

Maternity services in Northamptonshire:

The views of parents



September
2017



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Summary

Following the publication of the National Maternity Review ‘Better Births’¹ report, the Local Maternity System (LMS)² for Northamptonshire is required to have plans in place by the end of October 2017 to improve maternity services in the county to make them more woman-centred and enable women to make choices about their care. Between June and August 2017, Healthwatch Northamptonshire worked with Nene Clinical Commissioning Group (CCG) to gather the views and experiences of parents across Northamptonshire to help inform and develop the LMS for Northamptonshire.

We sought the views and experiences of mothers and their partners that were currently or had recently (within the past 12 months) used maternity services. Our survey was shared widely and was accessed by 534 parents from across Northamptonshire and focus groups with an additional 15 parents.

We found that most parents were satisfied with their overall experience of maternity care, especially those who gave birth in a midwife-led unit (MLU) or at home. There were a number of positive comments about the homebirth team in particular, although the majority of mothers gave birth in hospital. There were some positive examples of care on the labour wards but others told us that they were not listened to, not checked on or left alone, or left in pain, which should raise concerns with commissioners and providers.

Most parents were able to give birth in the location of their choice and some of those who were not did still feel involved in the decision making. Most parents also felt safe in the environment they gave birth in, particularly those who gave birth in a MLU.

Being cared for by the same small team of healthcare professionals (particularly midwives), and the continuity that brings in terms of relationships and consistency of information improved experiences. This was most important to parents during pregnancy and birth. Having consistent and clear information and approachable healthcare professionals (again, particularly midwives) helped parents make informed choices about their birth and care.

Breastfeeding was an area where some parents would have liked better support and evidence-based information, particularly on the labour ward and from health visitors.

¹ www.england.nhs.uk/mat-transformation - full report at www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

² www.rcm.org.uk/tags/local-maternity-systems



Only one-third of parents had a choice about where they saw their midwife and less had a choice about where to see their consultant. Two-thirds would have preferred to see their midwife or consultant at their GP surgery.

Nearly one-fifth of parents said they had a mental health condition present before or during pregnancy and most did tell at least one health professional about it, mostly their GP or midwife. However, less than half said they received help for their mental health condition, indicating a need for more specialised mental health support during pregnancy. One-third of the 16 young parents (age 16-20) said they had a mental health condition and all received help for it during pregnancy, including two who were supported by CAMHS.

Most parents knew about the risks of smoking and being overweight in pregnancy but not all knew where to get support to stop smoking or if they were overweight. Most of those who knew where to go for support would go to their GP or midwife. Therefore it is important that midwives and GPs know how to support or where to refer pregnant women with their mental health and wellbeing needs and the quality of wellbeing support women receive may depend on the relationship they have with these professionals.

The findings of this survey support those of a smaller survey Healthwatch Northamptonshire carried out in March 2016³.



³ www.healthwatchnorthamptonshire.co.uk/experiences-pregnancy-birth-and-onwards



Key findings

Birth choices

- **Over three-quarters of parents (77%, 350) gave birth in the place of their choice and most births took place in hospital (79%). Nearly three-quarters of babies were born by vaginal birth (73%), including 10% that were water births.**
- **Most of those who did not give birth in the location of their choice (90%) gave birth in hospital instead of a Midwife-led Unit (MLU) (65%) or home (22%). This was usually because of medical reasons.**
- **Of those who did not give birth in the place of their choice, some felt really involved in the decision (26%, 26 parents, rated their involvement as 8, 9 or 10 out of 10) but more felt not involved at all (42%, 42 parents, rated their involvement as 0, 1 or 2 out of 10 - average rating 4.2 out of 10). Unsurprisingly, those that did give birth where they chose felt more involved in the decision (average rating 7.7 out of 10).**
- **Focus group attendees who chose to give birth in a midwife-led setting were supported in their choice by their midwife and reassured by the MLU in Northampton being attached to the hospital (in case a doctor was needed).**
- **Focus group attendees told us that having more information about birth choices so informed decisions could be made beforehand would help make it easier to make decisions about care in birth.**
- **Most parents felt safe in the environment they gave birth in (77%, 338 parents, rated their involvement as 8, 9 or 10 out of 10 - average rating 8.2 out of 10). Parents who gave birth in a MLU felt extremely safe (100%, 43 parents, rated their involvement as 8, 9 or 10 out of 10 - average rating 9.8). Those that had a water birth also felt safe (98%, 42 parents, rated their involvement as 8, 9 or 10 out of 10 - average rating 9.6 out of 10).**



Seeing professionals

- **One-third (34%) of parents were given a choice of where they could see their midwife but only one-fifth (20%) were given a choice of where they could see their consultant, reflecting the fact that Northampton General Hospital consultants are seen at the hospital whereas Kettering General Hospital consultants are seen in the community.**





- Two-thirds of parents (65%) would prefer to see the midwife or consultant at their GP surgery. 70 parents (15%) suggested some other places, with most parents (71%) suggesting their home.
- Seeing the same small team of midwives or consultants and having a main point of contact were ranked as the most important contributors to consistency by 31% of parents.
- Parents felt it was more important to see the same healthcare professionals while pregnant and during birth (ranked first by 47% and 45% of parents) than after birth.
- The desire to see consistent professionals was raised by many parents in their additional comments, e.g. 16 parents (7% of those commenting) expressed frustration at seeing a different community midwife at each antenatal or postnatal appointment, which caused them to receive inconsistent information and in some cases increased anxiety. The continuity that comes from seeing the same midwife or a small team, and the resulting consistent information, were the most common suggestion from the focus groups for improving continuity of care, making care more personalised and helping to make decisions postnatally.

Mental health and wellbeing

- 18% of parents said they had a mental health condition present before or during pregnancy and most of these (86%) did tell at least one health professional about it, mostly a midwife. However, less than half (40%) said they did receive help for it while pregnant - mostly from a GP (34%), midwife (34%) or counsellor (19%).
- Most parents (86%) thought that smoking and being overweight (83%) do cause added risks in pregnancy but only around half (53%) knew where to go for support to stop smoking during pregnancy and one-third (37%) for support with being overweight. Most of those who did know again said they would go to their GP (smoking 75%, overweight 61%) or midwife (smoking 40%, overweight 59%).



Overall experience of maternity care

- Most parents were satisfied with their overall experience of maternity care, with 65% rating it 8,9 or 10 out of 10. Parents who gave birth at home or in a MLU gave slightly higher ratings, as did those who had a water birth. Unsurprisingly, those who felt the safest in the environment they gave birth in had a much better overall experience.





Other factors contributing to maternity care experience

Continuity and information

- The additional comments from parents highlighted that **continuity and consistency of midwife care**, both before and after birth, had the biggest impact on their experience of maternity care. It was also important to parents that **healthcare professionals shared information** with each other.

“Seeing the same midwife definitely makes you feel more secure.”

*“Different midwife for community appointments each time!
Became very anxious and didn't have any information on what to do if things went wrong.”*

- Having **consistent and clear information** was also very important, particularly after birth to **help with breastfeeding**, and during pregnancy to **help make birth choices**.

“Excellent advice and all staff including trainees were very helpful and supportive. All options were thoroughly explained after a long labour.”



- **Being cared for by approachable and friendly midwives and others, being listened to and having questions or concerns addressed** resulted in a positive experience.

“Little things matter such as remembering that... some of us do not know everything and shouldn't be treated as though we should know it all.”

Homebirth team

- There were also a number of comments about the Homebirth Team (10% of those commenting) and there were no negative comments about this team. Parents commented on how **supportive, caring and professional** the team are.

“The care I received from the homebirth team was impeccable before, during and after birth.”



Labour experience

- 50 parents gave very **positive comments** about their care during labour (in addition to those who were positive about their home births). Positive experience often came from **receiving a good level of support from caring staff**.

“I gave birth in the birthing centre and it was the most amazing calm birth ever.”

“After quite a traumatic birth experience it was the staff that really made me feel safe and supported during and after, which helped me move past it quickly.”

- However, 33 parents told us they had a **poor experience of labour** because they were **not listened to, not checked on, left alone or left in pain**. We are aware of pressures on maternity services, and there will be times when staff are extremely busy and teams are stretched. However, **for so many parents to have reported that they were ignored, not listened to and left alone without pain relief is concerning**. For some mothers, this resulted in them being **distressed and frightened**.

“Lack of care on labour ward, being left for hours in pain unchecked, not checking on baby’s wellbeing, not being listened to, being made to feel that you are lying about contractions/pain etc. Horrible experience.”

“My birth decisions were not taken into consideration when the time came, I was induced but the process and outcomes weren’t discussed with me and I wasn’t given a choice.”

- Seven parents felt that **midwives or consultants did not show enough understanding of pre-existing conditions**.

“When I gave birth my risk category was not communicated and the consultant didn’t take into consideration my heart condition prior to an induction. It later came to light that I never should have been induced due to risk.”



Postnatal care

- Some parents felt the **quality of care they received on the ward after birth was poor as staff were stretched**. Others felt that the **breastfeeding support on the wards was poor or not person-centred** and that tongue-tie was not always identified. Five told us about having to wait a **long time to be discharged** because the paediatricians were busy.

“My care in delivery was very good, but my postnatal care in hospital was very poor as not enough midwives/staff and felt very neglected at times...such as catheter not being emptied so overflowing despite asking and causing discomfort!”

“I waited an entire day to be discharged from hospital because there was no paediatrician available to check the baby.”

- Postnatal care at home from **health visitors was very good for some parents**, although **others found that they did not turn up, gave conflicting advice or made them feel inadequate**.



“Only thanks to health visitor and midwife I managed to sort out milk allergy and tongue tie... midwife and health visitor were brilliant!!”

“My health visitor is also awful! Doesn't turn up for appointments, doesn't ring or text to let me know she can't make it.”





Recommendations

1. **Continuity of care**, particularly having the same midwife and small team of healthcare professionals, should be provided to all expectant mothers, particularly during pregnancy and birth.
2. **Parent-focused, multi-professional teams** should **share information** so parents do not have to explain things more than once. These teams should extend this to cover **mental health and wellbeing** support to provide joined-up, personalised care. They should also have the knowledge to inform parents who live along the **borders** of Northamptonshire of their options.
3. The **information** provided to parents should be **clear, consistent and evidence-based** and there should be people available to talk to in order to make informed choices before birth. Most parents would prefer to talk to an understanding midwife who they have developed a relationship with.
4. Most parents who chose to give birth in a midwife-led unit (MLU) or who had a home birth with the support of the Northampton Homebirth team had a positive experience. Therefore, a **stand-alone MLU and dedicated homebirth team for the Kettering/Corby area** would improve the birth experiences of parents from these areas (N.B. there is no MLU in this area and none of the parents who told us they gave birth in a MLU lived in these areas).
5. **Parent choice** would be improved if they could **see their midwife and consultant at their GP surgery** or another location of their choice.
6. **Postnatal health visitor and midwife appointments should not be unannounced** - some parents did not know when their health visitors would be visiting.





Background

The National Maternity Review ‘Better Births’⁴ report, published in 2016, set out a clear vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly. The report called for care that was woman-centred and enabled women to make choices about their care. The report looked at seven themes where improvements could be made:

1. Personalised care
2. Continuity of carer
3. Safer care
4. Better postnatal and perinatal⁵ mental health care
5. Multi-professional working
6. Working across boundaries
7. A fairer payment system

To enable this to happen in Northamptonshire and across the country there needs to be a local transformation that will be supported at a national level. With this in mind providers and commissioners have been asked to come together to form a Local Maternity System (LMS)⁶. The LMS had to be formed by the end of March 2017 and have plans in place to deliver Better Births by the end of October 2017.

Healthwatch Northamptonshire was commissioned by Nene Clinical Commissioning Group (CCG), the commissioner for maternity services in Northamptonshire, to gather the views and experiences of parents locally to help inform and develop the LMS plan for Northamptonshire. Maternity care varies across the county as Northampton is the only area that has a Midwife-led birth unit and dedicated homebirth team. We sought to ensure the views and experiences of parents that were currently or had recently (within the past 12 months) used maternity services were known and understood, in order to demonstrate to the service providers what was working well and to shape and improve maternity services locally.



