

Delivering Better Births in Buckinghamshire

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Safe & compassionate care,

every time

Executive summary

1. Introduction

The national review 'Better Births' provides a clear set of recommendations for maternity services which Buckinghamshire Healthcare NHS Trust (BHT) is keen to move forward on. The review makes several key recommendations with the aim of achieving improved personalised care for women accessing maternity services.

2. Objectives

- To involve women and families in developing a sustainable model of personalised maternity care that meets the needs of women in Buckinghamshire in line with the requirements of Better Births.
- To inform BHT's Maternity Strategy to deliver the local, regional and national strategic objectives for maternity services in order to best serve the needs of women and families

3. Methodology

A survey was launched on 1 Sept 2018 and ran for one month. The survey asked questions about each of the areas covered by the Better Births review. 835 women took part in the survey. Key findings from the survey were explored further in two workshops held in Wycombe and Aylesbury attended by 16 women.

4. Key findings

- For the majority of women seeing the same midwives at all appointments, and ideally a maximum of only two was very important.
- Most women pregnant with their first child would like to have a midwife they had seen before at the birth though this was less important to women who had already had one child (61.76% compared to 42.3%), and of those who had already had a child for 29.97% felt it was not important at all
- The majority of women would or might consider having their ante-natal care as part of a group.
- Most women would like to give birth in a midwife-led unit attached to a hospital. In reality the vast majority of maternity service users give birth in the labour ward. Women's perception was that being transferred to the labour ward meant less choice and more intervention.
- More could be done to replicate elements of the midwife led unit experience in the labour ward, for example more use of birth pools.
- During birth being given clear reasons on why any interventions are required, and regular communication about how labour is progressing are the two things that are of most importance to women
- For nearly half of women who had given birth under the care of BHT having their birth partner with them overnight was the thing that would have the most impact on improving care immediately after birth.
- For nearly half of women seeing the same midwife they saw during pregnancy would have the most impact on improving their care after leaving the hospital or birth centre

- Having someone providing advice and support on the ward and having someone visit during the first few days at home would have the most impact on improving their experience of starting to feed their baby.
- Women felt not enough support was provided for bottle feeding and more could be done to identify tongue tie earlier.
- Women would like information on maternity and postnatally to be provided digitally, rather than in leaflet form
- For those women who had used Wycombe birth Centre it had been a very positive experience. Suggestions for increasing use of the birth centre included giving more information on how few second and subsequent time mums are transferred to hospital.

5. Recommendations

- BHT should develop a model of care that has the same midwives caring for women ante and postnatally and ideally a maximum of only two
- The concept of ante-natal care as part of a group should be further developed and tested
- More should be done to ensure women are able to give birth in their ideal location which is in a midwife-led unit attached to a hospital
- The labour ward should aim to replicate aspects of the midwife-led unit experience for example giving more access to birth pools, and giving women more choice about all aspects of the birth
- Doctors and midwives are often not perceived as working as a team, measures should be taken to address this, for example joint training
- During birth there should be clear and regular communication with women about how labour is proceeding and when interventions are suggested, why they are required.
- BHT should continue to build on progress in allowing birth partners to stay to support women overnight
- Support to women to establish feeding should be reviewed, specifically:
 - More one to one support to women
 - More support with bottle-feeding
 - Women should not be subjected to what they perceive as judgemental attitudes if they are unable to or choose not to breast feed
 - Preparation for feeding should be part of ante-natal care
 - More peer supporters should be trained to support women
 - Consistency of advice
 - Early identification of tongue tie
- Post-natal care should include advice to women on physical and psychological recovery
- The Birth Reflections service was highly valued by those who used it and more should be done to identify women who would particularly benefit from it and ensure they are aware of it
- The service at Wycombe Birth Centre should be better promoted, with information on transfer rates included, and women should be given the opportunity to have ante-natal appointments there
- BHT should establish birth choices sessions for women during pregnancy

- Further work should be done to give women whose babies have died before birth, choices in how they give birth, a working group including women with lived experience should be established to progress this.
- More information for maternity and postnatally should be provided digitally ideally through an app

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1. Introduction

1.1. Background

The national review 'Better Births' provides a clear set of recommendations for maternity services which Buckinghamshire Healthcare NHS Trust (BHT) is keen to move forward on. The review makes several key recommendations with the aim of achieving improved personalised care for women accessing maternity services. The recommendations cover:

- continuity of carer
- personalised care
- safer care with professionals working better together across boundaries to ensure rapid referral to provide safest care
- better postnatal care
- better perinatal mental health care
- multi professional working
- working across boundaries

1.2. Objectives

- To involve women and families in developing a sustainable model of personalised maternity care that meets the needs of women in Buckinghamshire in line with the requirements of Better Births.
- To inform BHT's Maternity Strategy to deliver the local, regional and national strategic objectives for maternity services in order to best serve the needs of women and families

1.3 Methodology

A survey was launched on 1 Sept 2018 and ran for one month. The survey asked questions about each of the areas covered by the Better Births review. It was distributed through BHT social media channels and through the networks BHT's Maternity Voices Partnership. It was also sent out to 962 BHT Voices members and to women who had used BHT maternity services between 1 Dec 2017 and 31 May 2018. 835 women took part in the survey.

Key findings from the survey were explored further in two workshops held in Wycombe and Aylesbury attended by 16 women. The first workshop was a focus group and the second used World Café methodology.

