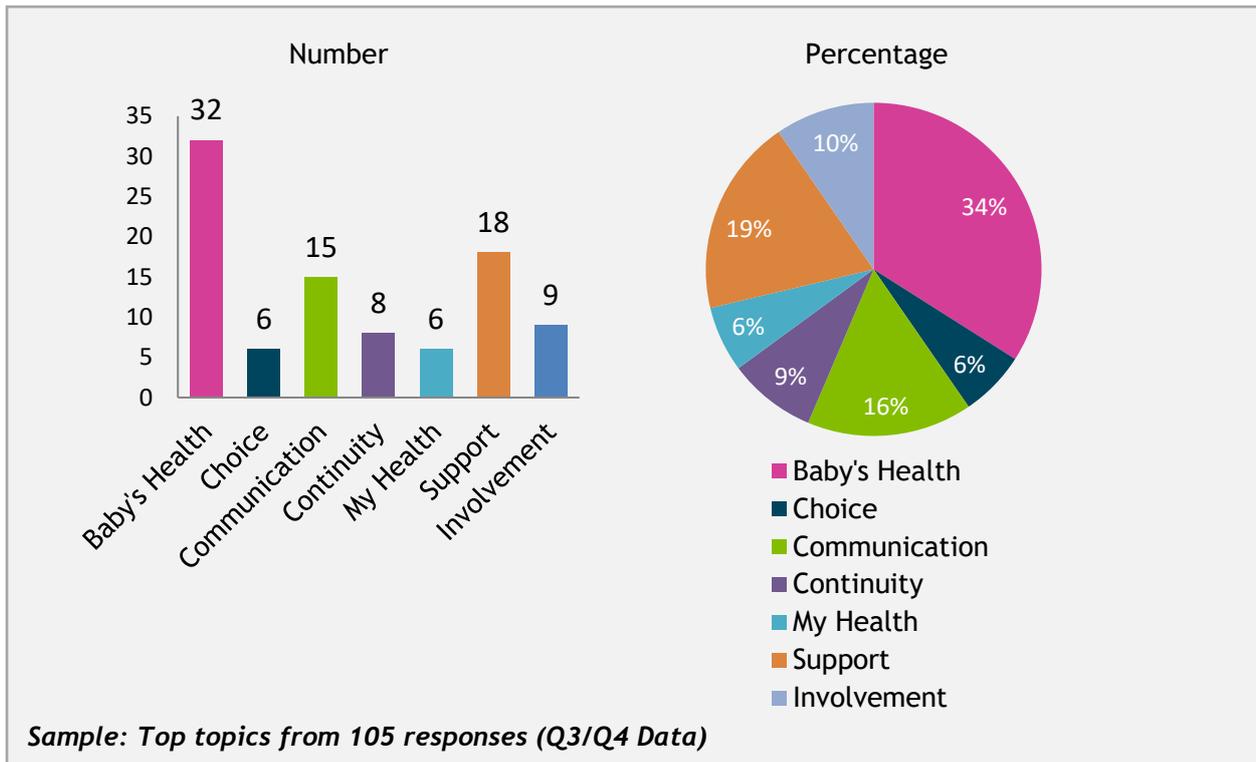
*“I was diagnosed with PND and PTSD (Post-Traumatic Stress Disorder) following the birth of my son. My experience was that birth trauma caused me not to bond with my baby and there was no support once I had left hospital.”*

## 13. Top Priorities

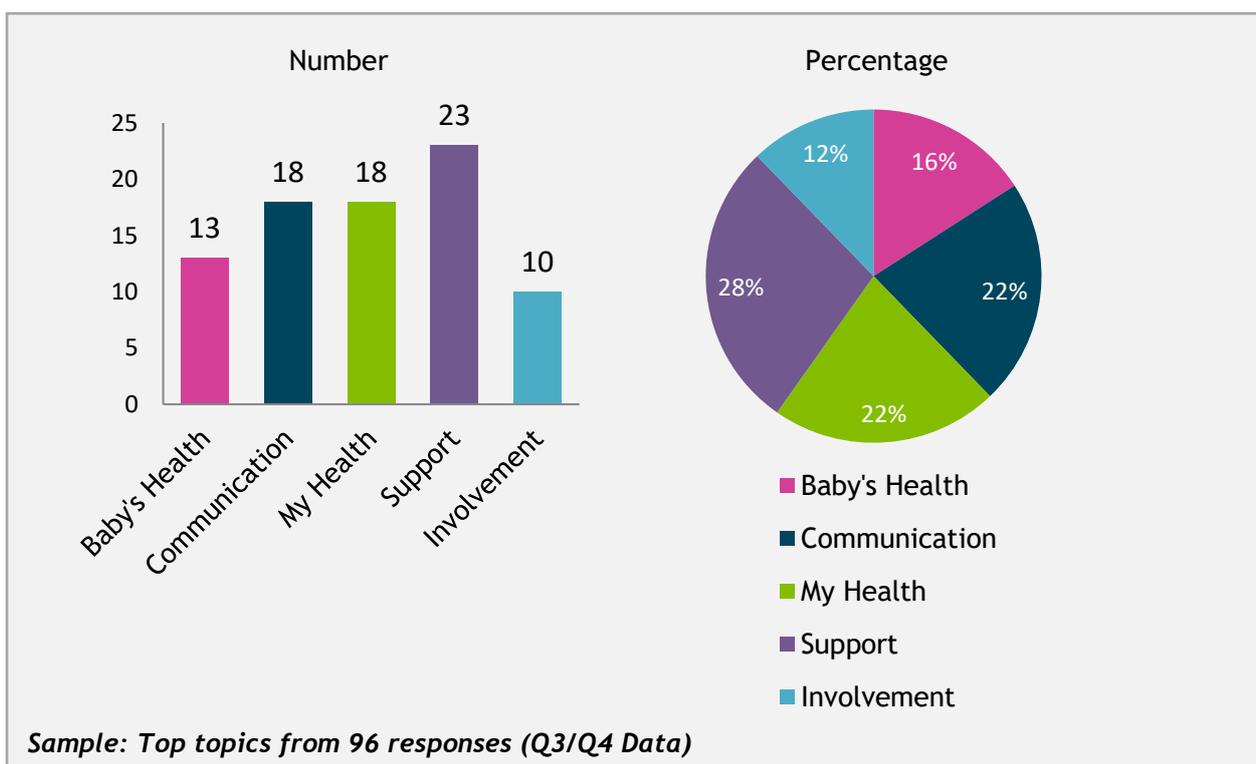
In Q3/Q4, we asked people to consider their 'top 3 priorities'.

What were your top 3 priorities during ante-natal, labour and postnatal care that were important to you?

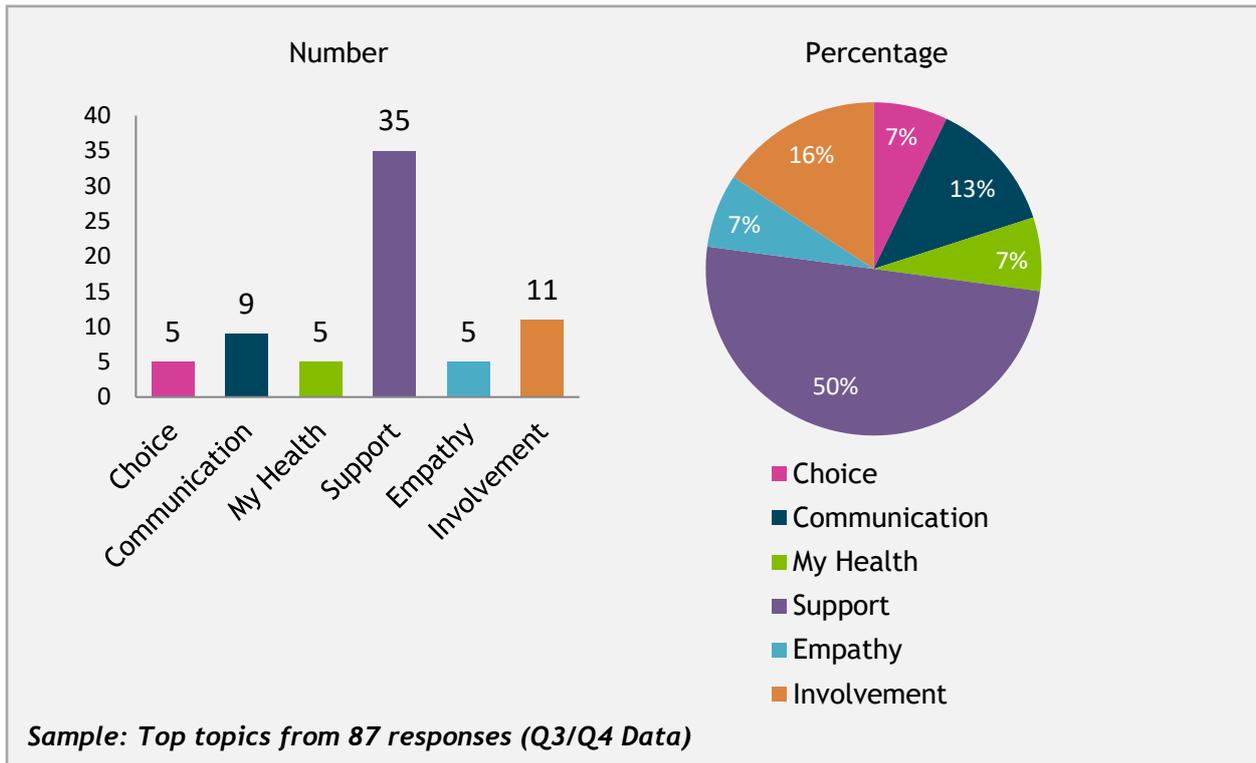
### 13.1 1<sup>st</sup> Priority



### 13.2 2<sup>nd</sup> Priority



### 13.3 3<sup>rd</sup> Priority



When looking at the priorities together, we can see that the baby's health and welfare is the immediate concern, with good levels of support and communication desired.