⁴ www.england.nhs.uk/mat-transformation - full report at www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

⁵ Perinatal - the period surrounding the time of birth, before and after

⁶ www.rcm.org.uk/tags/local-maternity-systems



Method

Survey design

Healthwatch Northamptonshire devised an online survey that was user friendly using questions prepared by Nene CCG (Appendix 1). The survey was piloted by a small group of parents on various mobile devices and laptops so that we could be sure it would be accessible to all, including those parents who often have a limited amount of time to check social media and often use handheld devices such as mobiles and tablets. The survey ran from the beginning of June 2017 to the beginning of August 2017 and was accessed by 534 parents from across Northamptonshire and was mostly completed online (paper copies were available for those who wanted them).

Survey distribution

To ensure the survey was distributed as widely as possible we worked with other organisations and made good use of social media. The survey was also mentioned in the Northampton Chronicle and Echo newspaper.

Posters including a survey link and QR code were displayed in various locations across Northamptonshire. These included hospitals, children's centres, pubs and restaurants with play areas, indoor activity centres and coffee shops. Specially designed posters were also displayed in libraries and on their electronic notice boards via First for Wellbeing.

The survey was shared regularly across our social media network, including by First for Wellbeing (who run some children's activities and libraries), Northamptonshire Healthcare NHS Foundation Trust (NHFT, who provide health visitors, Family Nurse Partnership and breastfeeding support), local branches of the National Childbirth Trust (NCT), Northampton General Hospital and Barratt Birth Centre, Northamptonshire Breastfeeding Alliance (NBA), and various other mother and baby/toddler groups. One post alone had over 15,000 views.

We attended several public events and parent/child groups or activity sessions with a tablet computer to speak to parents and to get them to complete the survey. These included events/meetings that would help us reach parents from rural areas and members of the black and minority communities. The groups we attended also allowed us to share posts on social media.

Child/parent groups:

- Towcester Library Bounce and rhyme group
- Rhymetime (The Cube, Corby)
- Northampton Library breastfeeding drop-in
- Penn Green, Kingsthorpe, King Heath and Penrith Drive Children's Centres



- Northamptonshire Breastfeeding Alliance (NBA)⁷
- Northampton NCT movers and shakers group
- Northampton Dads group⁸
- Re:Store Northampton Nest Group⁹
- St Gregory's Toddler Group (Abington, Northampton)
- Tots and Teddies (Abington, Northampton)

Public events:

- Northampton Carnival - 10 June 2017
- Northampton Mela (Buddies of Beckett's Park) - 30 July 2017 (to help reach the Asian community)
- Abington Park National Play Day (Trilogy Leisure) - 2 August 2017
- Summer SENDsation - 11 June 2017¹⁰
- World Breastfeeding Week Picnic (NBA and Healthwatch Northamptonshire) - 4 August 2017¹¹



⁷ northantsbreastfeedingalliance.weebly.com

⁸ www.facebook.com/Northampton-Dads-Group-757237011098846

⁹ www.facebook.com/RestoreNest

¹⁰ Free event for families in Northampton who have a child or young person with special educational needs and disabilities

¹¹ www.healthwatchnorthamptonshire.co.uk/pastevents



Focus groups

Focus groups were held in Daventry, Wellingborough, Corby, Northampton and Towcester to discuss the seven themes of Better Births and the parents' experiences in more detail. We held the focus groups across Northamptonshire to make sure that the voices of the parents were captured from a wide range of geographical areas:

- Tigers indoor play - Daventry
- Hullabaloo - Northampton
- Towcester Library
- Re:store Northampton
- The Ock'n'Dough - Wellingborough
- Pen Green Centre - Corby

Limitations

The majority of parents spoken to live in Northampton (53%) so the report heavily reflects their experiences. However, the overall proportion of births in Northampton is also higher than in the rest of the county (38% of live births were from Northampton¹²). Northampton General Hospital also shared our survey on social media, whereas Kettering General Hospital did not.

Despite advertising the focus groups, few parents wanted to engage this way. We had more success with attending groups and events that were already running.

Unfortunately 80 parents only answered the some or all of the 'about you' section of the survey (the first few questions), so a different structure or shorter survey may have encouraged more complete responses.

The ethnicity data does not reflect the true diversity of the communities we spoke to, for example, most of the Eastern Europeans we spoke to identified themselves as 'white'. We also asked parents to self-identify their ethnicity resulting in some telling us their nationality instead of their ethnicity.

The short timescale of this piece of work also limited the face to face engagement possible, which may have had an impact on the response rate and geographical diversity of respondents.

Data analysis

Repeat respondents were removed from the data before analysis. Responses to open text questions were manually coded into categories derived from the data.

To maintain confidentiality, no-one is referred to by name or is identifiable by others throughout this report.

¹² Northamptonshire Analysis, www.northamptonshireanalysis.co.uk



What people told us

- Overall 534 parents took part in the survey (513 mothers and 21 partners).
- 15 parents attended the focus groups (and one answered the questions by email).
- 80 parents only answered the some or all of the ‘about you’ section.
- All figures given are percentages of the answers received for a particular question, unless otherwise specified.
- Due to the large number of responses received only illustrative comments to the open questions are included in this report. All other comments and data has been shared with Nene CCG.

About the parents

Births in Northamptonshire

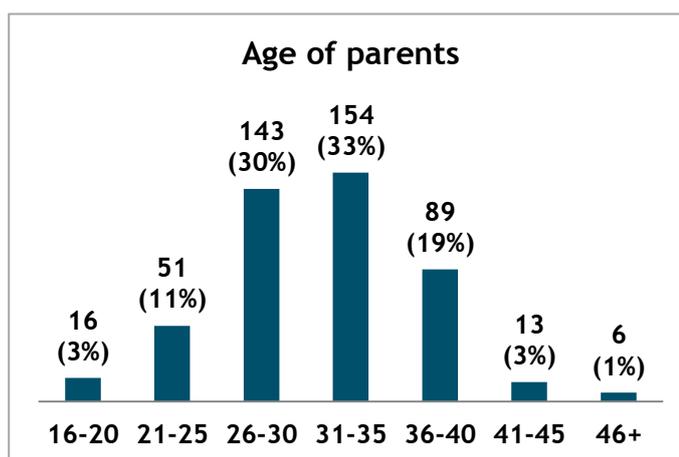
There were 9,113 births in Northamptonshire in 2016¹³. Assuming the same for 2017, approximately 5% of new parents in the county took part in our survey.

Age of parents

The youngest age group of parents who completed the survey was 16-20 years old and the oldest age group was 46+ years old (88% gave their age). **Most were between the ages of 26 and 40 (82%).**

The most common age group was 31-35 (33%) and the average age (using the group midpoints) was 31 years old.

There were **16 young parents** (under the age of 21). The findings for this age group have been highlighted in the questions below.

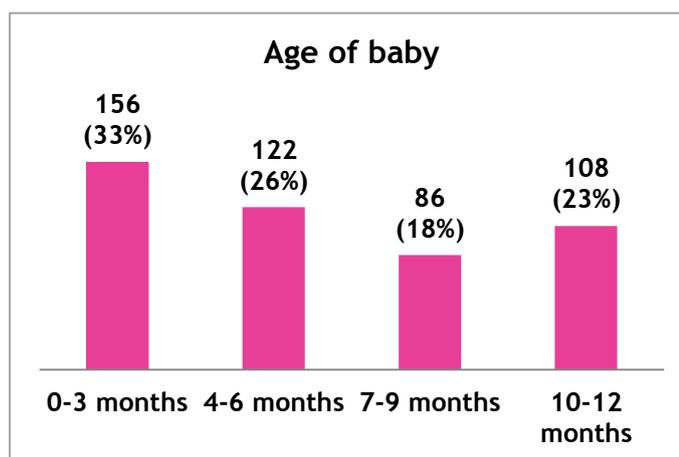


¹³ Northamptonshire Analysis, www.northamptonshireanalysis.co.uk



Age of babies

The ages of the parents' babies were spread fairly evenly from 0-3 months to 10-12 months. The most common age group was 0-3 months (33%) and the average age (using the group midpoints) was 5.7 months.



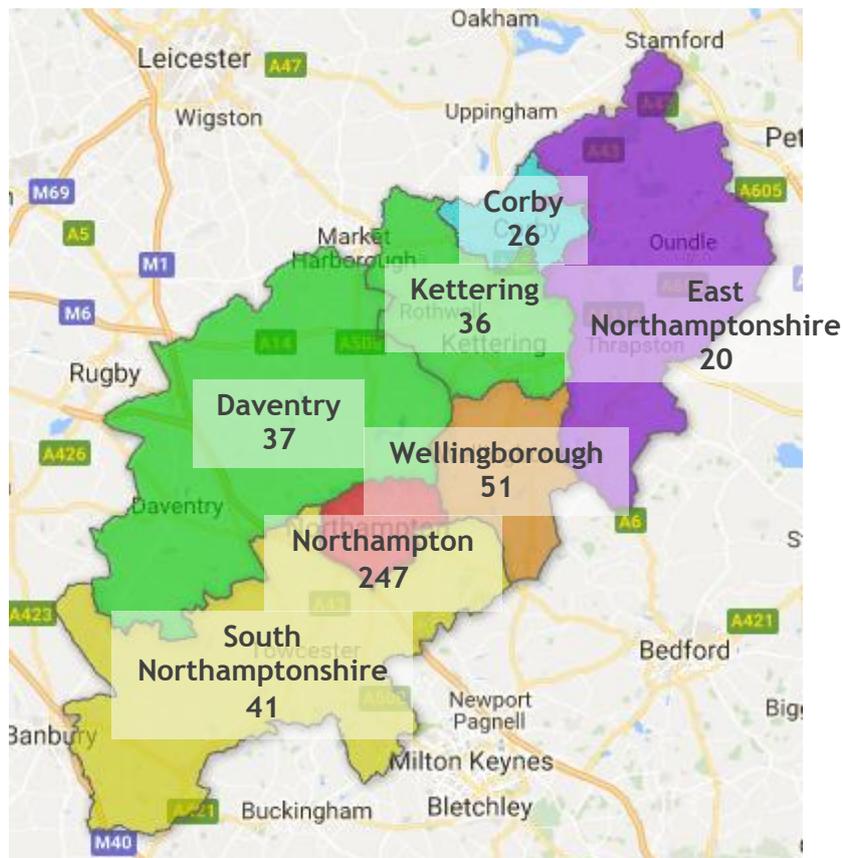
Residence

Just over half of the parents spoken to (54%) lived in Northampton, which is higher than the proportion of live births to residents living in Northampton (36%). Parents from the North East of the county (East Northamptonshire, Kettering and Corby) are slightly under-represented in this survey.