2. Survey results

2.1 About you

I am pregnant with my first child	4.31%	36
I have had a baby under the care of Buckinghamshire Healthcare Trust	95.69%	799
	Responses	835

2.2 Views of the 36 women currently pregnant with their first child

2.2.1: How important is it for you to consistently see the same midwives at all of your appointments

Very important	63.89%	23
Important	16.67%	6
Slightly important	8.33%	3
Not important at all	0.00%	0
Not at all important	8.33%	3
Not important at all	2.78%	1
	Responses	36

2.2.2: What is the maximum number of midwives you would like to see during your antenatal and postnatal care? This does not include the midwives you see during the birth

1-2	69.44%	25
3-4	27.78%	10
5-6	0.00%	0
I don't mind	2.78%	1
	Responses	36

2.2.3: How would you prefer to communicate with your midwife to plan your prenatal and postnatal care and options for birth?

Regular face to face appointments	88.57%	31
By phone at a set time each week	11.43%	4
Via the internet (Skype for example) at a set time each week	0.00%	0
Long Term Conditions	0.00%	0
Adult Community Health Teams	0.00%	0
	Responses	35

2.2.4: Would you consider the option of having your antenatal care as part of a group of women and partners where you still have individual time with your midwife but also the support of the group as you go through pregnancy?

Yes	42.86%	15
No	28.57%	10
Maybe	28.57%	10
	Responses	35

2.2.5: Where would you prefer to have your baby?

At home	5.88%	2
In a midwife led birth centre not attached to a hospital	2.94%	1
In a midwife led unit attached to a hospital	64.71%	22
In an obstetric (doctor led) unit in a hospital	20.59%	7
I don't mind	5.88%	2
	Responses	34

Respondents were asked to give reasons for their choice. Nearly 65% of respondents currently pregnant with their first child wanted to give birth in a midwife led unit attached to a hospital. The main reason given was that they wanted the security of knowing they could be quickly transferred if complications arose:

- *'I want to be in the care of midwives but know that if anything goes wrong I won't have to be transferred miles away to another hospital at what is already quite a scary time.'*
- *'This is my first pregnancy; I feel it is important to give before in a unit linked to a hospital for my piece of mind. I am a nurse and I understand how quickly a situation can deteriorate.'*
- *'I don't like the thought of being transferred in an ambulance if there are complications'*

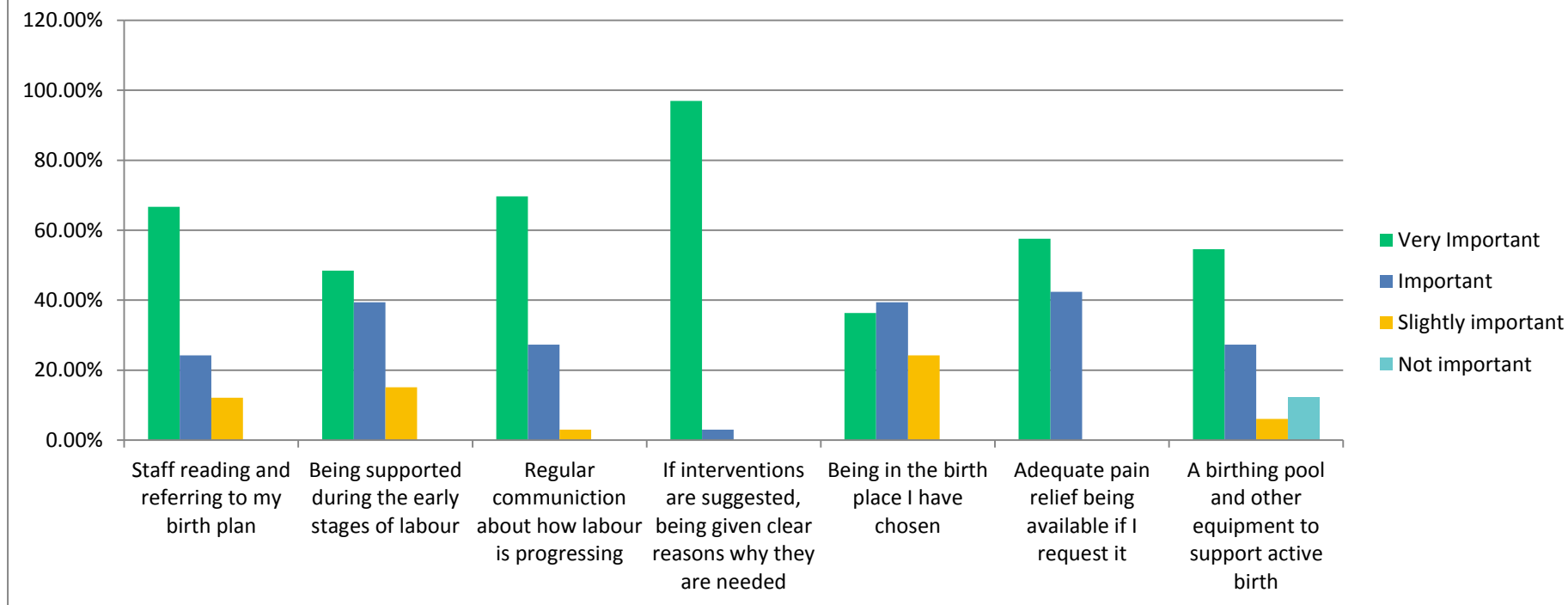
The reason given for not considering Wycombe Birth Centre for the birth was the distance to the nearest appropriately resourced hospital:

- *'Want the relaxed atmosphere with the safety of the hospital. Would have preferred to still have the full service at High Wycombe as other hospitals are so far away and there is more than enough requirement.'*