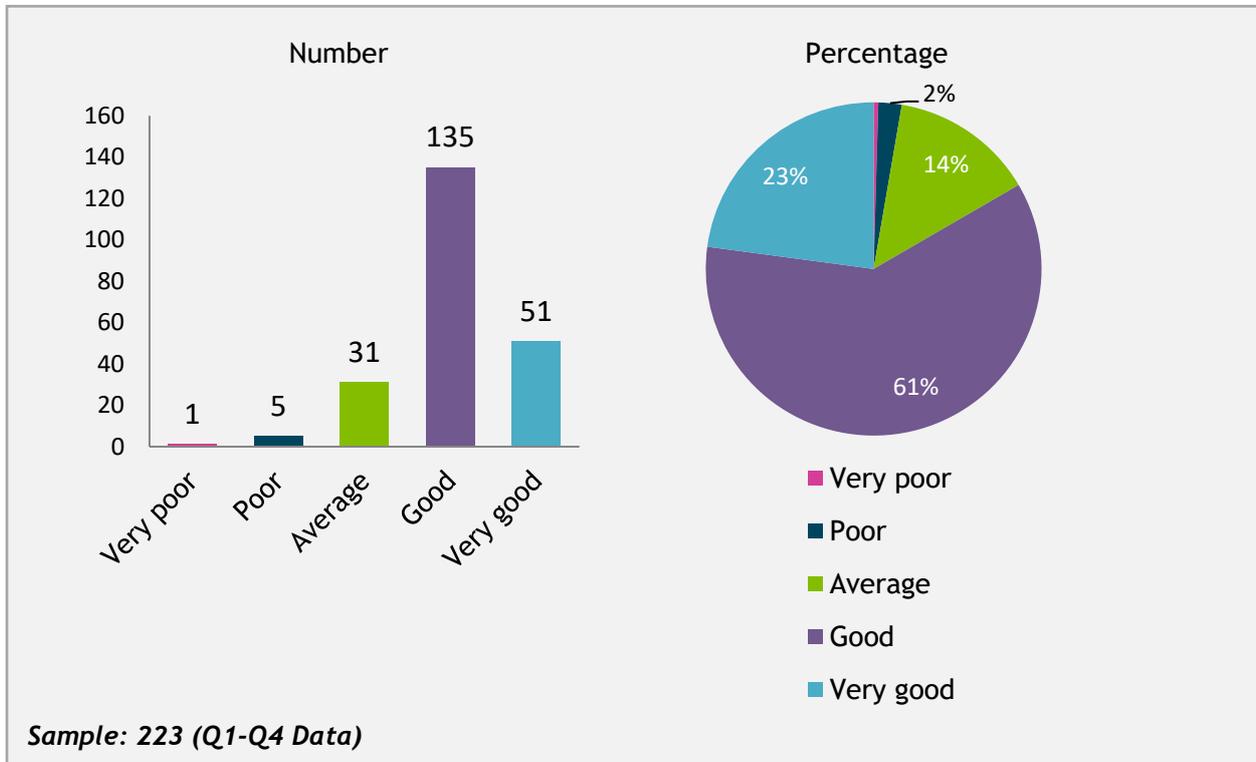
Assuming that is achieved, the emphasis switches clearly and immediately to good levels of follow on support.

The support needs outlined are diverse, ranging from breast feeding and development of the baby, to help with emotional and mental health.

## 14. Service Ratings

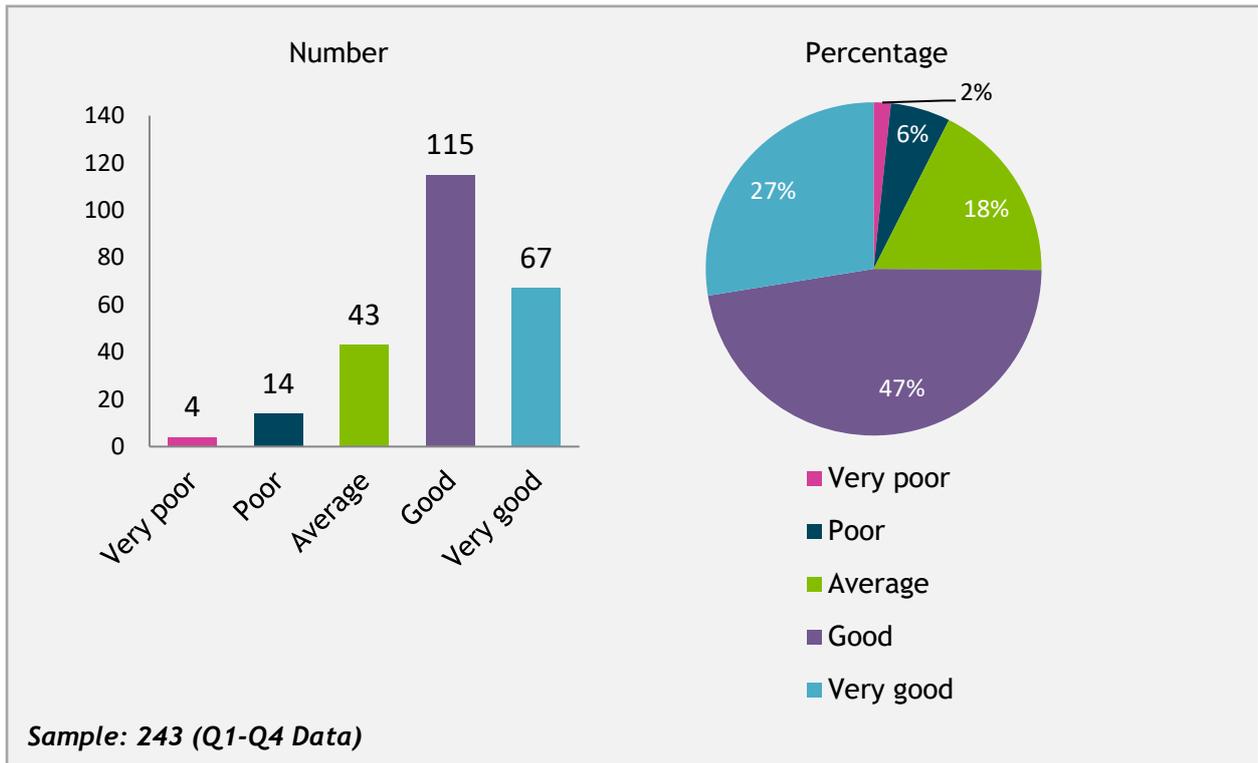
Throughout Q1-Q4 we asked people to rate service attributes, on a very poor - very good scale. Findings are as follows:

### 14.1 Cleanliness



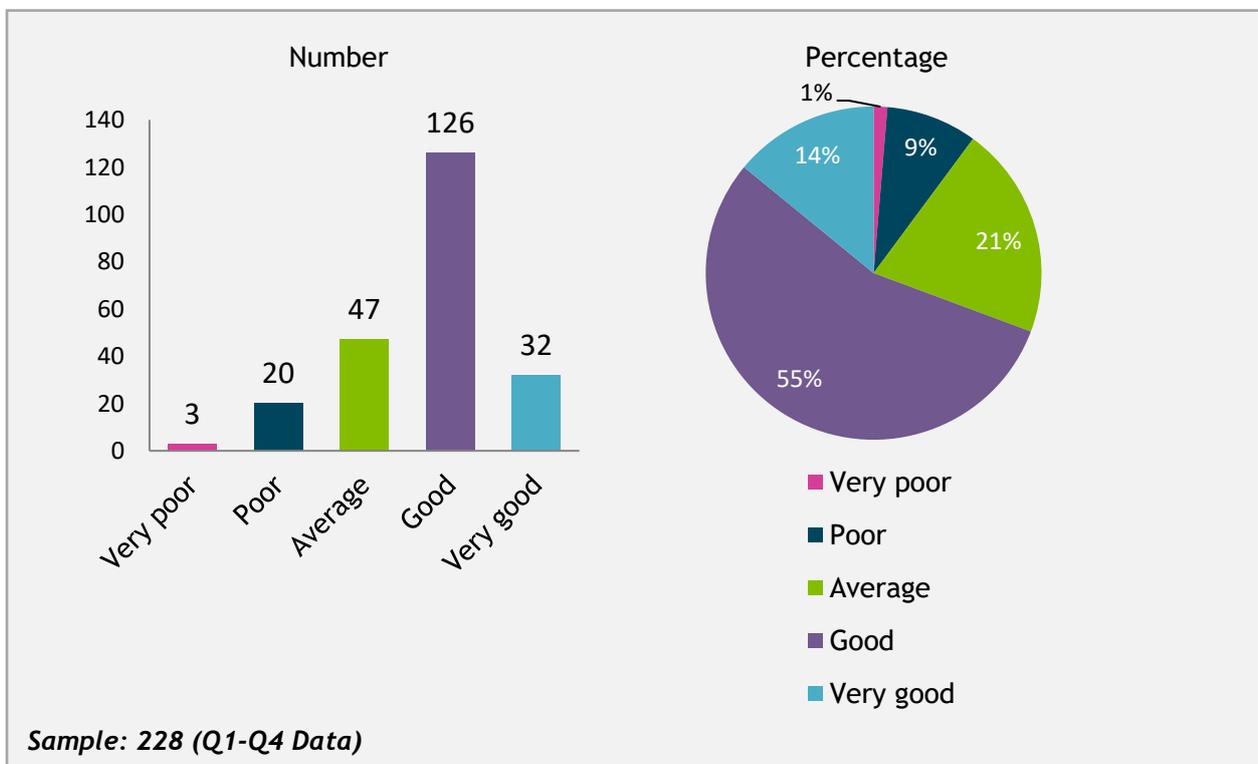
84% of people gave ratings of good or very good.