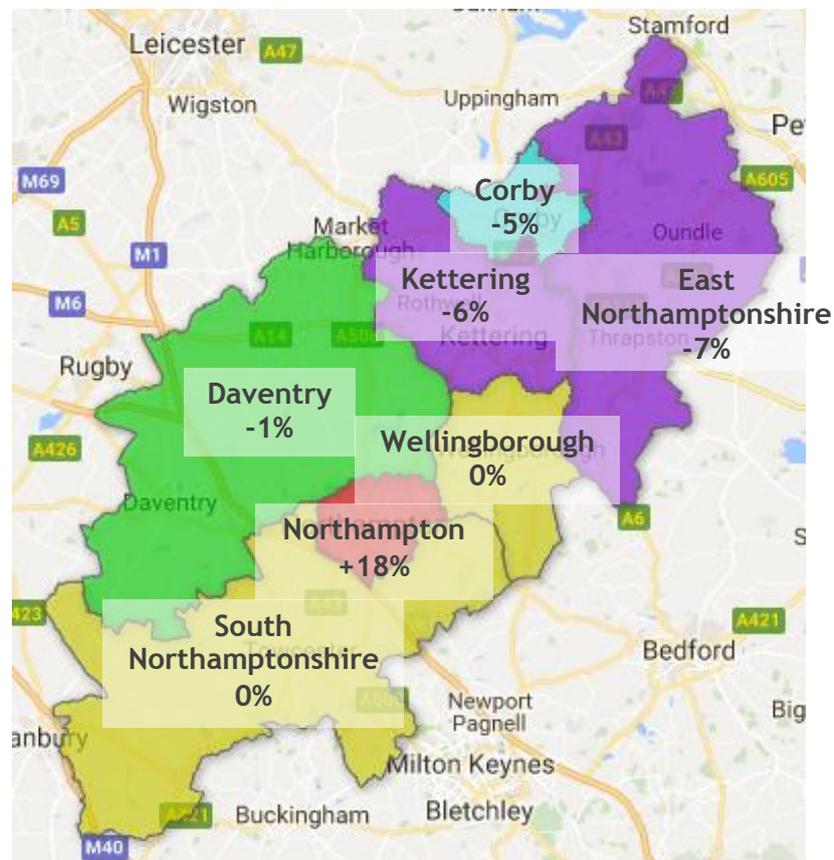
District	Number of respondents	Percentage of N'shire respondents /district	N'shire live births (2016)	Percentage of N'shire live births/district
Corby	26	6%	1,004	11%
Daventry	37	8%	819	9%
East Northamptonshire	20	4%	997	11%
Kettering	36	8%	1,250	14%
Northampton	247	54%	3,278	36%
South Northamptonshire	41	9%	806	9%
Wellingborough	51	11%	959	11%
Northamptonshire (unknown district)	1			
Northamptonshire total	459	5%	9,113	
Border areas with Harborough or Milton Keynes	3			
Out of county (Milton Keynes, Bedford, Coventry, Harborough, Rugby)	7			



Number of respondents from each district:



Proportion of respondents from each district compared to 2016 live births:

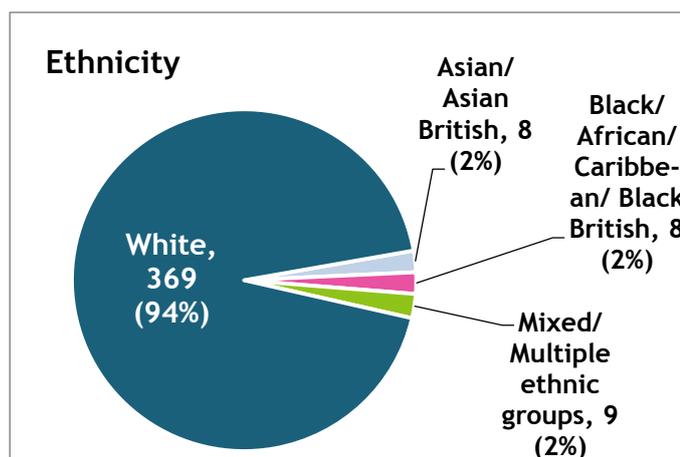




Ethnicity

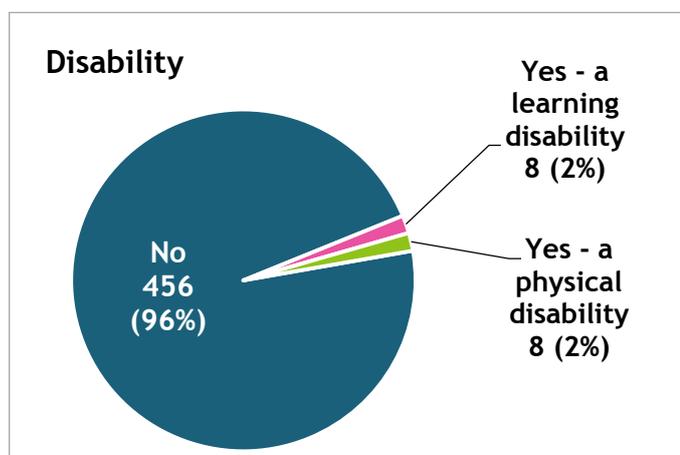
We asked parents to give their ethnicity as an open text answer. 468 parents answered the question (88%) but only 84% of these (369) gave their ethnicity, the other 74 (16%) gave their nationality (71 British, two Polish, one Russian).

Most of those who gave their ethnicity were White (94%). At least 87% (323) of these were White British (a further 11% (39) just told us they were White). The ethnicity breakdown of the parents who completed this survey is similar to the 2011 Census data for Northamptonshire¹⁴ (92% White, 2% Mixed, 4% Asian/Asian British, 2% Black/African/Caribbean/Black British, 0.4% Other).



Disability

Most parents (96%) told us they did not have a disability. Of the remaining 4%, half (8 parents) had a learning disability and half (8) had a physical disability.



Accessible information

Encouragingly, almost everyone (469, 99%) said they had access to maternity information, care and advice written and spoken in a language or format which they understood. Three parents said they did not, one of whom had a learning disability. One of these three parents (without a disability) gave a reason:

“Gave birth at home so no maternity care”

¹⁴ Northamptonshire Analysis, www.northamptonshireanalysis.co.uk



Birth choices

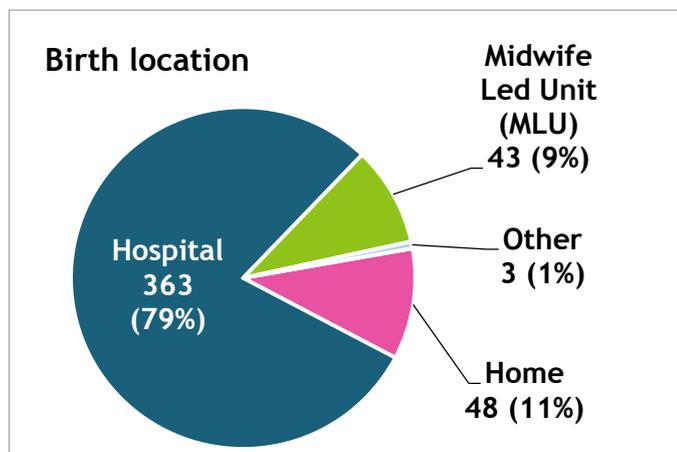
Birth location:

Where did you give birth?

Most births (79%) took place in hospital. 11% took place at home and 9% in a Midwife Led Unit (MLU). The three 'other locations' were not specified.

47% (23) of home births and 63% (27) of MLU births were to residents of Northampton.

All 16 young parents' births took place in hospital.

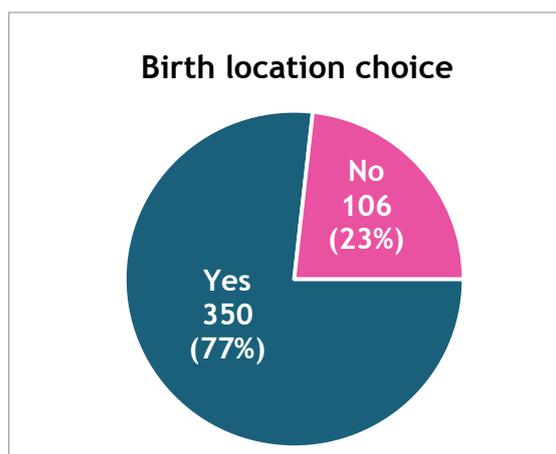


Did you give birth in the place of your choice?

Over three-quarters of parents (77%) said their baby was born in their location of choice.

106 parents (23%) did not give birth in the location of their choice. Most of these parents (90%) wanted to give birth in a MLU (65%) or home (22%) but ended up giving birth in hospital.

14 of the 16 young parents (88%) gave birth in their place of choice, the two that did not get their choice gave birth in hospital instead of a MLU.



Actual birth location compared to desired birth location	Number	Percentage
Hospital instead of MLU	66	65%
Hospital instead of home	22	22%
Hospital instead of either home or MLU	3	3%
MLU instead of hospital	3	3%
Home instead of hospital	3	3%
MLU instead of home	2	2%
Hospital instead of another hospital	2	2%
<i>Total</i>	<i>101</i>	<i>100%</i>



A few parents gave comments, implying that they gave birth in hospital for a **medical reason**, such as being induced, the baby being premature or the mother's health changing:

“Barrett Birthing Centre, but due to low amniotic fluid I was advised to be induced on due date on the labour ward.”

“I wanted the Barrett Unit however my son was 36+6 so premature and I could not have my birth there.”

“MLU but my health changed during labour. I started on MLU.”

“Home but was induced”

“Wanted a home birth but advised against due to medical reasons”

One person specified that they wanted to give birth at a different hospital but were not able to:

“I was not given any options other than a hospital birth at KGH [Kettering General Hospital] when my cardiologist and myself wanted me to deliver in Leicester.”

How involved were you in the decision making of where to give birth?

We asked the parents who did not give birth in a place of their choice to tell us how much they felt they had been involved in the decision about where to give birth, on a scale of 0-10, where 0 was ‘not involved at all’ and 10 was ‘really involved’.

The **average rating for those that did not give birth in the place of their choice was 4.2** - below the midpoint of 5.5 - meaning that on average **they felt less involved in the decision making**. The most selected rating was 0 (29%), followed by 10 (14%), indicating that **some parents felt really involved in the decision whereas others felt not involved at all**.

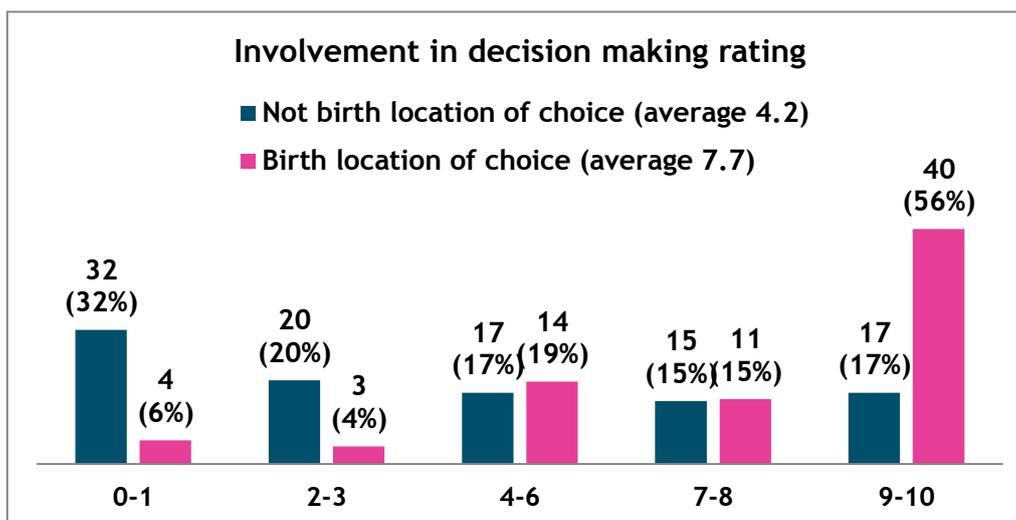
Of the two young parents who did not give birth where they wanted to, one felt not at all involved (rated 0) and one felt somewhat involved (rated 5) - average rating 2.5.

Some of those that did give birth in the place of their choice (72, 21%) also answered this question. Unsurprisingly, they **felt significantly more involved in the decision** about where to give birth, with an **average rating of 7.7¹⁵** and 50% selecting 10.

¹⁵ t-test P<0.00001



The average rating was 5.8 for young parents who did give birth in the place of their choice.



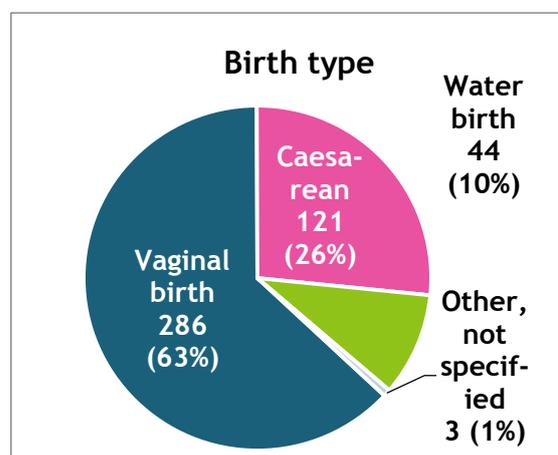
The 89 parents that had to give birth in hospital instead of a MLU or home felt more¹⁶ involved in the decision (average rating 4.4) than the five that had to give birth in a MLU (average rating 2.4), the three that gave birth at home instead of hospital (average rating 2.7) or the two that had to give birth at a different hospital (average rating 1.5).