2.2.6 How important is it to you to have a midwife you met before providing care during labour and birth of your child?

Very important	11.76%	4
Important	50.00%	17
Slightly important	29.41%	10
Not important at all	8.82%	3
	Answered	34

2.2.7: Please rate the importance of the following to you during the birth of your child



	Very Important		Important		Slightly important		Not important		Total
Staff reading and referring to my birth plan	66.67%	22	24.24%	8	12.12%	4	0.00%	0	33
Being supported during the early stages of labour	48.48%	16	39.39%	13	15.15%	5	0.00%	0	33
Regular communication about how labour is progressing	69.70%	23	27.27%	9	3.03%	1	0.00%	0	33
If interventions are suggested, being given clear reasons why they are needed	96.97%	32	3.03%	1	0.00%	0	0.00%	0	33
Being in the birth place I have chosen	36.36%	12	39.39%	13	24.24%	8	0.00%	0	33
Adequate pain relief being available if I request it	57.58%	19	42.42%	14	0.00%	0	0.00%	0	33
A birthing pool and other equipment for active birth	54.55%	18	27.27%	9	6.06%	2	12.12%	4	33

2.2.8: During your first appointment with your midwife you received a mental health assessment. Was this useful in planning care to support you with your diagnosed mental health condition or in identifying a mental health condition?

Very useful	21.21%	7
Useful	3.03%	1
Fairly useful	12.12%	4
Not useful at all	12.12%	4
Not applicable. I do not have any mental health issues	51.52%	17
	Answered	33

2.2.9: Following discussion with your community midwife about your mental health, did you receive care from any other groups or professionals? Select all that apply

Mental Health midwife	6.06%	2
Specialist Consultant Obstetrician	12.12%	4
Healthy Minds	3.03%	1
PANDAS	0.00%	0
Mental Health team	0.00%	0
Not applicable. I do not have any mental health issues	63.64%	21
Other (please specify)	21.21%	7
	Answered	33

2.2.10: What would have the most impact on improving the support you receive during pregnancy with your mental health condition?

More information around mental health issues during pregnancy, birth and after	21.88%	7
Information about social media support networks	0.00%	0
Having support from a volunteer who has had a similar issue	3.13%	1
Access to a pregnancy support group	9.38%	3
Access to therapies and services to manage emotional wellbeing	6.25%	2
More opportunity to reflect on my birth experience	3.13%	1
Not applicable, I do not have any mental health issues	56.25%	18
	Answered	32

2.3 Views of the 799 women who have given birth under the care of BHT

2.3.1:

Very important	59.66%	460
Important	29.70%	229
Slightly important	7.65%	59
Not important at all	2.98%	23
	Answered	771

2.3.2: What is the maximum number of midwives you would like to see during your antenatal and postnatal care? This does not include the midwives you see during the birth.

1-2	65.70%	498
3-4	22.96%	174
5-6	1.85%	14
I don't mind	9.50%	72
	Answered	758

2.3.3: How would you prefer to communicate with your midwife to plan your prenatal and postnatal care and your options for the birth?

Regular face to face appointments	92.15%	693
By phone at a set time each week	4.92%	37
Via the internet (Skype for example) at a set time each week	2.93%	22
	Answered	752

2.3.4: Would you consider the option of having your antenatal care as part of a group of women and partners where you still have individual time with your midwife but also the support of the group as you go through pregnancy?

Yes	38.36%	285
No	34.59%	257
Maybe	27.05%	201
N/A	0.00%	0
	Answered	743

2.3.5: Where would you prefer to have your baby?

At home	7.89%	57
In a midwife led birth centre not attached to a hospital	6.37%	46
In a midwife led unit attached to a hospital	54.99%	397
In an obstetric (doctor led) unit in a hospital	23.82%	172
I don't mind	6.93%	50

Please give reasons for your answer		371
	Answered	722

Respondents were asked to give reasons for their choice. Nearly 60% preferred to have their birth in a midwife led unit attached to a hospital. This was seen as the 'best of both worlds' with the advantages of midwife led care but with the safety net of knowing obstetric facilities were on hand should there be a need.

- *'Then you have the best of both worlds. If you have a straight forward birth then you only see midwives. If further assistance is needed then the doctors are nearby.'*
- *'Being attached to a hospital allows you to be close to doctor led care if things don't go to plan'*
- *'As calm an environment as possible but with full medical back up on site in case of emergency'.*

Some had experienced the situation where the birth had become more complicated and had needed to transfer.

- *'Important to have all the help immediately close by. I was low risk for last baby on birthing unit but at last minute had a shoulder dystocia and PPH. Wouldn't have been predicted'*
- *'I've had complication with both of my labours and therefore feel being in a location where all facilities are available is the safest option.'*

Nearly 24% of respondents preferred an obstetric unit in a hospital. The reasons given were having previously needed interventions, having a high risk pregnancy and maternal age.