## 14.2 Staff Attitude



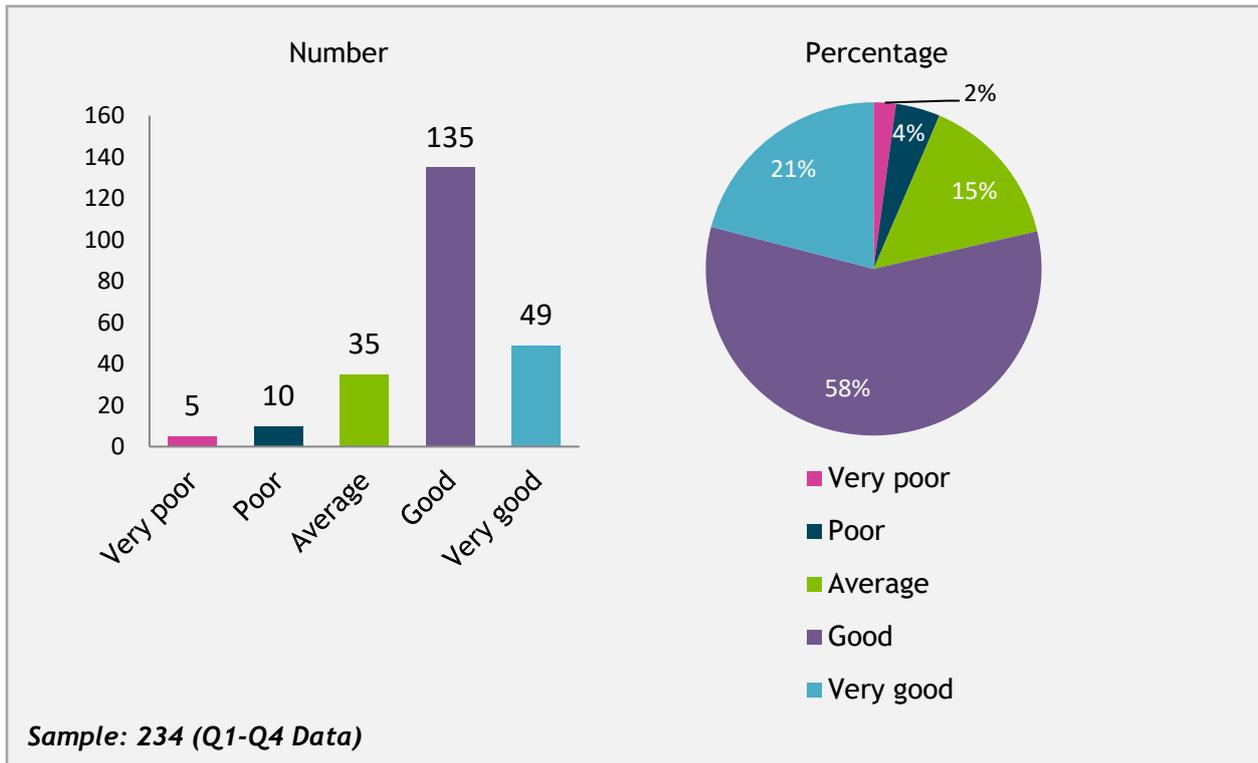
74% of people gave ratings of good or very good.

## 14.3 Waiting Time



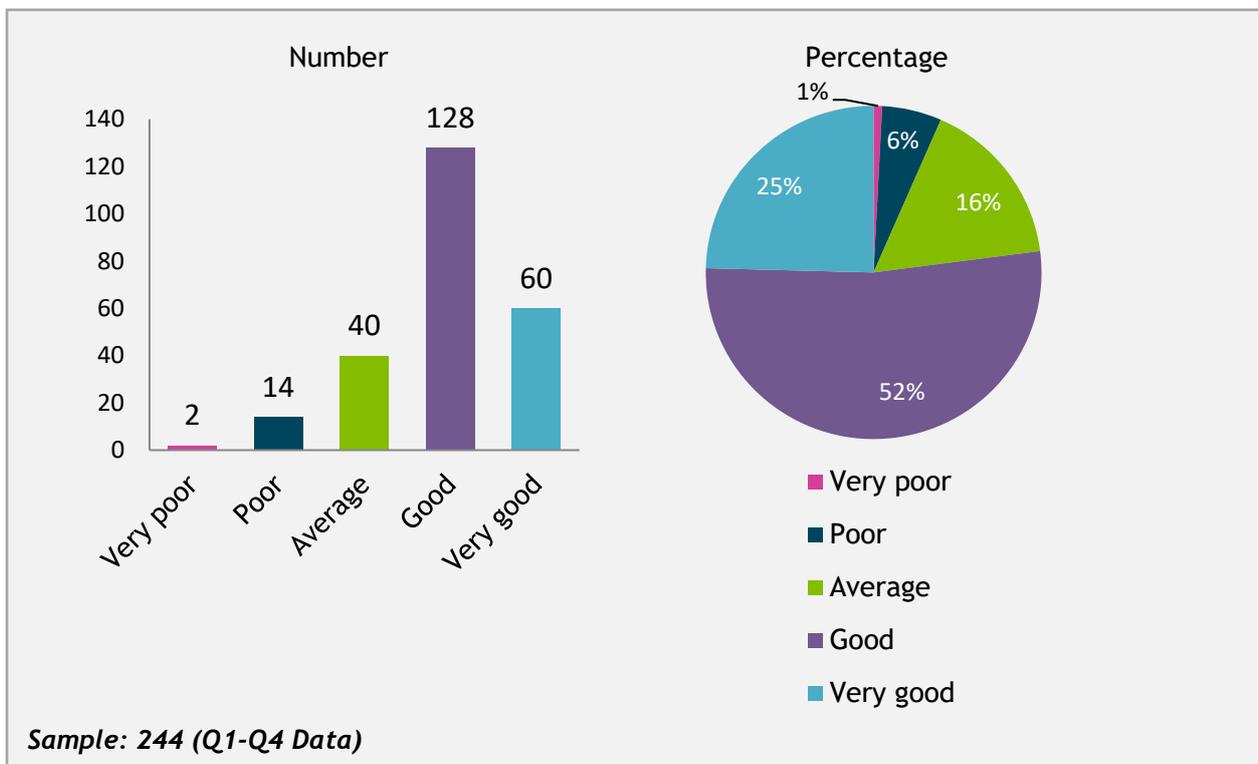
69% of people gave ratings of good or very good.

### 14.4 Treatment Explanation



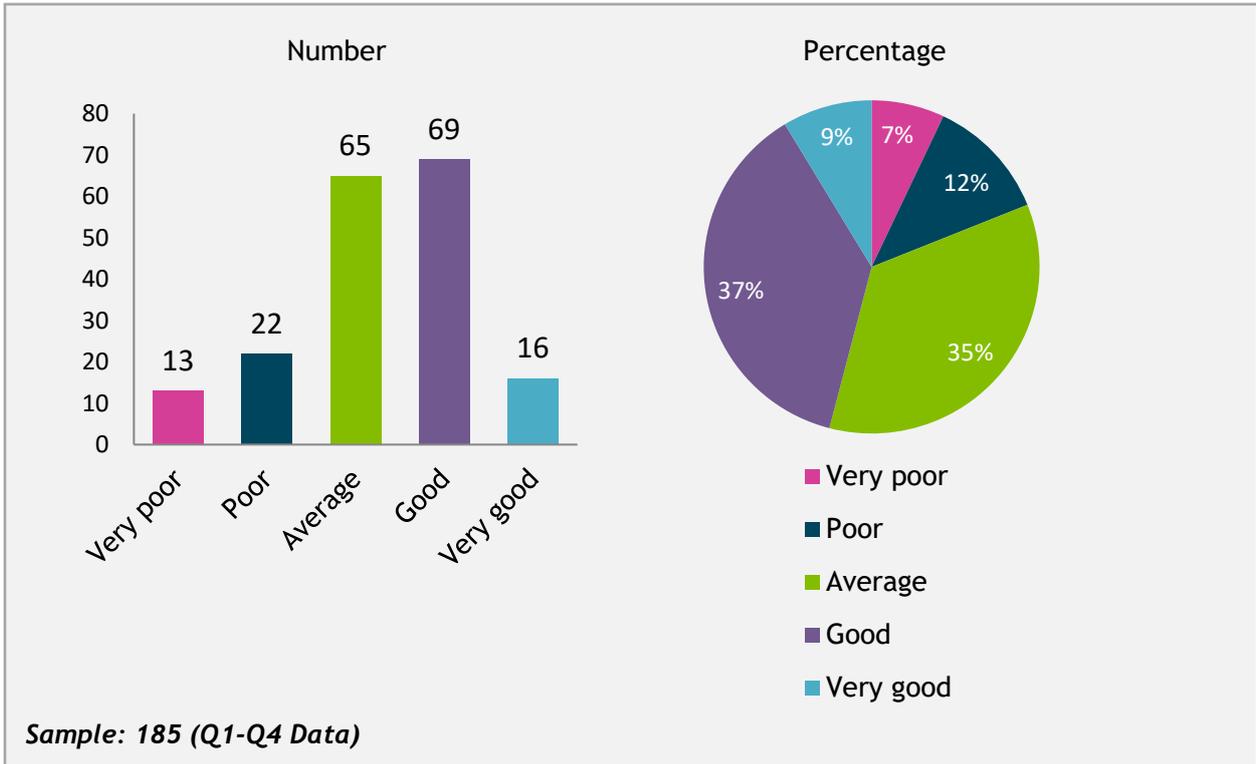
79% of people gave ratings of good or very good.