Birth type:

How did you give birth?

Nearly three-quarters of babies were born by vaginal birth (73%), including 10% that were water births and 2% (9) that were described as 'other', such as assisted vaginal births with forceps and VBaC (Vaginal Birth after Caesarean). One-quarter of births (26%) were by caesarean.

Three-quarters of the births by young mothers (12) were vaginal and one-quarter (4) by caesarean.



Safety:

How safe did you feel in the environment you gave birth in?

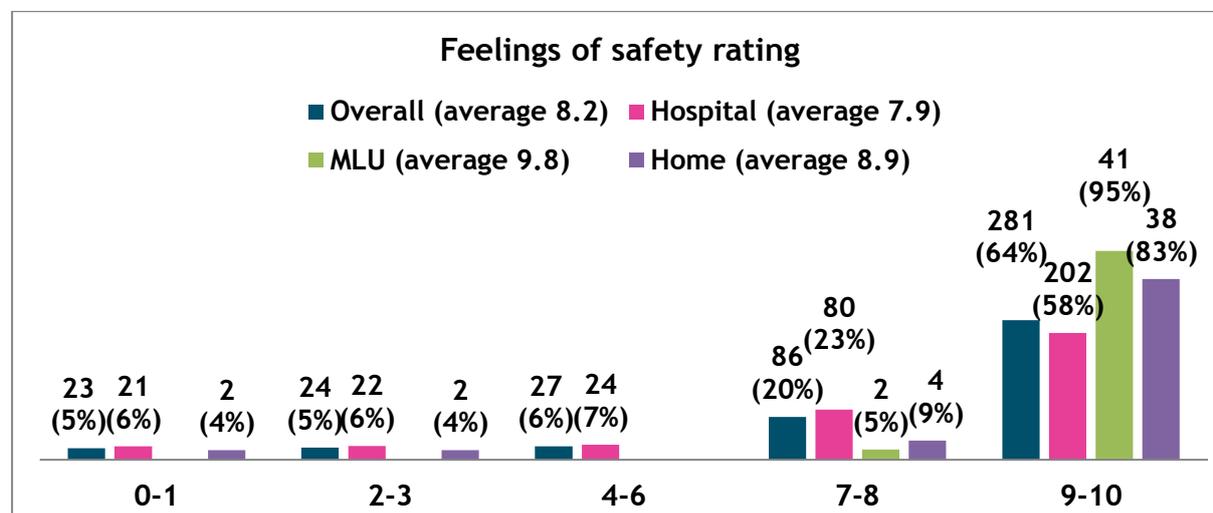
We asked parents to tell us how safe they had felt in the environment they gave birth in, on a scale of 0-10, where 0 was 'extremely unsafe' and 10 was 'extremely safe'.

¹⁶ Group sizes too small for statistical testing



The average rating was 8.2 - above the midpoint of 5.5 - meaning that on average most parents felt safe. The most given rating was 10 (49%) and 77% rated 8, 9 or 10.

The average rating for young parents was 8.4, with half (7) rating 10 ('extremely safe') and the lowest rating being 5.



How safe parents felt depended on where they gave birth. Parents who gave birth in a MLU felt extremely safe¹⁷ (average rating 9.8, lowest rating 8), whereas those who gave birth in a hospital still felt fairly safe (average rating 7.9) but 12% (43) gave a rating lower than 4.

Unsurprisingly, whether someone gave birth in their location of choice also had an influence on how safe they felt. The average rating for those who did not give birth where they chose (7.0) was significantly lower¹⁸ than for those who did give birth where they chose (8.6).

Those that had a water birth (average rating 9.6) also felt safer¹⁹ than those who had a non-water vaginal birth (average rating 8.3). Those who had a caesarean felt the least safe²⁰ (average rating 7.6).

¹⁷ Significantly safer than hospital births, t-test $P < 0.0001$

¹⁸ t-test $P < 0.0001$

¹⁹ t-test $P < 0.01$

²⁰ t-test $P < 0.05$



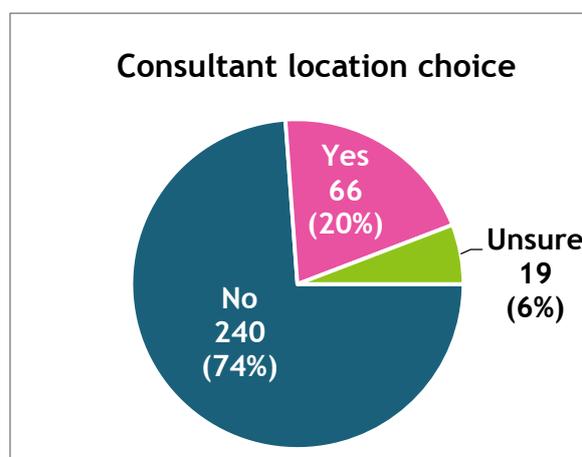
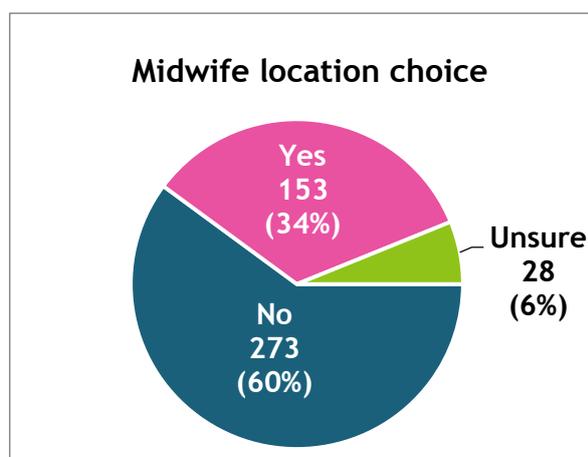
Seeing professionals

Choice of location:

Were you given a choice of where you could go and see your midwife/consultant while you were pregnant?

One-third (34%) of parents were given a choice of where they could see their midwife but only one-fifth (20%) were given a choice of where they could see their consultant (discounting those who did not need to see a consultant).

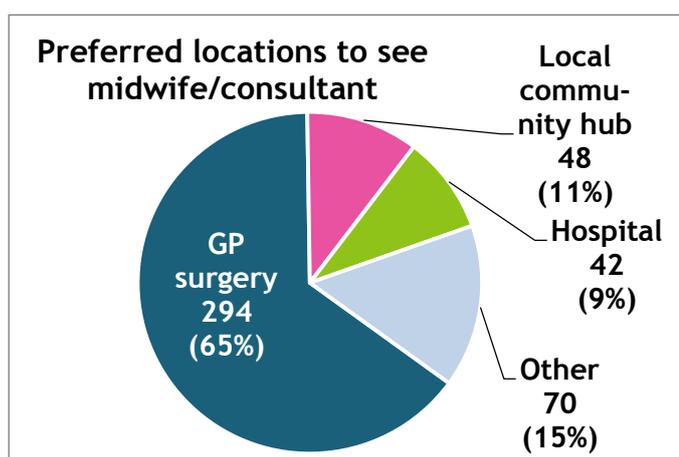
44% (7) of the young parents were given a choice of where to see their midwife and 27% (4) of where to see their consultant (although half (7) were unsure).



Where would you prefer to see the midwife or consultant when pregnant?

Two-thirds of parents (65%) would prefer to see the midwife or consultant at their GP surgery, with some instead preferring a local community hub (11%) or hospital (9%).

The results were similar for young parents: Nine (56%) said GP surgery, two hospital and one local community hub. Three suggested home as an alternative.



Overall, 70 parents (15%) suggested some other places, with most parents (71%) suggesting their home and 19% suggesting a range of options, such as GP surgery and home or hospital:



Suggested location	Number	Percentage
Home	50	71%
A range of places (e.g. GP and home or GP and hospital)	13	19%
Children's centre	1	1%
Community clinic (Nene Park)	1	1%
A place of my choice	1	1%
Nearer home	1	1%
Don't mind	3	4%
<i>Total</i>	<i>70</i>	<i>100%</i>

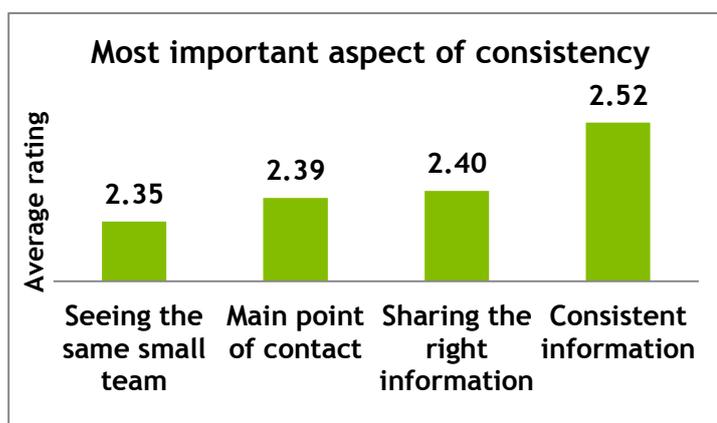
Consistency:

When thinking about your maternity care, which of these is most important?

We asked parents to rank the following four aspects of consistency in order of preference, with 1 being the most important and 4 being the least important to them (an average rating closer to one is more important).

- Receiving consistent information (information that agrees) from everyone
- Seeing the same small team of midwives and consultants
- Having a main point of contact
- Being sure that professionals were sharing the right information about me, with each other

All four aspects of consistency were rated across the range so were almost equally important²¹. 'Seeing the same small team of midwives or consultants' and 'Having a main point of contact' were ranked first by the most parents (both 31%, 113/114 parents). Therefore, it may be that seeing the same professionals is slightly more important than the information received or shared.



²¹ Analysis of Variance (ANOVA) P>0.05



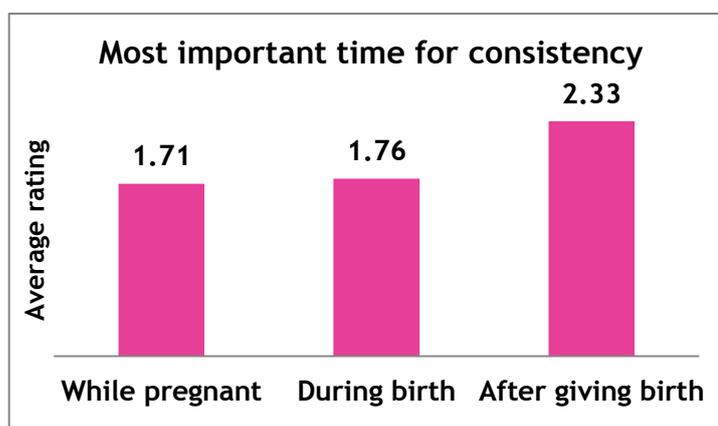
Young parents ranked ‘Being sure that professionals were sharing the right information about me, with each other’ as the most important (lowest average rating, 1.78), although ‘Seeing the same small team of midwives and consultants’ was ranked first by the most (6, 46%), closely followed by ‘Having a main point of contact’ and ‘Being sure that professionals were sharing the right information about me, with each other’ (4, 44%).

When do you think it is most important to see the same healthcare professional or small team of healthcare professionals?

We asked parents to rank the following three stages of maternity care in order of preference, from most important to medium importance and least important.

- While pregnant
- During birth
- After giving birth

‘While pregnant’ (average rating 1.71 out of 3²²) and ‘During birth’ (average rating 1.76) were deemed **more important**²³ than ‘After giving birth’ (average rating 2.33). 47% (184) ranked ‘While pregnant’ as the most important and 45% (174) ranked ‘During birth’ as the most important, whereas 51% (197) ranked ‘After giving birth’ as the least important.



Similar to the overall group, ‘While pregnant’ was the most important time for young parents (average rating 1.57, 7 out of 14 ranked it as ‘most important’), followed by ‘During birth’ (average rating 1.93). ‘After giving birth’ was also the least important (average rating 2.29, ranked as ‘least important’ by 8 out of 14, 57%).

²² An average rating closer to one is more important.