- *'I have high risk pregnancies, Fibroids and previously suffered pre-eclampsia, while I support midwife led units for me obstetric care is uppermost.'*
- *'I have had difficult deliveries which needed a lot of intervention. This couldn't have been managed elsewhere.'*

Nearly 8% of respondents preferred a home birth, they felt it was relaxing, calm environment and felt well supported by midwives:

- *'Being at home is important for me because I feel comfortable in my own environment. At home there's freedom you wouldn't have at the hospital or birth centre'.*
- *I had a planned homebirth in October 2017. Did hypnobirthing and it just felt natural to stay at home and birth my second baby at home, in my own private space, the way I wanted it. Had two midwives and a student! Amazing experience!*

6.37% of respondents preferred a midwife led unit not attached to a hospital. For the majority of respondents who had given birth in Wycombe Birth Centre, the experience had been very positive:

- *'The atmosphere and attitude is so different. Details such as husband staying with you. Even the crockery was nicer in the Wycombe birthing centre!'*
- *'First two delivered in a midwife led unit not attached to a hospital and births were amazing and so was the care'*

- *'I used a standalone birth centre for the birth of my daughter last year in High Wycombe and it was a truly amazing experience!'*
- *'I gave birth at Wycombe Birth Centre in May 2018. The care, attention and support I received by all of the staff was outstanding. I do t think I would have received the same level of individual attention if I gave birth somewhere busier as the staff would have even less time for me.'*

For some respondents who had given birth in Wycombe Birth Centre the lack of on-site access to obstetric facilities was the main drawback:

- *'I loved Wycombe birth centre but it would have been good to know I could be cared for on-site if I needed doctor-led care.'*
- *'After a straightforward first labour I chose to have my second baby at a stand-alone unit. Unfortunately the baby was in a tricky position and an ambulance had to be called for transfer. Luckily I didn't need to be transferred in the end but this was a little scary.'*

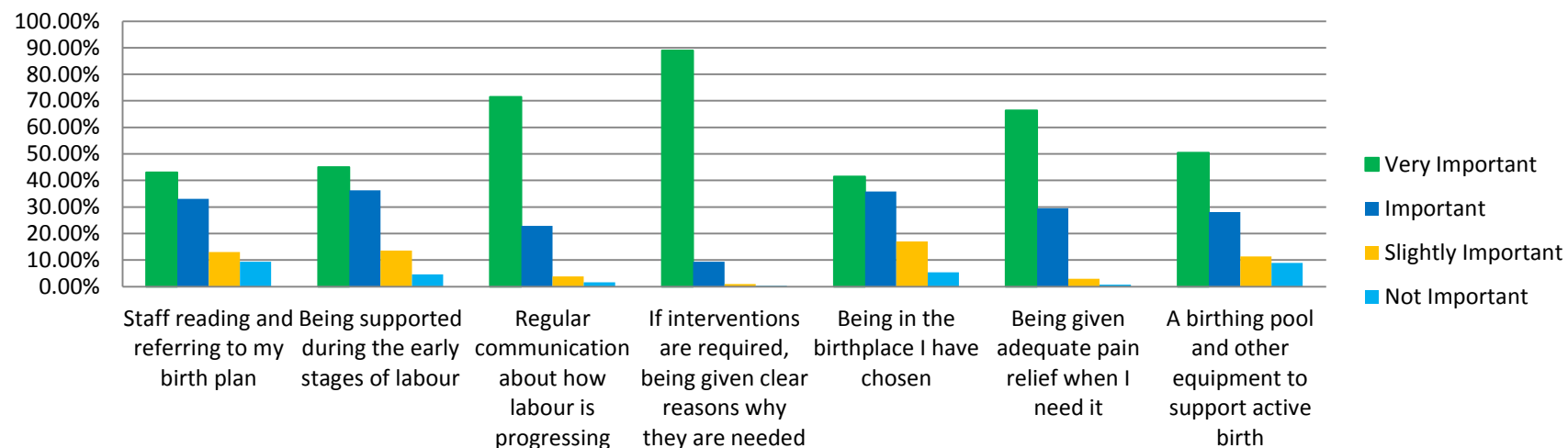
This was also the main reason given by respondents for not considering the stand alone midwife led unit:

- *'I have now had 2 babies and although I liked the idea of a midwife unit I wanted back up and back up I needed and it was fab that doctors were on hand to deliver my babies safely!'*
- *'Do not like the idea of having to be transferred to a hospital should the need arise. Would never have considered Wycombe birth centre for this reason. I think being in an ambulance in labour sounds horrendous.'*

2.4.5: How important is it to you to have a midwife you met before providing care during labour and birth of your child?

Very important	20.59%	147
Important	21.71%	155
Slightly important	27.73%	198
Not at all important	29.97%	214
	Answered	714

2.4.6: Please rate the important of the following to you during the birth of your child



	Very important	Important		Slightly important		Not important		Total	
Staff reading and referring to my birth plan	43.08%	302	33.10%	232	12.98%	91	9.42%	66	701
Being supported during the early stages of labour	45.08%	316	36.23%	254	13.55%	95	4.56%	32	701
Regular communication about how labour is progressing	71.51%	502	22.93%	161	3.85%	27	1.57%	11	702
If interventions are required, being given clear reasons why they are needed	89.03%	625	9.40%	66	1.00%	7	0.28%	2	702
Being in the birthplace I have chosen	41.51%	291	35.81%	251	16.98%	119	5.42%	38	701
Being given adequate pain relief when I need	66.38%	466	29.49%	207	2.99%	21	0.71%	5	702
A birthing pool and other equipment to support active birth	50.43%	354	28.06%	197	11.40%	80	8.97%	63	702

Respondents were asked to comment on their answers:

98.43% of respondents considered it very important or important to be given clear reasons when interventions are required

- *'If there are risks clear direction and information need to be given to help a mother make an informed decision or be guided safely to the right outcome to minimise risk to her or the baby'*
- *'I really appreciated how the midwives involved me in all decisions'*
- *'Communication is the key important factor so that you can understand progress and any interventions that are required.'*

95.87% of respondents felt it was very important or important to be given adequate pain relief when they needed it