### 14.5 Quality of Care/Treatment



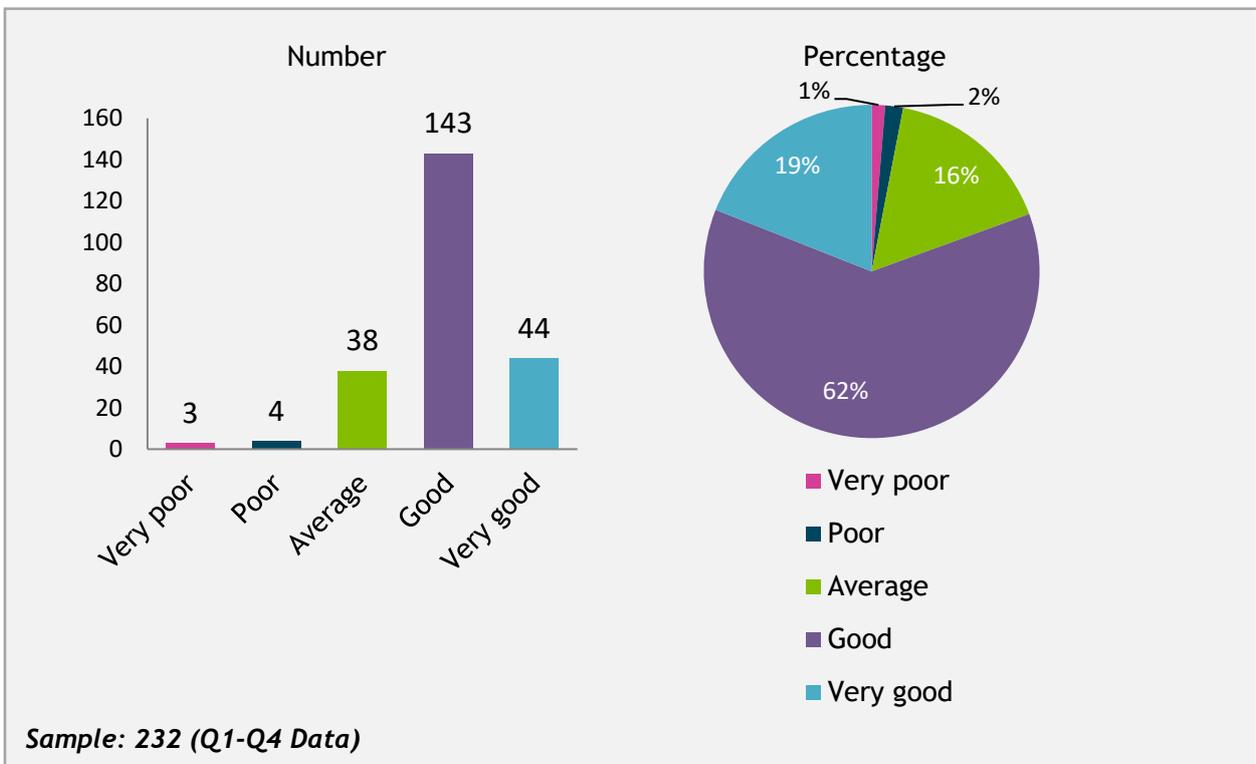
77% of people gave ratings of good or very good.

### 14.6 Quality of Food



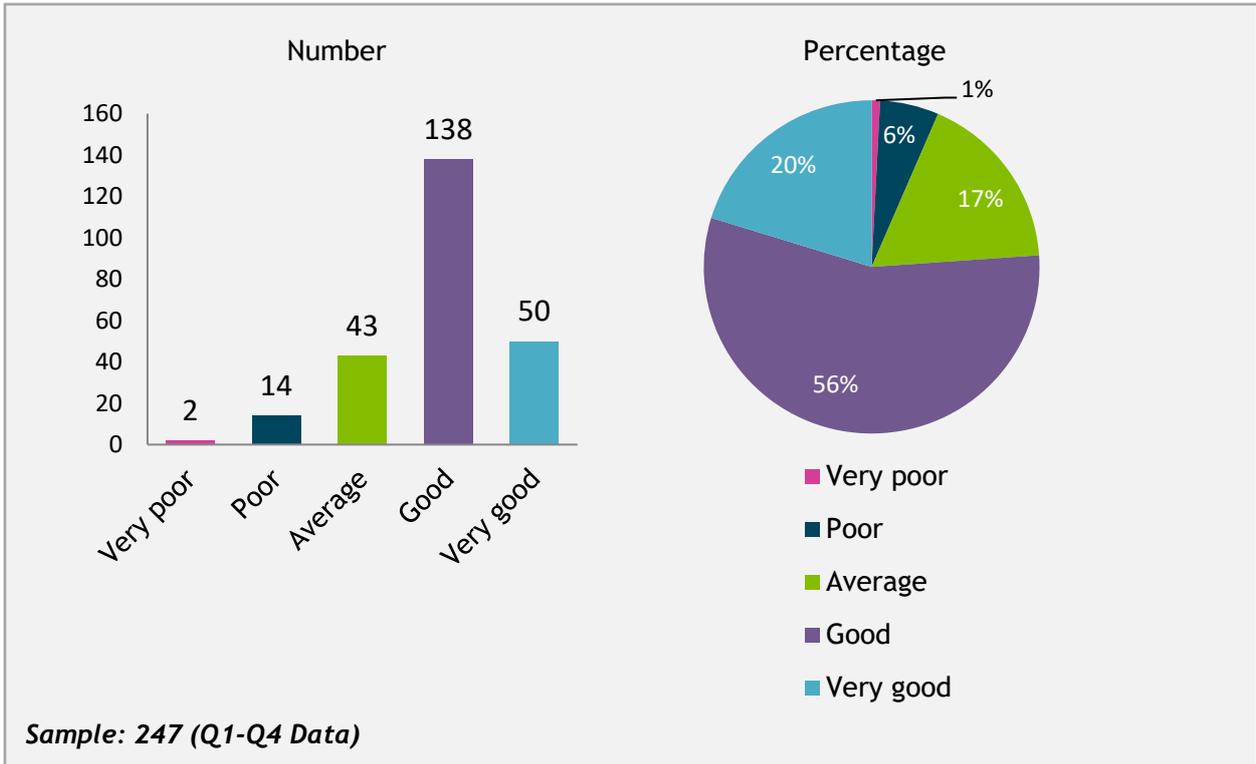
46% of people gave ratings of good or very good.