²³ ANOVA P<0.0001

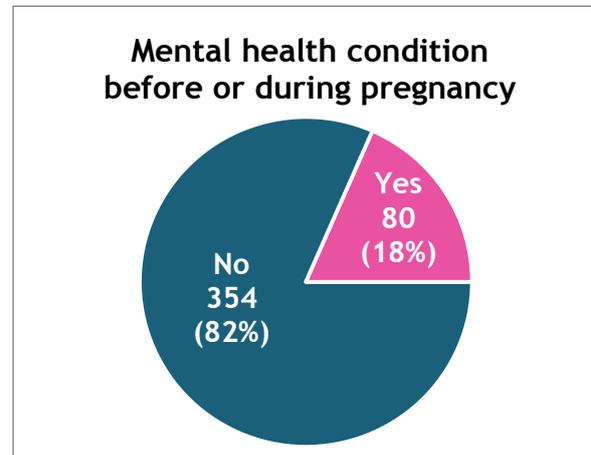


Mental health and wellbeing

Mental health:

Do you think that you had a mental health condition that was present before or during pregnancy?

18% of parents said they had a mental health condition present before or during pregnancy. Five young parents (31%) said they had a mental health condition during these times.

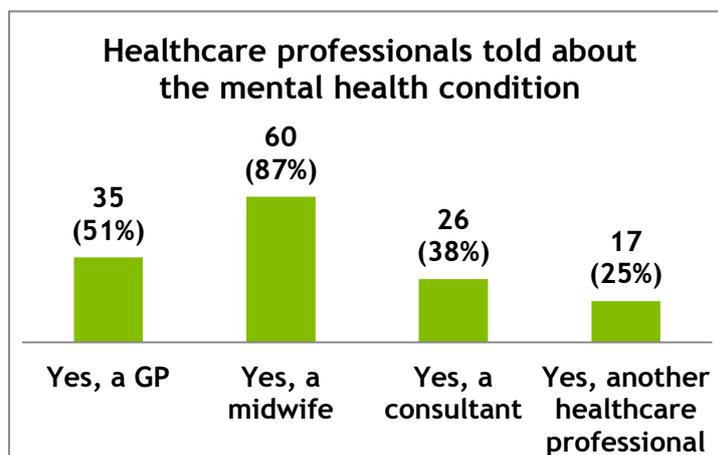
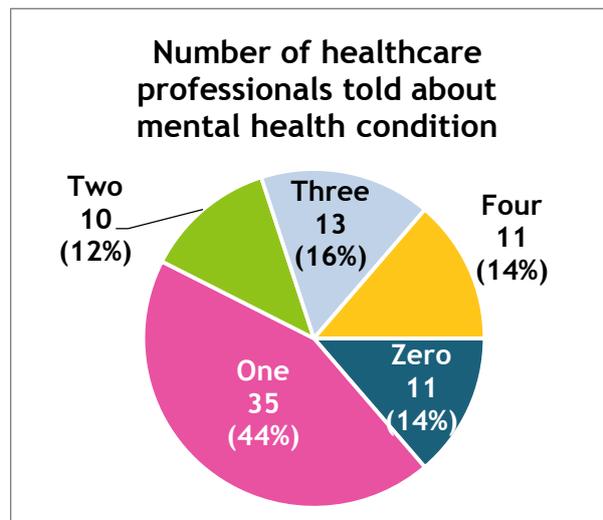


Did you tell anyone about your mental health condition?

Most parents who had a mental health condition (86%, 69) did tell at least one health professional about it. Only 11 of the 80 did not (14%) (and all five young parents told someone).

43% (34) told more than one health professional.

Most parents (87%) told a midwife (including four of the five young parents) and half (51%) told a GP (including two of the five young parents). Some also or only told a consultant (38%) or another healthcare professional (25%).





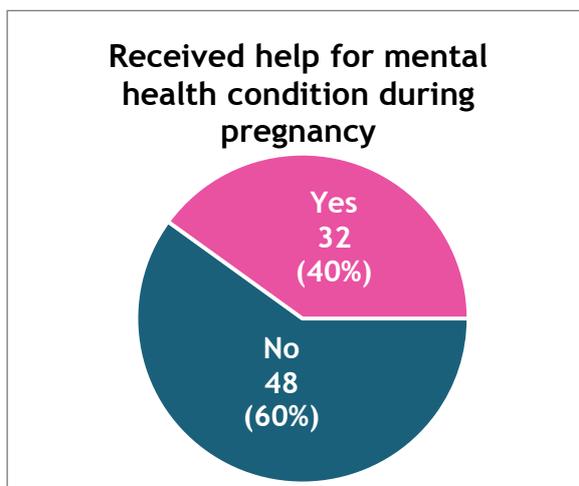
Did you receive any help for your mental health condition while pregnant?

Less than half (40%) of the parents who had a mental health condition said they received help for it while pregnant.

One-third (34%) of those that did receive help told us it was from a GP or doctor and one third (34%) from a midwife.

One-quarter (25%) received help from a mental health service (including Child and Adolescent Mental Health Service (CAMHS), counselling and a private psychotherapist).

All five young parents did receive help - two from CAMHS, one from their GP, one from the mental health team and community midwife, and one from “everyone”.



Person received help for mental health condition from	Number	Percentage of parents helped
GP/doctor	11	34%
Midwife	11	34%
Counselling (including Mental health team - 1, Cognitive Behavioural Therapy -2, private psychotherapist - 1)	6	19%
Child and Adolescent Mental Health Service (CAMHS)	2	6%
Wellbeing team	2	6%
Consultant	2	6%
“Everyone”	2	6%
NorPIP (Northamptonshire Parent Infant Partnership)	1	3%
Health Visitor	1	3%
Pen Green Children’s Centre 'Great Expectations' group	1	3%
<i>Total</i>	39	

Five parents elaborated on their experience of receiving help, with two explaining they continued with the care they received before becoming pregnant, one saying that the midwife was very supportive, one saying that the wellbeing team care was not sufficient and one that their doctor prescribed them the wrong anti-depressants:



“Midwife was very supportive.”

“Specific counsellor to deal with previous mental health.”

“Had anxiety before being pregnant so ongoing support from doctor.”

“Wellbeing team but it was not specialist or sufficient in any way. Completely failed.”

“The doctor, but he prescribed me the wrong anti-depressants.”

Knowledge of factors contributing to mother and baby’s physical wellbeing:

Smoking

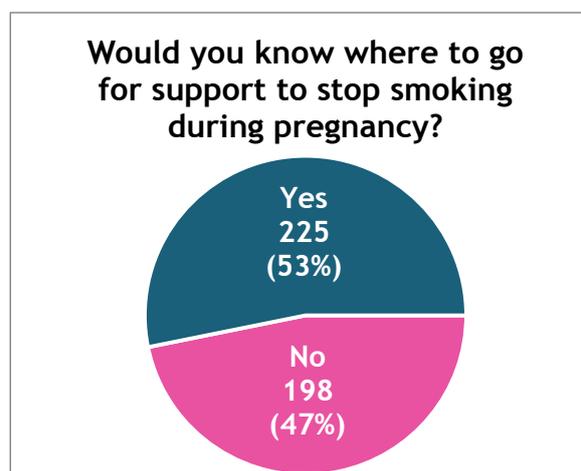
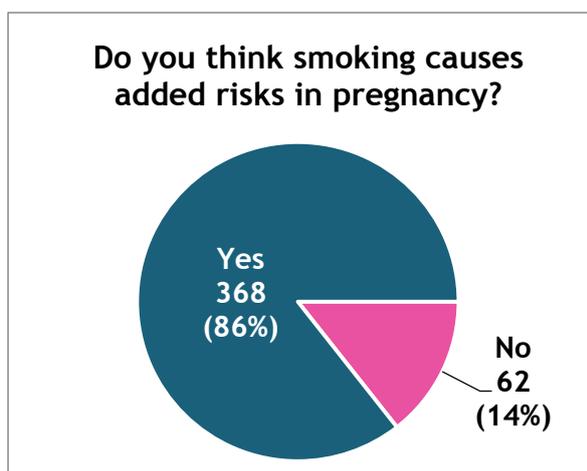
Do you think smoking causes added risks in pregnancy?

Most parents (86%) thought that smoking does cause added risks in pregnancy. 12 of the 16 young parents (75%) thought that this was true.

Would you know where to go for support to stop smoking during pregnancy?

Just over half of parents (53%) said they knew where to go for support to stop smoking during pregnancy. 198 parents (47%) did not know.

Ten of the 16 young parents (63%) said they knew where to go.



We asked those who said they did know to tell us where they would go. Three-quarters (75%) said they would go to their GP/GP surgery and 40% said they would go to their midwife for support, advice or referrals on to other services. Others were aware of smoking cessation services or clinics (such as those run by their GP surgery or referred to by their GP) and websites or helplines (such as the NHS website).



Eight of the ten young parents also said they would go to their GP surgery and three their midwife.

Where parent would go for stop smoking support	Number	Percentage of parents who answered
GP/GP surgery (including nurse)	169	75%
Midwife	89	40%
Smoking cessation service/clinic	18	8%
Website/helpline	11	5%
Pharmacy	3	1%
First for Wellbeing/Wellbeing Team	3	1%
Health visitor	2	1%
Library	2	1%
<i>Total</i>	<i>297</i>	

Overweight

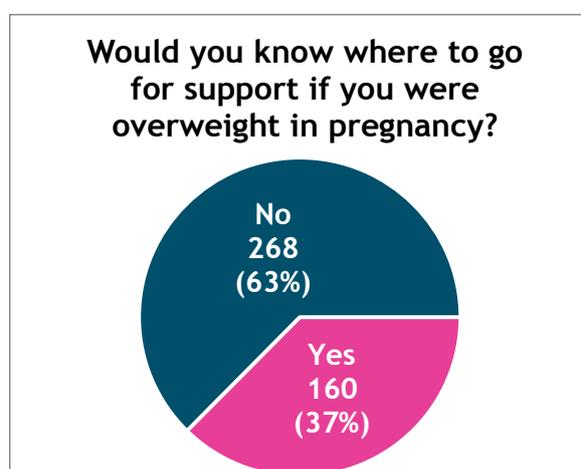
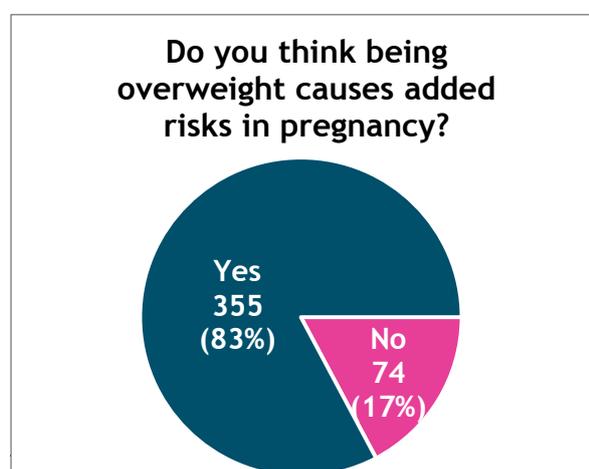
Do you think smoking causes added risks in pregnancy?

Most parents (83%) thought that being overweight does cause added risks in pregnancy, just below the figure for smoking awareness (86%). 11 of the 16 young parents (69%) thought that this was true.

Would you know where to go for support if you were overweight in pregnancy?

Only 37% of parents said they knew where to go for support if they were overweight during pregnancy, which is significantly fewer²⁴ than knew where to go for support to stop smoking (53%). 268 parents (63%) did not know.

Only four of the 16 young parents (25%) said they knew where to go.



²⁴ Chi-squared test $P < 0.00001$



We asked those who said they did know to tell us where they would go. **61% said they would go to their GP/GP surgery** and **59% said they would go to their midwife** for support, advice or referrals on to other services. Others mentioned their consultant (5, 3%) or were aware of weight loss groups or services (such as Slimming World) and websites (such as the NHS website).

Three of the four young parents also said they would go to their GP surgery and two to their midwife or maternity day unit.