- *'Being given epidural when asking for it, not being persuaded to not have it I'*
- *'I went into full labour with only paracetamol because midwives were in the middle of change over and didn't have time to get to me.'*
- *'I did not get adequate pain relief as there was no way for me to get anything other than codeine and paracetamol upstairs so I had to wait 5 hours in a lot of pain.'*

94.44% of respondents felt it was important or very important to be given regular communication about how labour is progressing

- *'Communication is important as labour is a very daunting experience also for explanations to be in layman's terms'*
- *'The most important things are communication and feeling supported. Birth doesn't always go to plan so trusting the midwife is important'*

81.31% of respondents felt it was very important or important to be supported during the early stages of labour

- *'When I gave birth earlier this year, I had little to no contact with a midwife in the earlier stages of Labour. And by the time she came round I was fully dilated even though I had told them on numerous occasions I was in labour. I got sent trainee midwives too frequently.'*
- *'Feeling listened to and supported during this time from the start until the end is of up most importance. With my first I felt completely unsupported during early and even middle stages of labour'*

78.49% of respondents considered it very important or important to have access to a birthing pool or other equipment to support active birth

- *'I delivered both times drug free in the birthing pool at etc. The pool was important to me.'*
- *'More birth pools should be made available for those who choose them.'*
- *'More static birthing pools at SMH would be great to increase the chance that this option is available to all who would like to use one'*

76.18% of respondents felt it was very important or important that staff read and referred to their birth plan

- *'Birth is not a medical procedure. If you have made a birth plan it should be followed'*
- *'I don't need them to necessarily read the document but I do need them to consult with me on the choices I've made - this can be a verbal and ongoing discussion'*

2.4.7: What would have the most impact on improving the care you receive immediately after having a baby while you are still in the hospital or birth centre

Effective management of my pain after the birth	12.30%	85
Support with basic care for me	12.01%	83
Support with basic care for my baby	26.77%	185
Having my partner/birth companion with me overnight	48.91%	338
Other not mentioned above		115
	Answered	691

Respondents were asked if there were other things that would have improved their care that were not amongst the options given.

The need to have adequate time and appropriate space to rest after the birth

- *'Main thing for me is ability to rest in as calm and private space as possible. Body has been through shock and most important thing right after the birth is rest. I was so grateful that I could do that at the wyc birth unit - they have the space and I was able to rest in my own room'*
- *'Being able to sleep as this is impossible on a ward when new patients are coming in and out throughout the night. The main thing you need when you've given birth is a half decent night sleep so you can recover from hours of exhaustion'*

The need for more facilities to support partners staying overnight:

- *'Partners should not be allowed on the ward as the one opposite me snored and prevented me from sleeping! If you have a room then that is different!'*
- *'I was in the smallest cubical and next to the toilet. It was so small that the chair that my husband had to sleep on was jutting out of the cubical space.'*

Many respondents raised the issue of wanting advice about feeding their baby. This issue is covered in further detail 3.4.9.

2.4.8: What would have the most impact on improving the care you receive after leaving hospital or birth centre?

A choice of postnatal clinics	16.62%	114
Access to information and support from a health professional	23.76%	163
On-line information and resources	3.79%	26
Having my postnatal care as part of a group	8.02%	55
Seeing the same midwives I saw during my pregnancy	47.81%	328
Other not mentioned above		51
	Answered	686

Respondents were asked if there were other things that would have improved their care that were not amongst the options given.

Having more home visits after returning home, rather than having to go to clinics, particularly for women who had had a caesarean section:

- *'Health visitor and midwife visits ruin paternity leave, husbands become a taxi driver for 2 weeks and appointments are more stressful then having a new born baby!'*
- *The option of care at home from my midwife - postnatal clinic appointments can run very late, be rushed and not thorough and you rarely see someone you know. Also, getting out of the house with a new baby for a set time is difficult, and very uncomfortable after a complicated CS*
- *Not having to go to different postnatal clinics miles from you when you can't drive, you're a lone parent and you had a C-section.*

2.4.9: What would have the most impact on improving your experience of starting to feed your baby (breast or bottle feeding)?

Someone providing support on feeding on the ward after the birth	36.35%	245
Clear and consistent information	14.69%	99
Someone visiting me during the first few days at home to advise on feeding	36.20%	244
Having the name and number of who to contact for support and advice after I go home	12.76%	86
Other not mentioned above		99
	Total	674

Respondents were asked if there were other things that would have improved their care that were not amongst the options given:

Early recognition and treatment of tongue tie:

- *Looking at cutting tongue tied babies earlier so that breast feeding isn't an issue*
- *Having someone listen to me when I said my baby had tongue tie. Actually having it checked properly before leaving the hospital and not having to go to a breast feeding consultant a week later to have my suspicions confirmed.*
- *Someone to identify and quickly correct tongue tie. This caused SO many issues and wasn't identified and corrected until he was 6 weeks and I ended up getting it done privately*

More advice on bottle feeding for those unable to breast feed:

- *'Plenty of help with breastfeeding but despite trying my baby wouldn't take to the breast. There is not enough support with bottle feeding for those who need it'*
- *'I had no one guide me in the use of formula feeding sterilising etc. went home and had to figure things out for myself. Had planned to breast feed.'*
- *'Midwives helping you make more informed choices and helping you decide when to give bottle feeding a try and not keep forcing you to try and breastfeed if you're not gaining any progress'*

Need for more breast feeding clinics:

- *'A breastfeeding clinic/cafe in Buckingham area (SMH was a long way to travel with a new born who wasn't feeding effectively) and added to the stress at a difficult time'*
- *'Again more locations for breastfeeding clinics for babies under 10 days old as Beaconsfield was too far for us to travel'*
- *'Also having more breast feeding support clinics, as my local one is only open 2 days a week for a few hours each day'*

2.4.10: What would have the most impact on improving the information you receive following your baby's birth?