### 14.7 Access to Appointments



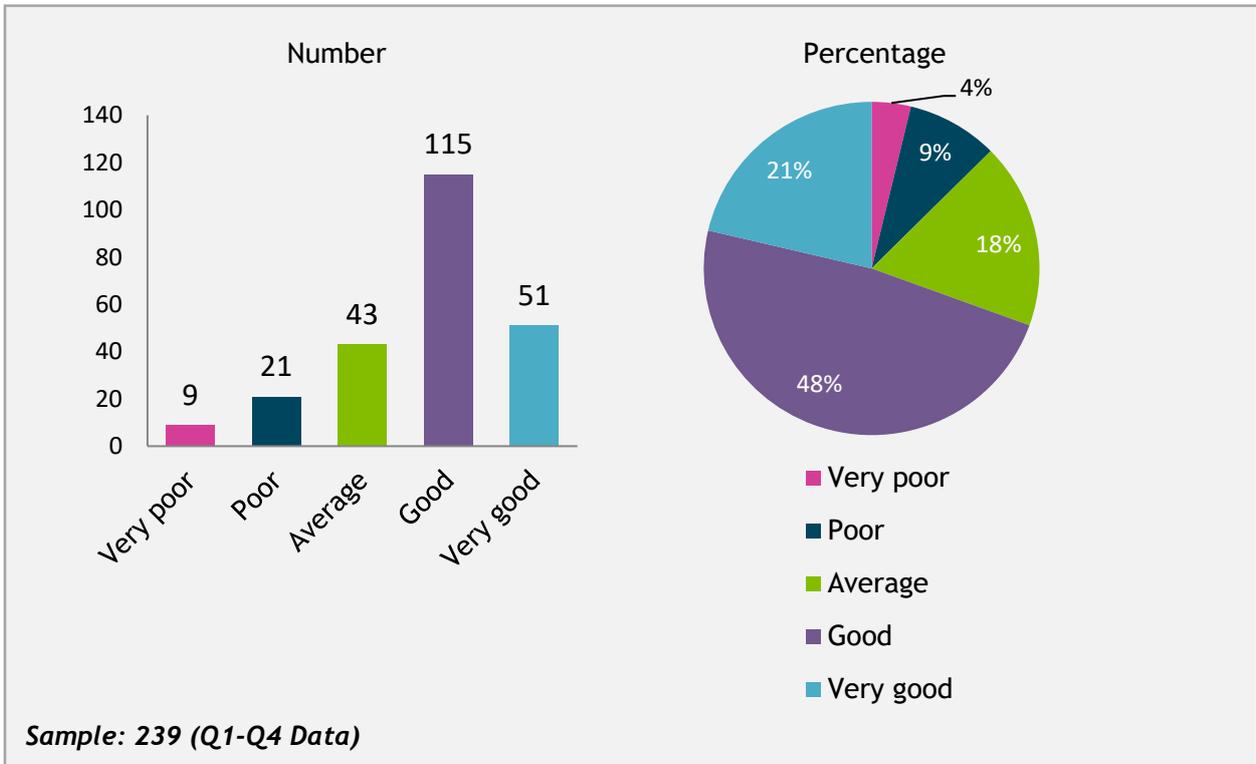
81% of people gave ratings of good or very good.

### 14.8 Quality of Service



76% of people gave ratings of good or very good.

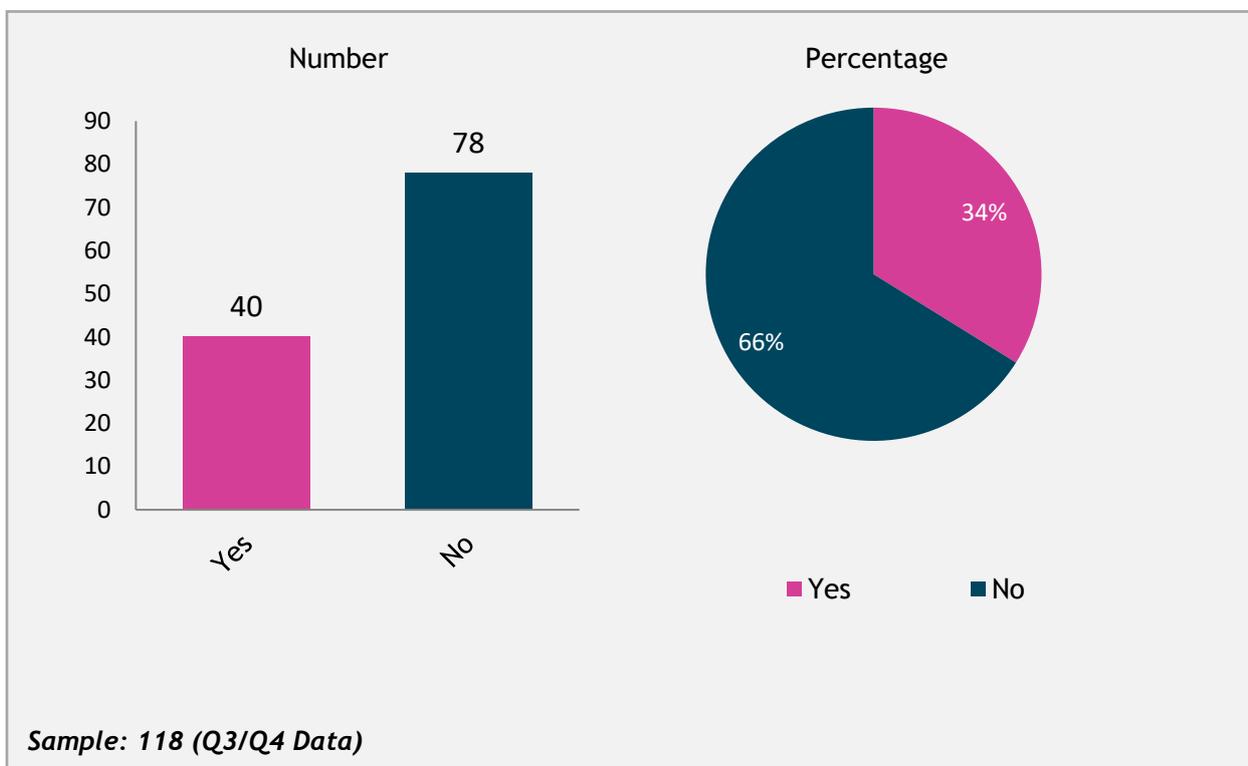
### 14.9 Communication



69% of people gave ratings of good or very good.

In Q3/Q4 we asked people if they knew about Maternity Voices Partnership. Around a third (34%) were aware.

### Supplementary: Have you heard of the (MVP) Maternity Voices Partnership?



## 15. Recommendations

*Based on analysis of the feedback, we recommend the following.*

### Antenatal Care

1. Many people do not have a named or regular midwife, with the lack of continuity making it difficult to build personal relationships.

**Suggestion:** *While there are constraints on staffing, continuity is important for some people. If registration forms contained a 'how important is it to see a named midwife' question, it may be possible to target consistency where most needed.*

2. The clinic can be a long distance from home or work, with implications on travel time and cost. Choice is also limited.

**Suggestion:** We know that some residents already use out of borough services that are closer to home (such as in Shirley). Choice should be offered wherever possible, with distance and bordering services considerations on referral.

3. In one account, it is suggested that a sonographer acted inappropriately, and without empathy when relaying the bad news of the death of a baby.

**Suggestion:** As sensitive situations are inevitable, regular training and refreshers on customer service and interaction would be beneficial.

4. Digital records are popular and well-utilized; however, they are not always reliable (information may be delayed or missing) and functionality is limited. Awareness about digital services and apps is also patchy.

**Suggestion:** Enable and encourage users to report errors or suggestions to a central point, so that issues may be identified and addressed. On awareness, a reminder on induction forms could be a useful prompt for staff.

## Birth/Labour

5. People arriving too soon to be admitted can be sent home without adequate information or reassurance, adding to anxiety and stress.

**Suggestion:** With accounts of births happening at home, and 'near misses' as a result of being turned away, people are right to feel anxious. Perhaps giving the option to remain somewhere closer, such as the hospital canteen is a safer option for some. Nobody should be sent home without adequate advice, support and reassurance.

6. Transition between midwife shifts is not always well co-ordinated, leading to conflicting information and confusion.

**Suggestion:** In the cases identified, staffing levels and pressures are cited as a possible cause. If possible, support midwives to spend more time on transition between shifts.

7. A third time mother said that staff 'assumed she could cope' however the previous births were complicated, and this was not the case.

**Suggestion:** This experience is quite common. If medical records and notes are observed, this situation can be avoided.

8. On pain relief, we hear about delays and a lack of anaesthetists. Side effects are also not always stated clearly.

**Suggestion:** Delays in pain relief can cause real discomfort - we would urge that protocols are established so people are less likely to be forgotten about, or given timely alternatives where medicines are unavailable.

9. Environmental issues include temperature, noise and a lack of privacy.

**Suggestion:** *It should be possible to repair broken equipment such as fans, while those with mobile phones may be encouraged to be considerate. Use of curtains or cubicles in open spaces (such as feeding clinics) can add comfort and confidence.*

## Postnatal Care

10. Health visitors can be 'too focused' on breast feeding, with insufficient advice or support on alternatives.

**Suggestion:** *If midwives or health visitors are unable to provide support on areas such as CMPA, signposting advice would be beneficial, and reduce anxiety and stress.*

11. Many people say the number of visits is not sufficient, with some expressing frustration and disappointment.

**Suggestion:** *We know that service level must reflect the level of need. If the standard number of visits is made clear from the outset, this would reduce disappointment and encourage people to make the best use of the time, knowing it is limited.*

12. For the 9-12 month checks, booking appointments can be difficult and in some cases people have simply 'given up', as a result.

**Suggestion:** *Telephone access is cited as a major issue on appointment booking - a message facility would save people having to phone several times. Alternatives such as electronic booking, emails or apps would also be useful in relieving pressure on telephones and front desks.*

13. We heard accounts of poor GP liaison with the health visitor, antenatal class and hospital, and delays in relaying sometimes 'vital' information.

**Suggestion:** *With high levels of demand on GP time, duties could be delegated to nurses and trained staff, so that 'vital information' is acted upon timely. On liaison with other services, perhaps electronic records could flag outstanding actions.*

14. One person, whose premature baby had been transferred to another hospital, found remaining on the maternity ward to be emotionally difficult.