Where parent would go for support if overweight	Number	Percentage of parents who answered
GP/GP surgery (including nurse)	98	61%
Midwife	94	59%
Consultant	5	3%
Weight loss/local groups	4	3%
Website/self-education	3	2%
First for Wellbeing/Lifestyle clinic	2	1%
Health Visitor	1	1%
Dietitian	1	1%
Antenatal exercise class	1	1%
<i>Total</i>	<i>210</i>	

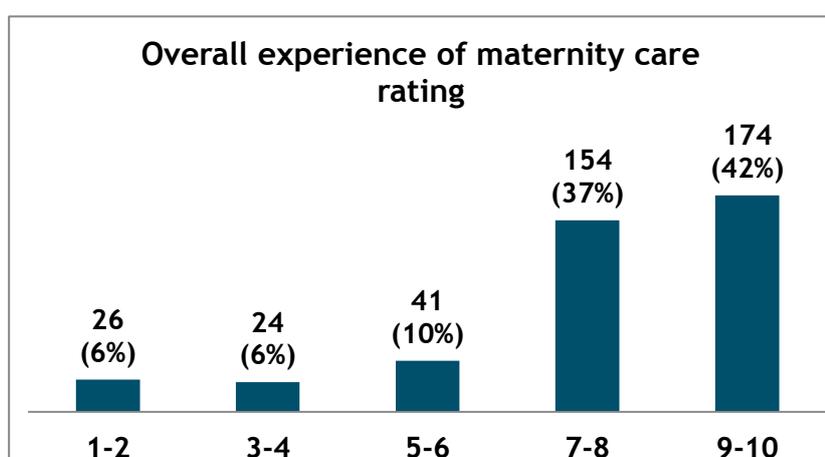
Overall experience

How would you rate your overall experience of your maternity care?

We asked parents to rate their overall experience of maternity care, on a scale of 1-10, where 1 was 'poor' and 10 was 'excellent'.

The average rating was **7.6** - above the midpoint of 5 - meaning that on average most were satisfied with

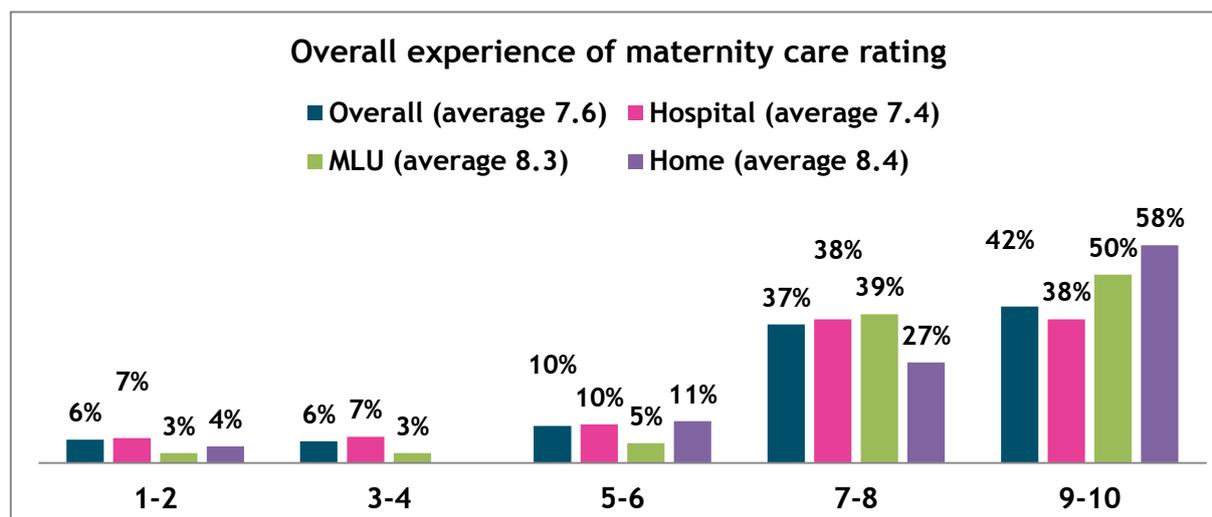
their experience. The most given rating was 10 - 'excellent' (26%, 111 parents) and 65% (274) rated 8, 9 or 10. 9% (39) rated 1,2 or 3.





The average rating for young parents was also 7.6, with 31% (5) rating 10 ('excellent') and half (8) rating 1, 2 or 3.

How parents felt about their overall maternity care experience depended on where they gave birth. Parents who gave birth at home or in a MLU gave slightly higher ratings²⁵ (average ratings 8.4 and 8.3 respectively) than those who gave birth in hospital (average rating 7.4).



Those that had a water birth (average rating 8.5) also had a better overall experience of maternity care than those who had a non-water vaginal birth²⁶ (average rating 7.7) or caesarean²⁷ (average rating 7.2).

Unsurprisingly, those who felt the safest in the environment they gave birth in (rated 8-10) (average experience rating 8.3) had a much better overall experience²⁸ than those who felt unsafe (rated 0-2) (average experience rating 3.9).

²⁵ t-test P<0.05

²⁶ t-test P<0.05

²⁷ t-test P<0.001

²⁸ t-test P<0.0001



Significant difference in overall maternity care experience rating between groups			
Birth location	Home	MLU	Hospital
	8.4*	8.3*	7.4
Birth type	Water	Vaginal	Caesarean
	8.5	7.7*	7.2***
Feeling of safety in birth environment	Safe (8-10 rating)	Unsafe (0-2 rating)	
	8.3****	3.9	
	Yes	No	
Midwife location choice	8.4****	7.1	
Consultant location choice	8.3**	7.2	
Mental health condition before or during pregnancy	6.8***	7.8	

* t-test $P < 0.05$

** t-test $P < 0.01$

*** t-test $P < 0.001$

**** t-test $P < 0.0001$





Other comments

The final question of the survey gave parents the opportunity to share any additional comments about their maternity experiences. 246 parents gave comments (238 mothers and eight partners).

36% (89) of comments were purely positive, many saying that they couldn't fault their experience, particularly of the homebirth team and the Barrett Birthing Centre (see below). A further 28% (69) of comments were mixed as people had a good experience of some aspects of their care (such as with their community midwife) but a poorer experience of other aspects (such as being on the labour ward). The remaining 36% (88) of comments were a mixture of negative experiences and suggestions for improvement.



The comments were manually coded into categories derived from the data. The themes that were mentioned by the most parents are highlighted below, divided into sections about antenatal care, experiences during labour, and postnatal care (including breastfeeding support). In addition, comments about communication and information are explored.

Due to the large number of responses received only illustrative comments are included in this report. All other comments and have been shared with Nene CCG.

Antenatal care

Aspects of antenatal care were mentioned by 32% (78) of parents who commented.

Homebirth team

The largest category of responses was **overwhelming positive feedback** on the Homebirth Team [in Northampton] - 24 comments (10% of those commenting). There were no negative responses about this team. Parents commented on how **supportive, caring and professional** the team are, e.g.:



“The homebirth team during my partner’s pregnancy were brilliant, very supportive, involved all of us as a family in her care.”

“I was looked after by the homebirth team and the care that I received was amazing. They listened to me and my concerns all the way through and gave me options and supported me no matter what the outcome.”



Community midwives and consultants

30 parents (12% of those commenting) gave **very positive comments** about their care from community midwives, particularly about how their community midwife went “above and beyond” to make sure they were happy, e.g.:

“Antenatal care was **outstanding**. **Community midwife went above and beyond** to make sure I was happy during my pregnancy. Care was very **personal and relaxed**.”

“My midwife (from Delapre Medical Centre) was absolutely amazing. Her **attitude was fantastic** and she definitely went **that extra mile** to ensure that everything was okay in terms of the **pregnancy and options for labour**. I couldn't fault her, she was always so **helpful** and had a smile on her face.”

Others mentioned some difficulties they had had and suggestions for improvement:

Consistency in antenatal care was mentioned by 25 parents (10% of those commenting).

16 (7% of those commenting) expressed **frustration at seeing a different community midwife** at each appointment. This made it hard for some parents to build up trusting relationships and contributed to considerable anxiety for some mothers. Others mentioned they had to repeat information several times or received inconsistent information, e.g.:

“Different midwife for community appointments each time, **never saw the same midwife!** Became **very anxious** and didn't have any information on **what to do if things went wrong**.”

“**Inconsistent care**, kept changing midwives, **had to re-explain** previous pregnancy often.”

Those parents who had a **consistent midwife for antenatal care** clearly valued **this** as nine (4% of those commenting) chose to comment on this, e.g.:

“**Seeing the same midwife** definitely makes you feel more secure.”

“This was my second birth and have felt that the **care given was supportive and sensitive**. I saw a **more consistent midwife** with my second child which really made me feel **confident in the care** I received and comfortable to **ask questions** particularly about any worries.”

Ten parents (4% of those commenting) highlighted **difficulties with antenatal appointments**, such as scheduling errors, difficulty getting hold of community midwives, or having to travel a long way to appointments, e.g.:



“I found it **very hard to get hold of my community midwife**; she rarely answered or returned a call. She also only worked a couple of days which was really unhelpful.”

“**Having to go and see consultants... towards the end my pregnancy... weekly would have been a lot easier if I could have seen them in my home town rather than having to travel 15 miles to the hospital while relying on public transport.**”

Seven parents (3% of those commenting) felt that **midwives or consultants did not show enough understanding of pre-existing conditions** and six parents (2% of those commenting) felt that they'd had a condition that was **misdiagnosed or not picked up**, e.g.:

“I have a **serious blood disorder** that could have caused many problems through pregnancy...and labour. My midwife barely took any interest in the illness and at the hospital **at every antenatal appointment I had I saw a different consultant that told me different information about how they had planned my birth.**”

Others felt they were **well monitored**, e.g.:

“**Excellent service, everyone was helpful whilst in hospital and I was well monitored due to previously having pre-eclampsia.**”

Care during labour

50 parents (20% of those commenting) gave **positive comments** about their care during labour, in addition to those who were positive about their home births (see above). Positive experience often came from **receiving a good level of support from caring staff**, e.g.:



“**After quite a traumatic birth experience it was the staff that really made me feel safe and supported during and after, which helped me move past it quickly.**”

“**I was hoping for a home birth but due to complications had to go into hospital after 24 hrs in labour. When in hospital I felt so cared for, safe and looked after, I had a midwife with me for the remainder of my labour and in the end I was so thankful. I ended up having an emergency C-section but didn't feel cheated out of not following though my original plan.**”



“I gave birth in the birthing centre and it was the most amazing calm birth ever.”

39 others (16% of parents commenting) mentioned negative aspects of their labour experience. The issues included **not being listened to/not being checked/being told they were ‘not in labour’** (18 comments, 7% of those commenting), **being left alone during labour** (ten comments, 4% of those commenting), and **being left in pain** (five comments, 2% of those commenting). For some, the result of being ignored led to a rushed, unattended birth, e.g.:

“Lack of care on labour ward, being left for hours in pain unchecked, not checking on baby’s wellbeing, not being listened to, being made to feel that you are lying about contractions/pain etc. Horrible experience.”

“I was told that I was not in labour and ended up with my husband delivering my son with no medical support on an empty ward, despite being high risk.”

Four comments also highlighted **issues with the cleanliness** of the maternity wards (beds and floors), particularly at Kettering General Hospital, which impacted on the care experience, e.g.:

“I reported to Kettering General Hospital maternity health care assistants that I had blood on my hospital bed sheets from my C-section and they left me laying in my own blood for three days. They didn't change my bloodied bed sheets for three days, they couldn't care less and neglected me.”

Postnatal care

Postnatal care on ward

Most positive comments focused on the experience before and during birth but some included aspects of postnatal care, particularly the care from **supportive staff**, as during labour, e.g.:

“Post-birth the team of midwives in the Barratt Birth Centre were outstanding, kind and caring along with the breastfeeding support team.”

“Labour ward staff at Northampton General were fantastic and couldn't fault my care at all.”





“The care I received at Kettering General Hospital was outstanding. I can't fault the care I received from start to finish.”

Less positive aspects of postnatal care were mentioned by 20% (48) of parents who commented.

16 parents (7% of those commenting) expressed **dissatisfaction with the care they received on the ward** after giving birth and five parents (2% of those commenting) told us about **delays or problems they had with discharge, particularly having to wait for a paediatrician to see them, e.g.:**

“My care in delivery was very good, but my postnatal care in hospital was very poor as not enough midwives/staff and felt very neglected at times...such as catheter not being emptied so overflowing despite asking and causing discomfort!”