Consistency in the information given from health professionals	35.96%	237
Time to discuss in-depth and ask personal questions	33.23%	219
Seeing a health professional who knows my care needs	20.18%	133
Advise about baby care	5.46%	36
Information in a clear digital format e.g. website, apps	5.16%	34
Other not mentioned above		36
	Answered	659

Respondents were asked if there were other things that would have improved their care that were not amongst the options given:

Less paper based advice:

- *'Mothers are bombarded with many information and the leaflets are way too much. Most of the topics should be discussed with the midwife or a health visitor prior to the birth.'*
- *'Less paperwork, none of it gets read!'*
- *I think there's too many sheets of paper in the packs and red books for mums to realistically find the time to read through it so it's there but pointless... Verbal advice in the first instance, ticked off so it's not repeated which is already the red book method but I think one accessible website or even better an app for all is a good idea*

2.4.11: During your first appointment with your midwife you received a mental health assessment. Was this useful in planning care to support you with your diagnosed mental health condition or in identifying a mental health condition?

Very useful	8.85%	56
Useful	10.90%	69
Fairly useful	9.64%	61
Not useful at all	14.38%	91
Not applicable. I do not have any mental health issues	56.24%	356
	Answered	633

2.4.12: Following discussion with your community midwife about your mental health, did you receive care from any other groups or professionals? Select all that apply

Mental health midwife	6.84%	43
Specialist Consultant Obstetrician	7.79%	49
Healthy Minds	6.04%	38
PANDAS	0.16%	1
Mental health team	3.82%	24
Not applicable, I do not have any mental health issues	80.76%	508
Other (please specify)		47
	Answered	629

A number of respondents stated that either their mental health needs were not picked up or that having been identified, they were not given any support:

- *'I did have mental health issues. After a traumatic first birth and years of fertility treatments, I had mental health issues around the safety of my baby and birth. These were dismissed and I was never referred.'*
- *'I do have mental health issues, but they were not picked up until after the birth of my son and out of midwife care.'*
- *'No. I received no support despite requiring it - I was referred by health visitor'*

For those who had lost a baby previously being getting specific support on this would have been appreciated:

- *'My previous birth was that of my son who had died at 21 weeks gestation. I would have really benefited from access to a support group and or antenatal classes targeted at families who had lost previous babies'*
- *'Support from someone who has also lost a previous baby would have made a huge difference to me managing my anxiety'*

2.4.13: What would have the most impact on improving the support you receive during the pregnancy with your mental health condition?

More information around mental health issues during pregnancy, birth and after	5.29%	33
Information about social media support networks	0.80%	5
Having support from a volunteer who has had a similar issue	2.40%	15
Access to a pregnancy support group	4.49%	28
Access to therapies and services to manage emotional wellbeing	8.17%	51
More opportunity to reflect on my birth experience	5.93%	37
Not applicable, I do not have any mental health issues	72.92%	455
	Answered	624

2.4.14: Is there anything else that you have not mentioned above that would improve your experience of Buckinghamshire Healthcare NHS Trust maternity services?

288 respondents answered this question. Below are the top ten themes raised with the number of comments on that theme:

1. Need for more consistency of midwives and health visitors and in the information they give both ante and postnatal (59 comments)
 - *'Consistency is key. I had so many health professionals providing me with conflicting advice'*
 - *'Throughout my pregnancy I saw numerous midwives and I did not receive care as quickly as I needed most of the time. Quite often too relaxed and sometimes conflicting information given.'*
 - *'Lots of conflicting information given after birth. I had one midwife tell me to wake baby up every 4 hours to feed the baby and another saying don't. Some of the midwives were absolutely lovely and others were condescending and patronising making me feel stupid.'*

2. Access to services for support including feeding, tongue tied, and after care clinics etc. (50 comments)
 - *'More genuine post-natal care. As long as my baby was getting heavier no-one really seemed interested in the issues I was having, so consequently we ended up paying privately to sort his tongue tie and resolve feeding issues.'*
 - *'Mothers should feel more supported if preferring to bottle feed. Too much pressure to breast feed. Some people just can't breast feed but should still be given the support by midwives and health care professionals.'*
 - *'Support from health visitor continuing beyond first few weeks.'*

3. Excellent care during pregnancy including labour (48 comments)
 - *'I had an excellent experience and was very pleased with the support I received.'*
 - *'You have wonderful staff and a wonderful service. I couldn't have asked for better care for me and my baby. Thank you so much.'*
 - *'The service I received at Stoke Mandeville hospital was exceptional and I would recommend it to others.'*

4. More support and communication immediately after birth (39 comments)
 - *'Better care on the postnatal ward. No one was proactive. I had to ask for food numerous times after giving birth, I had to ask every time pain killers were overdue.'*
 - *'More support directly following the birth of my baby. I had an easy birth and as a result felt abandoned after she was born. I was left with only a very inexperienced student midwife and feel this is the main reason why I struggled to breastfeed'*
 - *'The after-care on the ward is atrocious. Up to and during delivery is great and doctors and midwives need medals but the wards are a mess. I've had three children at stoke and every time I have been treated badly/ ignored/ left with me the buzzer and my baby out of reach after a c section. Such a shame as it gives an awful experience after such great service before and during the birth'*