**Suggestion:** *In such cases, the maternity unit is clearly an uncomfortable setting. If possible, transfer to other wards would alleviate anxiety.*

## 16. Glossary of Terms

CCG	Clinical Commissioning Group
CMPA	Cow's Milk Protein Allergy
CQC	Care Quality Commission
HWB	Healthwatch Bromley
KCL	King's College London
NCT	National Childbirth Trust
PALS	Patient Advice and Liaison Service
PND	Postnatal Depression
PRUH	Princess Royal University Hospital
PTSD	Post-Traumatic Stress Disorder
SBU	Special Baby Unit

## 17. Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact Your Voice for Health & Social Care

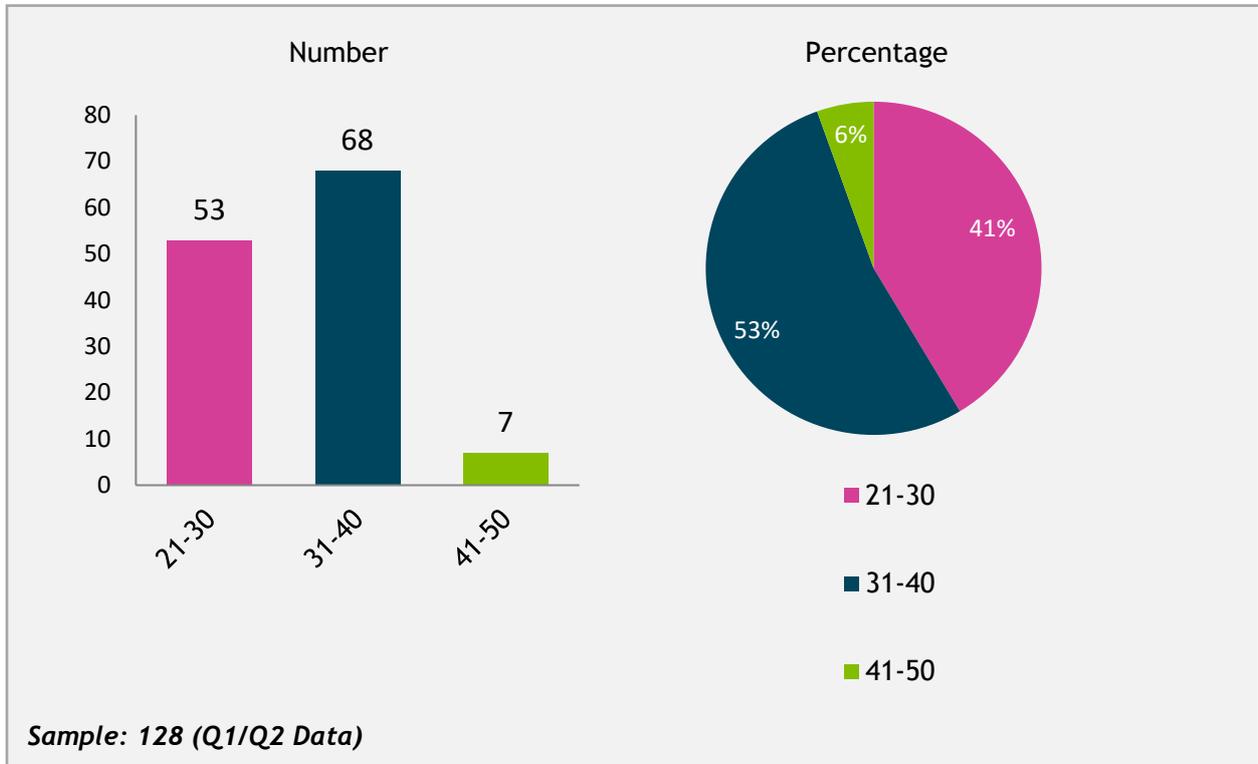
Telephone: 0203 886 0839

Email: [info@yvpsc.org.uk](mailto:info@yvpsc.org.uk)