“Post birth there is very little support for new mums and their babies by the midwives. I had a traumatic forceps delivery and episiotomy, and then had incontinence - I received little care or condition for my condition. As a first time mum I was very upset in the hospital.”

“I waited an entire day to be discharged from hospital because there was no paediatrician available to check the baby. I was told to plan for lunchtime worst case, so I had my three year old with us waiting to all go home together. In the end it was after 8pm when we finally got out - and only after I'd had an emotional breakdown on one of the nurses. Then, I was told by the midwife who came to visit me at home that a midwife could have done those checks on my day one visit. Why is this not done more?”

Postnatal care at home

14 parents (6% of those commenting) mentioned their **health visitors**. Seven parents told us good things about their health visitors, such as how they were **knowledgeable**, and **continuity** was appreciated, e.g.:

“Only thanks to health visitor and midwife I managed to sort out milk allergy and tongue tie... midwife and health visitor were brilliant!!”

“I had great care/continuity of care from the health visitor.”

Seven people told us about poor experiences of their health visitors, such as them **not turning up, giving conflicting advice, or causing the parents to feel inadequate, e.g.:**



“Health visitors afterwards were very poor. I was given conflicting advice on more than one occasion. Only on my babies 10 month check did I feel as though the person was helpful.”

“Health visitors post-birth seem to want to make you feel inadequate as parents. They brought my partner to tears on more than one occasion. The advice received was generally bad; both in delivery and content.”

As with antenatal care, parents highlighted how they valued **consistency** in the midwives they saw after birth, so that they could see **people they were comfortable with and receive consistent advice**, e.g.:

“Never seeing the same community midwife after delivery meant advice changed every couple of days which was inconsistent and caused much more stress than was needed.”

“The community postnatal care was excellent. My midwife visited twice, again offering consistency and reassurance.”

Breastfeeding support

18 parents (7% of those commenting) highlighted a **lack of support and advice on breastfeeding**. Some respondents reported a **lack of person-centred support in breastfeeding while on the postnatal ward**, e.g.:

“I was ignored when I asked for assistance and one midwife was so patronising when I told her I had no idea what I was doing, I cried for hours. There was no consistency with care and things had to be explained to each new member of staff again and again.”

“I felt it would have been nice to have a bit more support with breastfeeding when in hospital. We had some help here and there but because my son just wasn't interested in it, it was almost like they gave up on us. However, a breastfeeding support worker came to see us at home and we really turned a corner with it.”

Others (five parents) mentioned **receiving inconsistent advice** about breastfeeding or that **tongue-tie was not identified** (three parents), e.g.:

“After birth I received conflicting information on how to breastfeed my baby. Thankfully I had breastfed two babies before so felt comfortable in what I was doing but I can understand why many first time mums give up so quickly!”



“My little one had a tongue-tie that was not diagnosed in hospital or after birth despite breastfeeding assessments undertaken and maintaining that he wasn't latching correctly. Had to pay a private specialist to check and divide so that I could continue with breastfeeding.”

Four parents mentioned a positive experience of breastfeeding support, e.g.:

“The community midwives were also excellent and came out as many times as I needed them to as I found breastfeeding the hardest thing ever to begin with.”

“The aftercare on the ward was very good and I had a lot of breastfeeding support (KGH)”

Information and communication

Aspects of information and communication were mentioned by 26% (64) of parents who commented.

14 parents (6% of those commenting) highlighted the importance of parents being given **clear information about the choices available to them and having questions or concerns addressed**. Eight (3% of those commenting) felt that **choices and options had not been clearly explained**, e.g.:



“Little things matter such as remembering that whilst this is second nature and an everyday experience for the midwife etc., some of us do not know everything and shouldn't be treated as though we should know it all. We should get proper answers to our questions rather than being fobbed off and made to feel stupid.”

“My birth decisions were not taken into consideration when the time came, I was induced but the process and outcomes weren't discussed with me and I wasn't given a choice.”

14 parents (6% of those commenting) said that they **did not feel listened to** by healthcare professionals and 15 parents (6% of those commenting) highlighted **inconsistency sometimes between different healthcare professionals**, e.g.:

“I felt very isolated, inferior, and that I wasn't being listened to during my pregnancy to the point that I stopped enjoying this incredibly important time. I was very concerned that my choices would be steam-rolled and this increased my anxiety.”



“I was hoping for VBaC [vaginal birth after caesarean section]. The midwife I saw for this and my own regular midwife were very positive and helpful. The other consultants and midwives I saw at hospital were not, they contradicted almost everything I was told in VBaC clinic, did not support my choices and inevitably it ended in a second section I did not want and still feel sad today that I have not had the chance of a vaginal birth.”

In contrast to the difficulties that some parents experienced in relation to information and communication, a number of **positive comments** were made, particularly about how **professionals had listened or explained things** (nine parents, 4% of those commenting), e.g.:

“Excellent advice and all staff including trainees were very helpful and supportive. All options were thoroughly explained after a long labour.”

“Great care from all the midwives during my stay at the hospital and during my induction. My consultant was also amazing, very understanding and explained anything I wanted to know and answered all my questions. Couldn't fault any of the care staff.”

“I was concerned at one point, late on in pregnancy, that my wishes for a home birth would not be considered or treated with respect... When I expressed my concerns that I would not be supported, the midwife team responded marvellously, and I did in the end feel very supported.”

“The hospital had constant plans for me and updated me all the way through. When I was in labour I tried for a VBaC but ended up with a section. Not only did I have everything explained, the staff were so lovely.”

Attitude of professionals

The **attitude of the healthcare professionals** that parents and patients meet has a **big impact of their experience of care**, as many of the comments above have already highlighted. Positive and negative aspects on professional's attitude specifically were mentioned by 9% (22) of parents who commented.

13 parents (5% of those commenting) told us about professionals who were **friendly, approachable or caring** across all areas of maternity care, e.g.:

“My delivery was supported by a consistent consultant and a wonderful, caring and calm midwife and student midwife. I felt safe and confident in their guidance.”



“I found all the midwives I dealt with to be amazing, incredibly patient and caring people.”

Nine parents (4% of those commenting) told us about professionals who were rushed, rude or lacking in empathy across all areas of maternity care, e.g.:

“Lack of empathy and understanding around IVF pregnancy.”

“Consultant was rude and uncaring.”

Some of these parents mentioned experiences of both positive and negative attitudes and experiences of care, e.g.:

“When I unfortunately ended up giving birth there [on the labour ward] I felt like no one was interested in me. Following a traumatic birth I felt completely broken but I felt like they just wanted me out of the way. Once I was up on Barrett birth centre the staff were helpful and caring.”

“I did not find my consultant to be supportive or helpful, and I was feeling very anxious after my appointment. Fortunately, the homebirth team were incredibly understanding given my previous losses, and made sure I spoke to a second consultant who was amazingly supportive and gave me back my confidence.”

Comments by young parents

Three young parents gave additional comments about how the advice given by different midwives differed:

“My midwife told me that cholestasis²⁹ was just my hormones which lead to me being induced. I barely saw my midwife.”

“When I had a different midwife they kept telling me all different things.”

“Would be a 10 if it was based on my personal midwife, however the care given in Maternity Day Unit could have been faster and they could have given more specifics in what was happening and advice.”

²⁹ Intrahepatic cholestasis of pregnancy (ICP), also known as obstetric cholestasis (OC), is a liver disorder that can develop during pregnancy. ICP needs medical attention. It affects 1 in 140 pregnant women in the UK, around 5,500 a year (www.nhs.uk/conditions/pregnancy-and-baby/pages/itching-obstetric-cholestasis-pregnant.aspx)



Focus groups

Five focus groups were held across the county to discuss the seven themes of Better Births and the parents' experiences in more detail with parents. Unfortunately only 15 parents attended a focus group but they did provide some informative answers about personalised care, decision making, continuity, opportunities to give birth in midwife-led settings and transitioning from midwives to health visitors in postnatal care. Illustrative comments are included here and all feedback has been shared with Nene CCG.



Personalised care

How could your care have been more personalised while pregnant?

The **continuity that comes from seeing the same midwife** or a small team of midwives and other professionals, and the **consistency of information**, were the most common suggestions for making care more personalised (four parents), e.g..

“I had three midwives but they worked closely together.”

“We saw different midwives each time, it stressed my partner out. It could have been more personalised by seeing the same midwife. Our options felt limited as my wife had DVT. There were no options or choices.”

“The consultant made us feel like a number coming through the door. We have seen the consultant twice, two different nurses and his counterpart, but it has never been consistent care by the same person. The advice is always different depending on who you see.”

Related to this is the **desire that the professionals have better links** (particularly across county borders) and are **more informed**, e.g.:

“Having a more informed team, so I wasn't forever repeating myself.”

“The home birth team didn't get back to me. There are not good enough links across the county borders. I live in Yelvertoft and the midwife and health visitor should know about my options as to where I can give birth.”

Being able to **easily contact their midwife** and having a **caring and knowledgeable midwife/team** made a difference, e.g.:

“I had a great midwife, if I had a problem I text her, it was great.”



“My care was very personal, I had a bad history and my care was spot on. It has been really good, the midwife went out of her way.”

One parent found that **switching to the home birth team** suited her better and made her feel more relaxed:

“I decided after the second appointment to switch to the home birth team. If my friend wasn’t a midwife I would not have been aware of choices available to me. I could have appointments at home when it suited me, I felt more relaxed.”

Making decisions about maternity care

What would have made it easier to make decisions about your maternity care in pregnancy?

Five parents said that **more information about midwife care, birth choices and self-care** would help, including information they can read at home so appointments are not taken up with questions, e.g.:

“I wish I had more knowledge of the options I would have in the hospital so I could have been empowered to make decisions myself as not all options were provided to me... Being made aware of the options I had at all times is paramount, being provided with knowledge at all stages is preferable.”

“More advice that a midwife would give you at home, so that appointments are not taken up with questions.”

Three parents valued the **ongoing monitoring of their baby**, e.g.:

“I was well-informed, my notes gave me lots of information. I liked seeing my growth charts.”

Other suggestions were to be able to **visit the birthing centre and wards before giving birth, seeing midwives more than consultants** for a less ‘black and white’ view, and **being able to talk to other local parents**, e.g.:

“Being able to visit the birthing centre and wards before giving birth would have been helpful”

“I think you could see more midwives rather than consultants. It’s like consultants don’t realise that you are just a woman having a baby. It is a very black and white angle they have (consultants).”



What would have made it easier to make decisions about your care in birth?

Again, having **more information about birth choices** so informed decisions could be made beforehand, with the support of midwives, would help (four parents), e.g.:

“I was able to make decisions easily about my birth... Having a senior midwife on board made it easier to be confident in my choices.”

“More information on homebirth for mums considering it (leaflets, etc.). Something with evidence based guidance.”

“They could explain more and make it feel like a choice.”

Being able to have a **discussion with a supportive midwife** who explains everything and **agreement between midwives and consultants** was important for five parents, e.g.:

“Continuity with midwife. I ended up in hospital (home birth planned) my midwife came with me and explained my options. I felt I trusted her and she explained my options and kept me well informed.”

“I had a great time at NGH this time. My baby was breech and I managed to give birth naturally. But it was so hard to make a decision as the midwife and the consultant couldn't decide and were divided over it. The discussions were had in front of me and although there are always different opinions it was hard.”

Two parents mentioned **being monitored** by the right people or at the right time:

“I do feel that it would have been preferable to have a doctor looking after me during my birth for the entire time as I was classed as high risk and I don't believe that the midwife team have the relevant experience to understand the background of why I was being looked after by a consultant and were unable to answer the questions that arose during the birth.”

“There was no element of being able to be checked at home. With my first I was examined in early labour, but this time they would not send anyone out to me.”

Again, one parent suggested being able to **visit the birthing centre/MLU and labour ward before giving birth.**



What would have made it easier to make decisions about your care postnatally?

Suggestions like those for other stages of maternity care were given for this question, such as **having someone to talk to about concerns, continuity of midwives**, having **information**, such as about breastfeeding and what to expect postnatally (seven parents), e.g.:

“A 24-hour number to call that isn’t the community midwives office.”