5. Information/support given for the first few days at home with new baby what to expect. (33 comments)

- *'No one prepares you for the first few days and weeks at home. The checks done at home for me were done by a very inexperienced mid wife with a student in tow. I felt unsure what to ask and she performed basic checks on me and the baby. I felt this was the time I needed guidance and experience because I felt clueless and sleep deprived.'*
 - *"After birth when mum comes home emotions can be high. Having support from a health professional would help mother adjust especially during the first 3 months. Just having some to talk to and giving you advice on night time routines etc."*
 - *"Postnatally, once certain time frames passed I feel that I was just left to my own devices despite being flagged as having low mood/PND. I would have appreciated more tailored support from an aftercare team/health visitor."*
6. Having an understanding midwife during labour. Comments also about pain management during labour (32 comments)
- *'They moved me when I was in labour and everything stopped. I think I would have had a normal labour if I was just left in the first room and kept someone with me as promised.'*
 - *'Having a more communicate and empathetic midwife during labour.'*
7. Issues surrounding medical professionals not reading notes (especially for mental health issues and long term pre-existing conditions) prior to appointments leading to complications during appointments, labour and HV/Midwife appointments (21 comments)
- *'If health professionals took the time to read my notes BEFORE calling into the room. Knowing I have suicidal thoughts before I come in and they ask how my mood is would help me feel less like I am explaining myself time and time again'*
 - *'More friendly midwife who read your notes before your meeting.'*
 - *'I took a lot of time preparing notes with mental health midwife prior to delivery but in actual delivery process no medics really considered or asked me about the notes to support reducing stress during my labour. As a result my mental health suffered more than it needed to.'*

3: Workshop discussion results

3.1 Introduction

Following the survey results, two workshops were held to further explore themes and issues that had arisen. The first was held in Wycombe Hospital and the second in Stoke Mandeville Hospital. In total 16 women attended the workshops.

3.2: Methodology

Participants explored the following questions:

1. Most women said they would or might consider having their ante-natal care as part of a group. We would like to hear your ideas on how this could work
2. Most women want to give birth in a midwife led unit attached to a hospital. In practice many more give birth in the labour ward. We want to make sure the labour ward provides a similarly positive birth environment. What is it about the idea of a midwife led unit that you like?
3. Infant feeding: What support do you think women need to establish feeding after birth and during the first ten days?
4. Post-natal care: We can only provide additional home visits in very particular circumstances. Taking this into account what else would improve the post-natal care we provide?
5. Access to information and support: How would you like to access information about all aspects of maternity during your pregnancy and post-natal?
6. In our survey women who had used Wycombe Birth Centre had had a very positive experience. How could we better promote the service at Wycombe Birth Centre and give women confidence in choosing this option for birth?

3.3: Discussion results

3.3.1: Most women said they would or might consider having their ante-natal care as part of a group. We would like to hear your ideas on how this could work:

- The benefit of group ante-natal care was to have peer support and go through the process together learning from each other and developing relationships
- Ante-natal care as part of a group was seen as a positive thing for first time mums, with suggestions for content including, what happens to your body after you give birth? How does your body change during pregnancy and labour? What to expect after labour? What to expect during labour?
- 6-8 couples per group was seen as ideal
- However it was noted that having second or subsequent child can be more isolating with less support often
- Groups could also be themed according to participants experience and medical history, for example teenagers, caesarean section, and previous miscarriage or still-birth.
- The group sessions needed to be in conjunction with 1:1 sessions with midwife not instead of
- Women should be able to opt out of the group sessions if they did not feel comfortable in a group environment
- There was concern about how long sessions might be, needing to take time out of work day was an issue

- Midwives needed to be trained to run group sessions, this was a different skill set to 1:1 midwifery.
- Women wanted continuity in the midwives who would deliver ante-natal care

3.3.2: Most women want to give birth in a midwife led unit attached to a hospital. In practice many more give birth in the labour ward. We want to make sure the labour ward provides a similarly positive birth environment. What is it about the idea of a midwife led unit that you like?

- Women appreciated the calm, quiet atmosphere of the birthing centre
- They wanted access to facilities such as birthing balls and pools
- They liked the additional space in the birthing centre
- They liked having midwives who were passionate about women having the best experience
- Women felt that in the birthing centre they would have more control over what happened to them
- There was a perception that the presence of doctors led to interventions.
- Midwives and doctors were not necessarily seen as working as a team

3.3.3: Infant feeding: What support do you think women need to establish feeding after birth and during the first ten days?

- Women wanted the fact that breast feeding was challenging to be recognised and services to start from that point
- They wanted support with bottle feeding if they couldn't or didn't choose to breast feed
- Women did not want to be subjected to judgemental attitudes if they couldn't or chose not to breast feed
- Women wanted consistent advice often advice given by HCP's was conflicting
- They wanted someone to sit with them and provide one-on-one support
- Women wanted more preparation for breast feeding as part of their ante-natal care
- Support needed to continue after the first child to second and subsequent
- Having 'hubs' across the county to provide support
- More trained peer supporters available to support new mothers with feeding

3.3.4: Post-natal care: We can only provide additional home visits in very particular circumstances. Taking this into account what else would improve the post-natal care we provide?