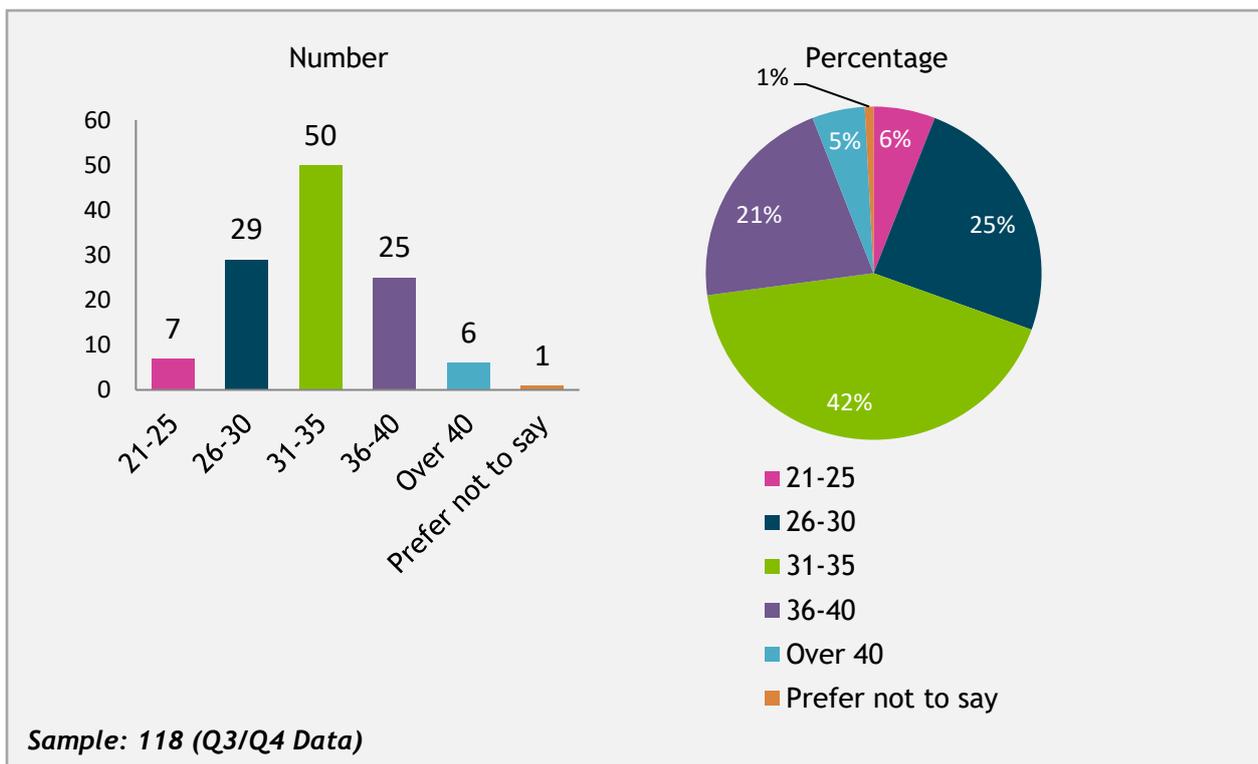
Website: <http://www.yvpsc.org.uk/>

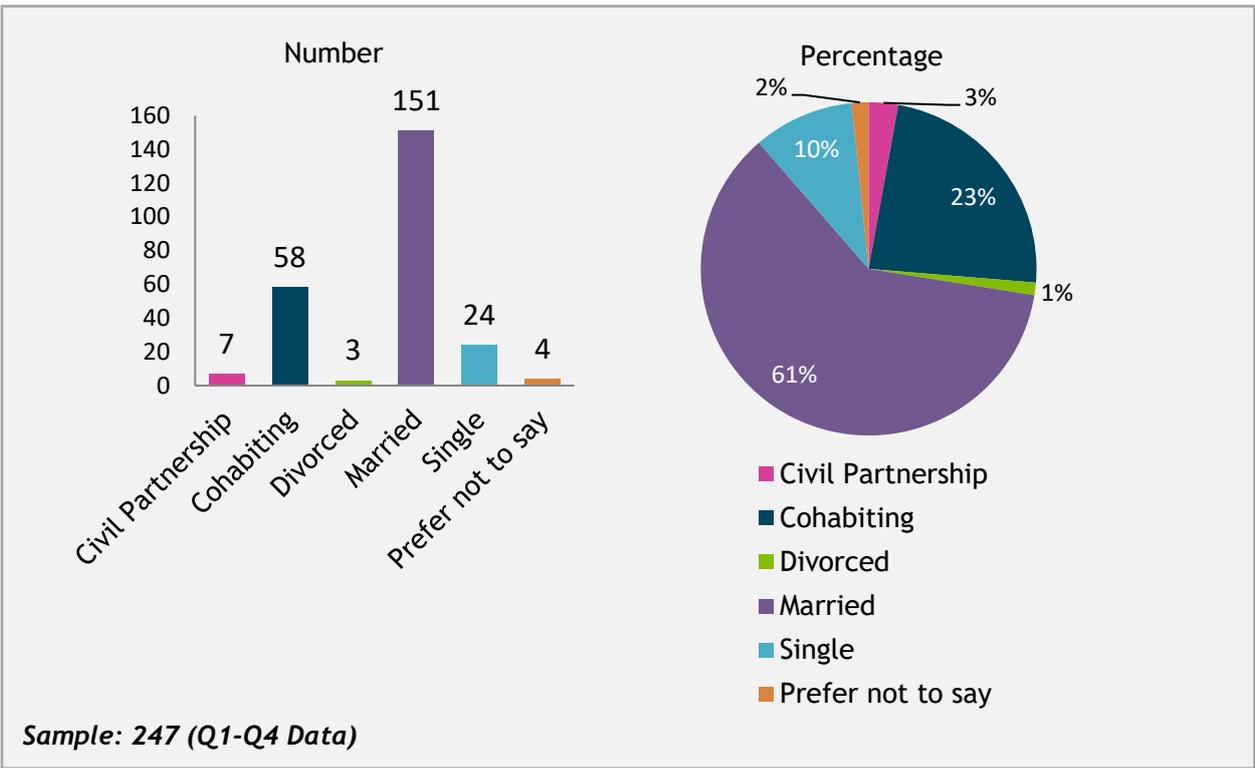
## Annex - Demographics

### Age (Q1/Q2)

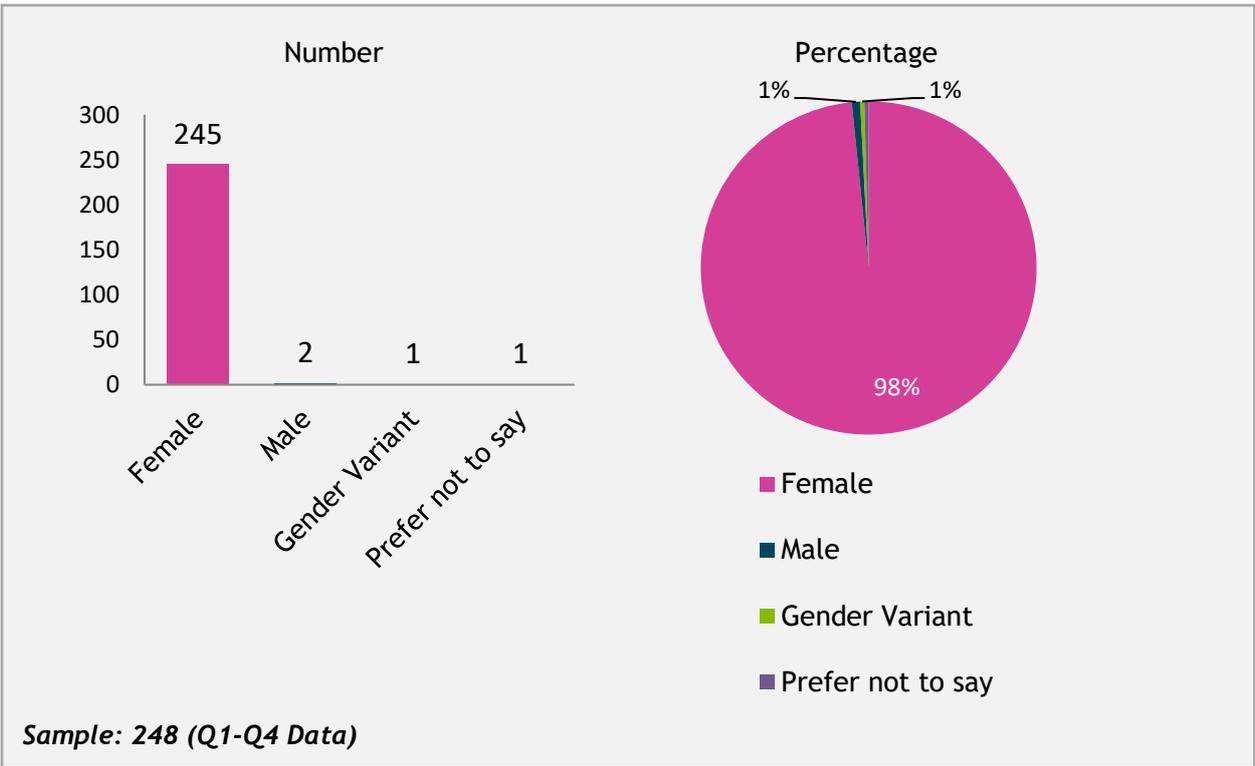


### Age (Q3/Q4)

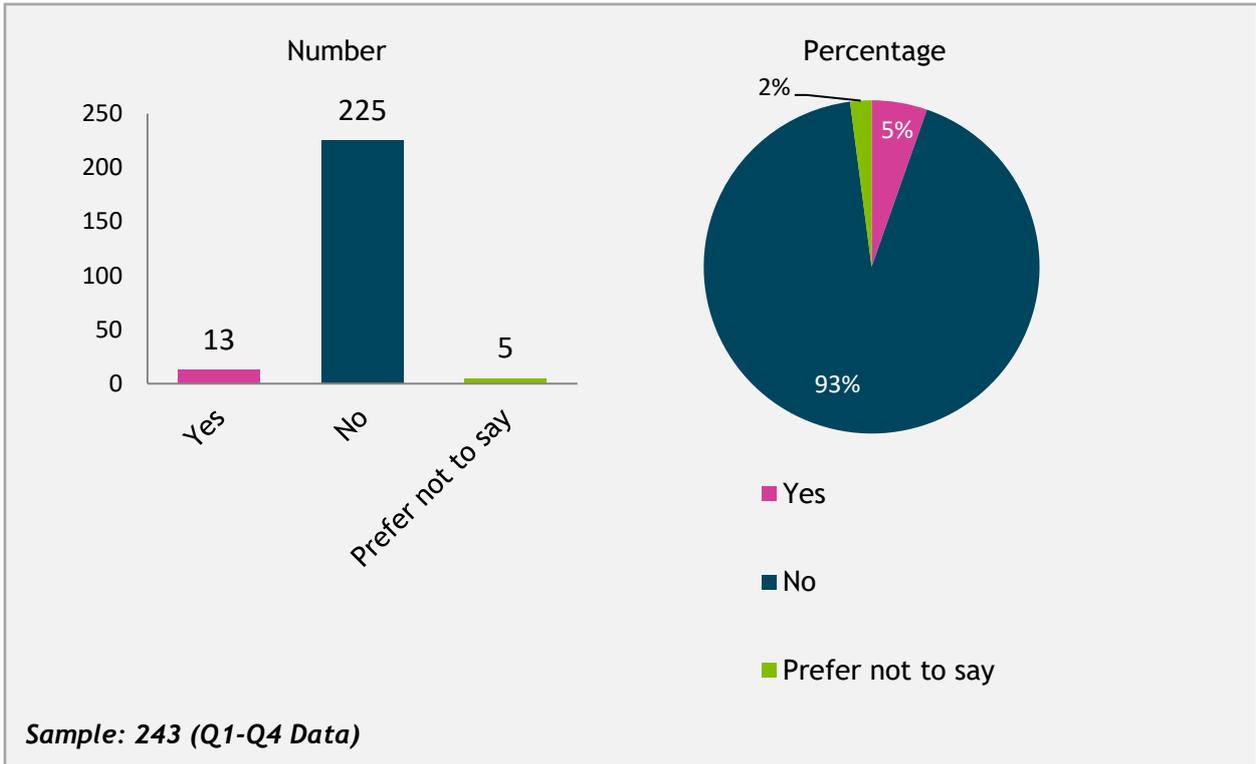




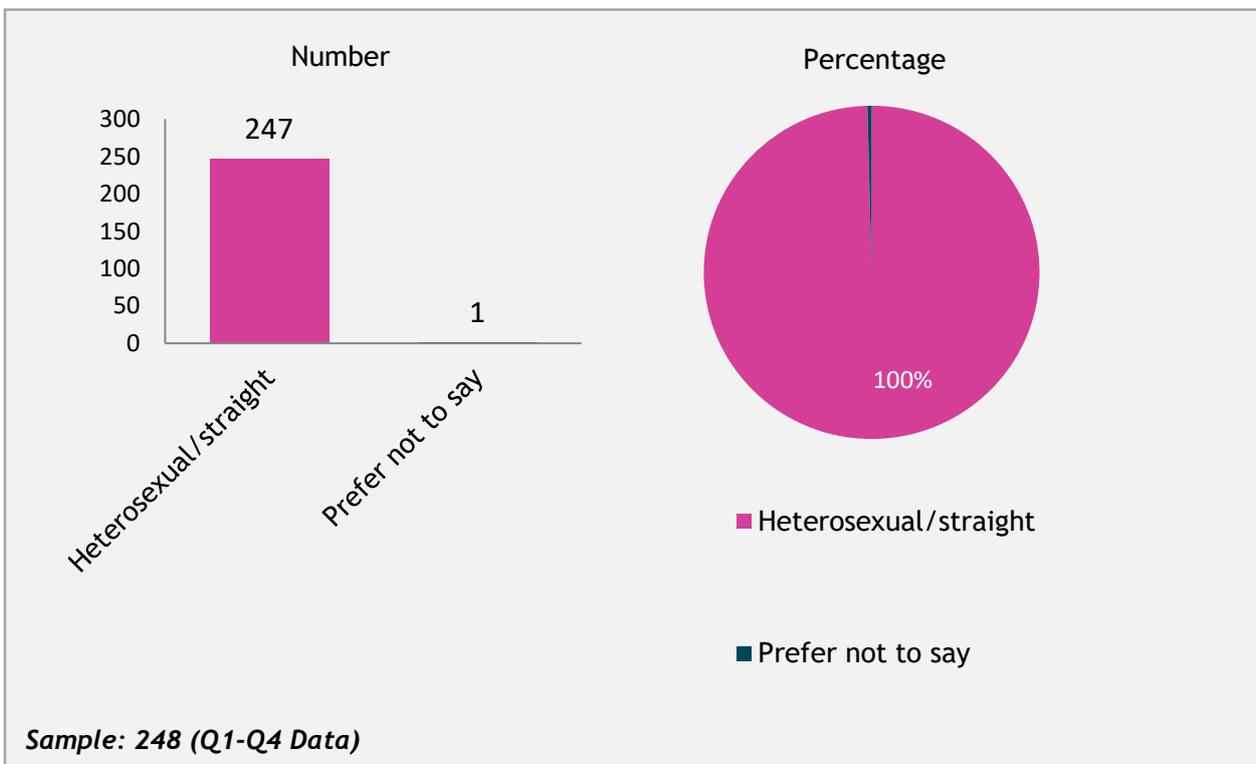
**Gender**



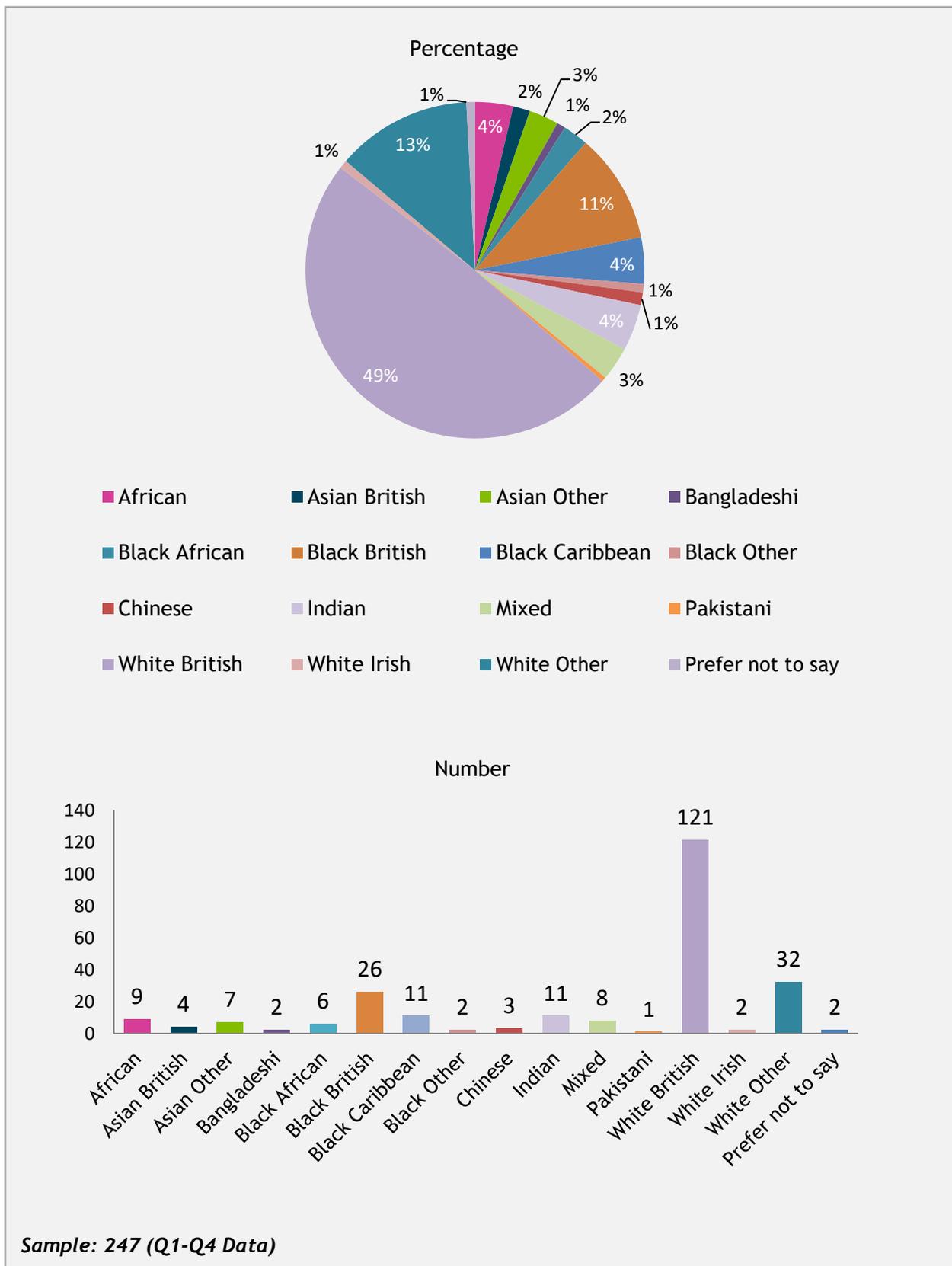
### Do you consider yourself to be disabled?



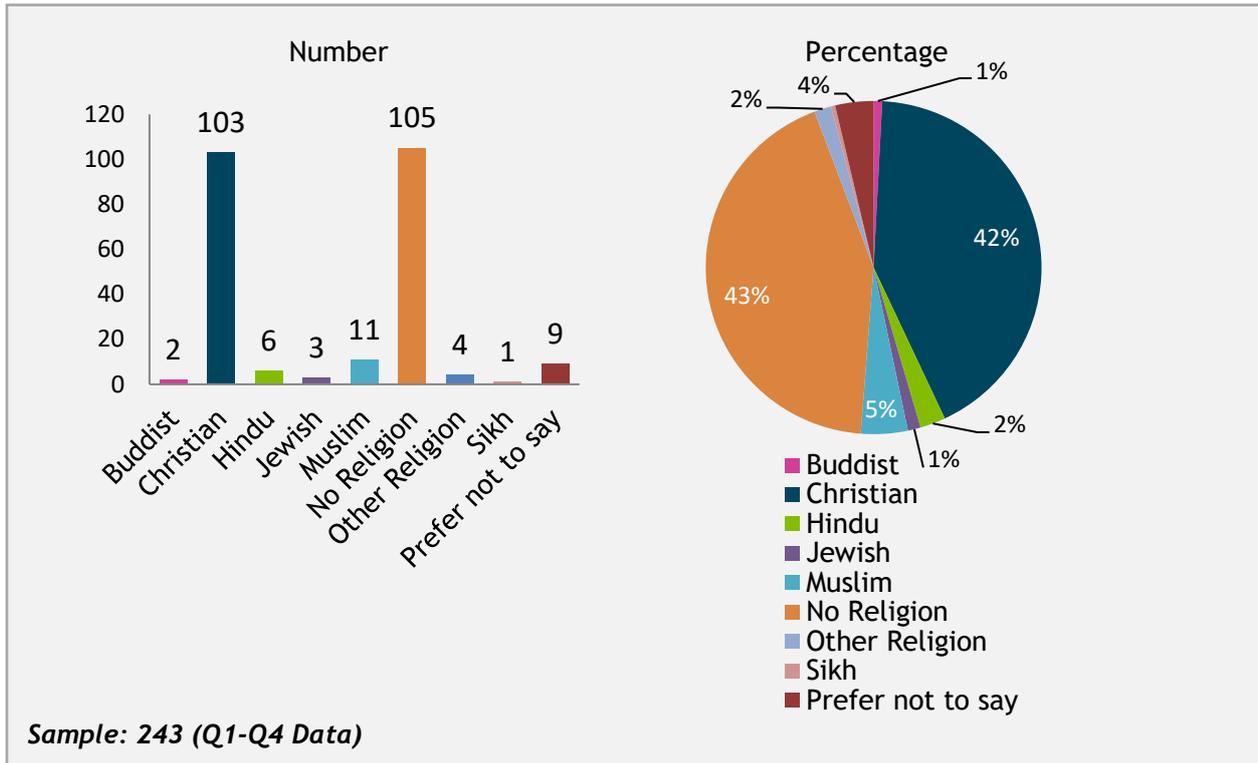
### Sexual Orientation



## Ethnicity



## Religion



## Annex - Development Day Attendees

Present	Job Title	Organisation
Grace Wooller (GW)	MVP Chair	Bromley CCG
Dawn Newman-Cooper (DNC)	Head of Planned Care	Bromley CCG
Dr Sally Carson (SCar)	GP Clinical Lead - Maternity Services	Bromley CCG
Kelly Scanlon (KS)	Head of Communications and Engagement	Bromley CCG
Mina Kakaiya (MK)	Operations Manager	Healthwatch/YVHSC
Frances Barnes (FB)	Community/ Antenatal Matron	KCH
Nikki Savage (NS)	Community Midwife	KCH
Caroline Goodlitt (CG)	ANC + Community Team Leader	KCH
Finola O'Driscoll (FO)	Programme Lead CYP	Public Health
Jo Beltran (JB)	Government Lead Midwife	London Borough of Bromley
Shereen Cameron (SCam)	Head of Midwifery	
Amy Watson (AW)	Project co-ordinator	Mindful Mums
Jane Altree (JA)	Monitoring	
Stephanie Wood (SW)	Kings engagement	PRUH
Emily Steward (ES)	Maternity Project Manager LMS	
Jenny Cleary (JC)	Director of midwifery	
Christine Thornley (CT)	Infant feeding advisor	
Peter Todd (PT)	Patient Experience officer	Healthwatch
Amanda Biley (AB)	Volunteer committee member - Minute taker	Healthwatch

“I prefer personal contact with a midwife or team who continually monitors you throughout and will eventually deliver your baby - like I had before.

Every time I have an appointment, I see someone different.”

Local mum