“I had been signed off from the midwife, but I still had her number and she was happy to answer any questions that I had.”

“I felt my health visitor gave me lots of information. The homebirth team came back to see me. I wanted to breastfeed and my health visitor was supportive but I don’t feel I was given enough information on mixed feeding. On one of the postnatal ward a midwife offered me formula for my baby even though I didn’t want it, at that point I wanted to breastfeed.”

“I didn’t see my regular midwife until day 10. I didn’t feel comfortable discussing my prolapse with someone I didn’t know. Things like prolapse should be routinely asked at the six week check as it is more common than people realise but not everyone will speak up about it”

“I would have liked to have known the difference of what postnatal care I would have received if I had opted for a home birth had that been possible and what alternative postnatal care options there were... Also - had I known that I would have been force fed the ideology of ‘breast is best’ at NGH I would have chosen a different hospital to give birth in... I am disgusted that... it transpired nearly 48 hours after my baby had been born that we could have been provided with formula and a teat to feed her with... This was unacceptable and the options of how to feed our child should have been presented.”

One parent felt that she got better postnatal care from the community team than what was available in hospital:

“I don’t believe that there are enough staff on the postnatal wards available to give the level of care that patients need. The level of care that I received postnatally from the community team was second to none and I wish it was fluid in the postnatal wards. There was a mix of staff who provided excellent care in the same way that the community team do, however there were some staff on the postnatal wards that didn’t inspire confidence in me.”



One parent said they would like to choose where to see the midwife.

Continuity of care

Explain when you feel that you had a good level of continuity? What made it so good?

Having the **same midwife** (seven parents) or **health visitors** (one parent), particularly those who are **understanding and good at explaining things** gave the best continuity. One parent also mentioned the benefit of the whole team of team **sharing information** with each other (the consultant and the community team) as well as keeping her informed and **listening well**. **Having to explain things to different consultants and junior doctors** resulted in two parents feeling like they **did not have continuity**, e.g.:

“Having one midwife who was down to earth and approachable. The continuity broke when I went to see the consultant. I felt I was retelling my story over and over. Sometimes my consultant wasn’t there so I would have to start from the beginning.”

“Our midwife is so friendly, down to earth and explains things in simple terms. She doesn’t judge. She knows what you should be doing but knows it’s not always practical and understands when things are not followed quite as they should be. She is the same midwife we had last time.”

“I had the same midwife while pregnant and postnatally. I also had the same midwife while in labour and giving birth.”

“My community midwife and her team provided a great level of continuity because they communicated with one another about their patient... they communicated with me at all stages and treated me like an individual with the capacity to make my own mind up with the options which were available. Communication is key - sharing information and listening is so very, very important... My consultant provided excellent continual care - I may not have always seen him, but the team who supported him, communicated well and they also possessed great listening skills which evoked a great experience of care.”

“The health visitor clinic at the library is great. It is the same team of four or five health visitors every time.”

One parent did not have good continuity because they live on the county border.



Availability of midwife-led settings

Were you able to give birth in a midwife-led setting? What enabled you/would have enabled you to do this?

Three parents gave birth in a midwife-led setting. All three said it was their choice and one said the midwife enabled them to have their choice. One suggested that tours of the facility would help and one was reassured by the MLU being on the hospital site in case something went wrong, e.g.:

“Yes I was, it was my choice. The midwife enabled me. She was very open about my choices and supportive. I did have to get the consultant to agree it.”

“Yes - because it was in the grounds of the hospital I chose it. I felt safe that there were doctors near.”

One parent would have been allowed to give birth there but could not because they were induced and one parent chose not to give birth there because they were worried about complications.

Four parents could not give birth in a midwife-led setting because of clinical reasons, including the mother’s Body Mass Index (BMI)³⁰ being too high for one parent, e.g.:

“I asked my consultant. He said I couldn’t give birth there. He did let me talk it through with him though.”

“I gave birth on the labour ward... I wish that I could have chosen the midwives who looked after me during birth - ideally someone who had got to know me beforehand... I would have preferred someone from the consultant team to be present during my birth as they would have known my history and this would have made me feel more confident.”

One parent chose a home birth instead and this was allowed by a senior midwife who knew them, overruling the consultant’s opinion:

“No - [A senior midwife] okayed me for a home birth even though a consultant said no. I felt informed and supported because of this. I felt [midwife] knew me as an individual rather than just a number, unlike the consultant.”

³⁰ Women must have a BMI between 18 and 35 to give birth in the Barratt Birthing Centre in Northampton.



Transitions from midwife to health visitor care

How can the hand over from midwife to health visitor be smoother?

Four parents mentioned being **visited by their health visitor while they were pregnant**. Two said this was helpful, one found it less helpful because the health visitor who visited was not the one she would go on to see, and one had not yet seen a health visitor, e.g.:

“I think it is already smooth. The health visitor came to see me while pregnant, which was great.”

“A health visitor from my area contacted me while I was pregnant and introduced herself. She isn’t my health visitor though so it is pointless... I was told by my midwife when the health visitor would come. My actual health visitor is great.”

Three parents suggested that **more information** would help, including about **what the health visitor does** and about **breastfeeding support**, and two parents wanted to have **contact details** and know **who to call**, e.g.:

“Having the midwife or health visitor explain antenatally what they would be doing postnatally.”

“I specifically asked her about breastfeeding support, she showed me a leaflet but didn’t let me keep it because she didn’t have any spare. She didn’t know about any cross-border support for breastfeeding.”

“More contact details for out of hours. Once they take your notes you have no contact details.”

One parents suggested that the **midwife and health visitor should be part of the same team** or at least **share information**:

“I think it would have been much better if the midwife and health visitor worked on the same team or at the very least did a handover of their patient to ensure that history was shared and the relationship continued rather than having to start again. My health visitor is fabulous and worth her weight in gold - however it doesn’t make sense to me that the midwife and health visitor aren’t attached to one surgery so that they can share information, it’s bizarre to offer some care by postcode (i.e. the health visitor) and some care by surgery boundary (midwife).”



Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank all those who took part in the survey and the organisations and groups that allowed us to attend their sessions and shared our survey. We are particularly grateful to:

- Northamptonshire Healthcare Foundation Trust (NHFT) health visitors, Family Nurse Partnership and Breastfeeding support
- First for Wellbeing library staff, particularly Towcester and Northampton
- Northampton General Hospital
- Kettering General Hospital
- Northamptonshire Breastfeeding Alliance (NBA)
- The Cube, Corby library
- Penn Green, Kingsthorpe, King Heath and Penrith Drive Children's Centres
- Northampton National Childbirth Trust (NCT) movers and shakers group
- Northampton Dads group
- Re:Store Northampton Nest Group
- St Gregory's Toddler Group (Abington, Northampton)
- Tots and Teddies (Abington, Northampton)
- Mia Garrod Photography

Thank you for making your voice count!!





About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.





About NHS Nene CCG



Nene Clinical Commissioning Group



NHS Nene CCG is responsible for commissioning or buying healthcare services including mental health, urgent and emergency care, elective hospital services and community care for the population of Northamptonshire, excluding Corby, Oundle and Wansford. We work closely with NHS England, Northamptonshire County Council and a wide range of stakeholders including those in the third sector.

The CCG commissions services on behalf of a population of 652,847 across Daventry, Northampton, Wellingborough, Kettering, East Northamptonshire and South Northamptonshire.

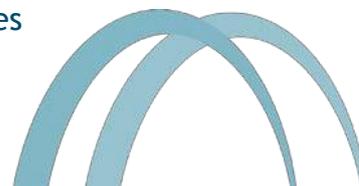
The CCG is a membership body made up of 69 member practices. Our vision to 'help people lead the best possible life from beginning to end' is at the heart of everything that we do in our mission to improve quality, outcomes and clinical standards for all patients.

As part of our duty to improve quality under section 14R of the Health & Social Care Act 2012, NHS Nene CCG is committed to providing best value-for-money and the most effective, fair and sustainable use of finite resources. Our core values guide the way we work with our communities and healthcare partners to improve the health of our population.

NHS Nene CCG is committed to being:

- Effective
- Compassionate
- Safe
- Supportive

We ensure that decisions are taken in an open and transparent way and that the interests of patients and the public are at the heart of everything we do. Clinically-led commissioning makes a real difference for patients and we believe that local GPs and clinicians working with local communities will bring about the biggest improvements in care and outcomes for our population.





Appendix 1 - Survey

Separate versions were used with appropriate wording suitable for mothers and partners (wording combined below).

About you

1. Are you a mother or a partner?

- Mother
- Partner

2. How old is your baby?

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months

3. What is your age?

- Under 16
- 16 to 20
- 21 to 25
- 26 to 30
- 31 to 35
- 36 to 40
- 41 to 45
- 45 or older

4. Do you have a disability?

- Yes - a physical disability
- Yes - a learning disability
- Yes - both a physical and a learning disability
- No

5. What is your postcode? _____

6. Please describe your race/ethnicity. _____

7. Did you/and your partner have access to maternity information, care and advice written and spoken in a language or format which you understand?

- Yes
- No (please explain what would make the information easier to understand)



Birth choices

8. Where did you/your partner give birth?

- Hospital
- Home
- Midwife Led Unit (MLU)
- Other (please specify)

9. Did you/your partner give birth in the place of your/her choice?

- Yes
- No - If no where did you want to give birth?

10. If you/your partner did not give birth in the place of your/her choice, how involved were you/you both in the decision making of where to give birth?

Please indicate your involvement on the scale below.

I was/we were not
involved in the
decision making at all

I was/we were really
involved in the
decision making

11. How did you/your partner give birth?

- Vaginal birth
- Caesarean birth
- Water birth
- Other (please specify)

12. How safe did you feel/it feel in the environment you/your partner gave birth in?

Please indicate your involvement on the scale below.

Extremely unsafe

Neither safe nor unsafe

Extremely safe

Location choice

13. Were you/was your partner given a choice of where you/she could go and see your/her midwife while you were/she was pregnant?

- Yes
- No
- Unsure



14. Were you/was your partner given a choice of where you/she could go and see your/her consultant while you were/she was pregnant?

- Yes
- No
- Unsure
- Did not need to see a consultant

15. Where would you/and your partner prefer to see the midwife or consultant when pregnant?

- GP surgery
- Hospital
- Local community hub
- Other (please specify)

Consistency

16. When thinking about your/your partner's maternity care, which of these is most important? Please rank between 1 and 4 with 1 being the most important.

- Receiving consistent information (information that agrees) from everyone
- Seeing the same small team of midwives and consultants
- Having a main point of contact
- Being sure that professionals were sharing the right information about me, with each other

17. When do you think it is most important to see the same healthcare professional or small team of healthcare professionals?

(Rank as 'Most Important' 'Medium Important' 'Least Important')

- While pregnant
- During your birth
- After you have given birth

Emotional wellbeing and mental health

18. Do you think that you/your partner had a mental health condition that was present before or during pregnancy?

- Yes
- No

19. (If answered yes to above) Did you tell anyone about your mental health condition/ Did your partner disclose their mental health condition?



-
- Yes, to GP
 - Yes, to Midwife
 - Yes, to consultant
 - Yes, to another Healthcare professional
 - No

20. Did you/your partner receive any help for your mental health condition while pregnant?

- No
- Yes - If Yes who from?

Physical wellbeing

21. Do you think smoking or being overweight causes added risks in pregnancy?

Smoking in pregnancy:

- Yes
- No

Being overweight in pregnancy:

- Yes
- No

22. Would you know where to go for support if you were/your partner was overweight in pregnancy?

- No
- Yes (Please explain where)

23. Would you know where to go for support to stop smoking during pregnancy?

- No
- Yes (please explain where)

Overall experience

24. How would you rate your overall experience of your/your partner's maternity care on a scale of 1 -10, 1 being poor and 10 being excellent?

25. Please tell us any additional comments you would like to make about your maternity experiences.



Contact us

Address: Healthwatch Northamptonshire
3rd Floor, Lakeside House
The Lakes, Bedford Road
Northampton
NN4 7HD

Phone number: 0300 002 0010

Text message: 07951 419331



Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

Facebook: www.facebook.com/Healthwatchnorthamptonshire

Twitter: twitter.com/HWatchNorthants

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