- Birth reflections service highly valued, women felt it had power to avoid mental health problems, needed to be promoted more
- Consistency of advice
- Advice on exercises for example ,pelvic floor, tummy muscles, recovery from pregnancy
- Better communication between professionals, one woman had baby in ICU in Stoke Mandeville and was asked to attend 5 day check at Wycombe
- If baby in ICU would be good to be signposted to accommodation nearby
- A post-natal 'hotline' with access to advice from midwives

3.3.5: Access to information and support: How would you like to access information about all aspects of maternity during your pregnancy and post-natal?

- A maternity app, the <https://www.mamaacademy.org.uk/> app was given as an example of one that worked well. Ideally the app would include access to maternity records
- A number to call
- Paper leaflets only really useful in waiting room, tended to get lost once got home

3.3.6: In our survey women who had used Wycombe Birth Centre had had a very positive experience. How could we better promote the service at Wycombe Birth Centre and give women confidence in choosing this option for birth?

- Information about what happens if you do have a problem and need to be taken to Stoke. Statistics about how many people this happens to
- Promote Wycombe with local GP's. Give them the facts and advise about facilities
- Explain in detail what can be done at Wycombe
- Arrange to have ante-natal appointments or scans at WBC, often when women went there postnatally for appointment they wished they had known about it as a birth option
- Have some ambassadors of the Wycombe birthing unit who could speak to women ante natal

3.3.7: Additional themes arising from discussions in workshops:

- Women wanted the opportunity to fully explore their birth choices with a midwife during pregnancy
- Women should be given birth choices if their baby has died before birth, this had not happened to women at the workshops who had had stillborn babies

4. Recommendations

4.1 BHT should develop a model of care that has the same midwives caring for women ante and postnatally and ideally a maximum of only two

4.2 The concept of ante-natal care as part of a group should be further developed and tested

4.3 More should be done to ensure women are able to give birth in their ideal location which is in a midwife-led unit attached to a hospital

4.4 The labour ward should aim to replicate aspects of the midwife-led unit experience for example giving more access to birth pools, and giving women more choice about all aspects of the birth

4.5 Doctors and midwives are often not perceived as working as a team, measures should be taken to address this, for example joint training

4.6 During birth there should be clear and regular communication with women about how labour is proceeding and when interventions are suggested, why they are required.

4.7 BHT should continue to build on progress in allowing birth partners to stay to support women overnight

4.8 Support to women to establish feeding should be reviewed, specifically:

- More one to one support to women
- More support with bottle-feeding
- Women should not be subjected to what they perceive as judgemental attitudes if they are unable to or choose not to breast feed
- Preparation for feeding should be part of ante-natal care
- More peer supporters should be trained to support women
- Consistency of advice
- Early identification of tongue-tie

4.9 Post-natal care should include advice to women on physical and psychological recovery

4.10 The Birth Reflections service was highly valued by those who used it and more should be done to identify women who would particularly benefit from it and ensure they are aware of it

4.11 The service at Wycombe Birth Centre should be better promoted, with information on transfer rates included, and women should be given the opportunity to have ante-natal appointments there

4.12 BHT should establish birth choices sessions for women during pregnancy

4.13 Further work should be done to give women whose babies have died before birth, choices in how they give birth, a working group including women with lived experience should be established to progress this

4.14 More information for maternity and postnatally should be provided digitally ideally through an app

Appendix 1: Summary of survey results

4.1 Results for women expecting their first child:

- 63.89% (23/36) felt it was very important to see the same midwives at all of their appointments
- 69.44% (25/36) wanted to see a maximum of 2 midwives during their ante-natal and post-natal care
- 88.57% (31/35) preferred to communicate with their midwife at regular face to face appointments
- 42.86 % (15/35) would consider having their ante-natal care as part of a group. 28.57% (10/23) might consider doing so.
- 64.71% (22/34) would prefer to give birth in a midwife led unit attached to a hospital
- 61.76% (21/34) felt it was important or very important to have a midwife they had seen before, providing their care during labour and birth
- 96.97% (32/33) felt it was very important that if interventions are suggested they are given clear reasons on why they are required
- 69.70 (23/33) said it was very important to have regular communication about how labour was progressing
- 21.21% (7/32) found the mental health assessment with their midwife very useful (51.52% 17 of the cohort of 32 said the question was not applicable)
- 21.88% (7/32) would have liked more information about mental health during the pregnancy

4.2 Results for women who had given birth under the care of Buckinghamshire Healthcare NHS Trust:

- 59.66% (460/771) felt it was very important to see the same midwives at all of their appointments
- 65.70% (498/758) wanted to see a maximum of 2 midwives for their ante-natal and post-natal care
- 92.15% (693/752) wanted to communicate with their midwives through regular face to face appointments
- 42.30% (302/714) thought it was important or very important to see a midwife they had met before during the labour and birth for 29.97% (214/714) it was not important at all
- 89.03% (625/702) considered it very important that if interventions are suggested they are given clear reasons on why they are required
- 71.51% (502/702) felt regular communication about how labour is progressing was very important
- 48.91% (338/691) felt having partner/birth companion with them overnight would have most impact on improving their care immediately after birth
- 47.81% (328/686) felt that seeing the same midwife they saw during pregnancy would have the most impact on improving their care after leaving the hospital or birth centre
- 36.35% (245/674) someone providing advice and support on the ward would have the most impact on improving their experience of starting to feed their baby. 36.20% (244/674) felt that having someone to visit during the first few days at home would have the most impact.

- 36.96% (237/659) having consistency in the information provided by health professionals would have the most impact in improving the information they receive after the baby's birth
- 14.38% (91/637) did not find the mental health assessment with their midwife useful at all.
56.24% (356/637) said the question was not applicable