

Pregnancy **in** Barnet



A review
of women's
experiences **in**
Barnet

June 2016



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Introduction

Healthwatch Barnet is an independent local organisation, and part of the national network led by Healthwatch England. Healthwatch aims to help local people get the best out of their health and social care services, to enable residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

We listen to people's views about Barnet health and social care services. We listen to individuals of all ages and from all of Barnet communities. We visit community groups, public events, hospitals and health and social care venues to tell local people about Healthwatch. We listen to what they say about health and social care – the good and the bad. If there are concerns about the quality or safety of services, or there are unmet needs, we feedback patient's experience, to local commissioners and decision makers, in order to improve the service.

The Community Outreach Team of Healthwatch Barnet was swift to build upon existing positive contacts and a range of outreach sessions in a variety of venues were arranged. In September 2015, Healthwatch Barnet was present at a meeting with Barnet CCG. There was an urge to learn about the patient experience with maternity services in Barnet. In September 2015, in response to the concerns raised, Healthwatch Barnet designated maternity services as a priority area for research.

Note: All responses of women, who took part in our research, are anonymous except for those who have explicitly expressed their interest to stay in touch with Healthwatch Barnet, and provided their contact detail.

Word cloud: based on 49 quotes from survey respondents

What has worked well?

Support Visits Midwives Breastfeeding Midwife
Birth Labour Ward Care Starlight Ward Staff Regular
Team

What has not worked?

Tongue Tie Diabetes Staff Natal Care Ward Health Visitors
Midwife Support Waiting



Birth Barnet Midwives

Executive Summary

Purpose: Why we are looking into maternity services

The State of Maternity Services reports that the number of births in England was 660,000 in 2014 (Royal College of Midwives, 2015). In Barnet, there were 5,244 births in 2014 (ONS, 2015). The report highlights a number of areas in maternity care, in particular, the demand for more experienced midwives, who are 50 years of age or less, and the fact that the age of expectant mothers is sharply rising to be 40 or older. In the UK, although the number of live births has decreased by approximately 36,600 live births since 2012 (ONS, 2012-2014), it is estimated that 2,600 more midwives are still needed to cover current demand nationally. Moreover, 31% of midwives in England are aged 50 or older, which may imply that newly qualified midwives may not be able to gain the experience they need from their more experienced peers before their retirement. Also the age of expectant mothers of who are 40 or older has increased by 78%. This means that more women require specialist care that responds to their age needs.

The 2015 report describes the ageing workforce of midwives as a 'time bomb', which is hoped to guide commissioners to invest in the development of more qualified and experienced midwives. In Barnet, there are currently 176 WTE¹ midwives practising with an average age of 40². As part of the Royal Free London Trust development programme, the main provider of maternity care in Barnet, a number of midwives got promoted; and an ongoing rolling recruitment programme is in place which states that they will be at full establishment for midwives by December 2016³.

Healthwatch Barnet carried out a piece of research about the experiences of women who live in Barnet, and used different maternity services across the borough in the last two years. Feedback from mothers in Barnet showed that they had mixed experiences with care; some highlighted the dedication of the long-standing midwives; some had medical complications which required intensive care; whereas others did not have breastfeeding support whilst in hospital. Overall, mothers value the contact and relationships they develop during the period of their pregnancy and after birth, which demonstrates the vital role that professionals, specifically midwives, play in the lives of mothers and their babies.

Methodology: How we made our findings

- A questionnaire was developed by Healthwatch Barnet staff and a volunteer partner, based on the maternity national survey, and was widely circulated through various channels including voluntary-sector organisations, social media and online platforms, including Barnet-based groups on Mums Net, Survey Monkey, Facebook, and Twitter.
- The questionnaire focussed on antenatal, post-natal care, breastfeeding support and community services. Respondents were asked for comments on an optional basis.
- Two hospital visits held; one to Barnet Hospital, and another one to Royal Free London Hospital, as part of Barnet CCG's visit for contract monitoring of service providers.

¹ Employed by the Royal Free London Trust

² Information provided by the Director of Midwifery, the Royal Free London Foundation Trust, 17 June 2016

³ See Note 2

- One engagement event at a parenting workshop.
- One visit to the Royal Free Maternity Service Users' Forum.
- Leaflets distributed in various public events.
- An interview with a midwife, who is also a Healthwatch volunteer.
- We received responses from 74 participants, as follows:
 - Survey: 64 respondents (56 had given birth; 8 were pregnant)
 - Hospital visits: 5 respondents (1 antenatal; 3 postnatal; 1 partner)
 - Maternity Service Users' Forum: 5 participants

Note: All respondents used Barnet-based services, of which 7 respondents used Hampstead-based services at the Royal Free London Hospital. Therefore, the findings of mothers' feedback apply to both service sites (Barnet and Hampstead), except where it clearly highlights a specific service site.

Findings

Feedback was recorded, from new and expectant mothers, during the research period from October 2015 to January 2016. Key themes emerged.

General care

- Mothers generally were happy with the care they received, and there was an acknowledgement that 'midwives were rushed off their feet'.
- More than 50% of mothers had the option of giving birth either at hospital or at a birth centre, compared to 34% had the option of home birth
- 50% of mothers chose their preferred choice for giving birth, for the location, followed by 30% for the type of experience offered to them.
- 38% of mothers did not have a named midwife. Seeing various professionals over a short period of time, had led, sometimes, to receive conflicting advice, more specifically from both hospital and community midwives, and health visitors.
- The communication approach and availability of midwives may impact the mother's experience of care.
- At the Barnet site, there seems to be insufficient recognition of identifying babies who were tongue tied; on one occasion, a mother had sought private services to get this resolved at her own expense. In Hampstead site, one mother claimed to have waited for 20 weeks for a tongue-tie appointment.

Community care

- Making an appointment with community midwives is difficult, due to capacity issues.
- Antenatal appointments are held, sometimes, in non-community settings (eg Chase Farm Hospital), where some mothers may 'find it difficult to access'.
- Appointments with midwives are very short and brief.
- Limited support provided on breastfeeding, and post-natal care.
- Many mothers are not aware of what community support is available including maternity classes.

Hospital care

- An opportunity for raising awareness among expectant and new mothers of maternity care services is available both at the hospital and in the community.



- Barnet Hospital phone advice, for women in labour, has mixed experiences between receiving good advice, and unhelpful information.
- At the Barnet site, food, after labour, may vary and be provided within hours following a woman's labour. Sometimes, it includes tea and biscuits only.
- At the Barnet site, Victoria ward has been described as 'under-staffed'.

Recommendations

A. For commissioners

- To commission accessible antenatal appointments in the local community.
- To commission antenatal services which incorporate increased support for breastfeeding post-natal care.
- To ensure that community support is an integral part of the post-natal support and defined within the service specification.

B. For providers

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To consider reviewing how to enable mothers make an informed choice, about evidence-based birth options, including home birth as an option for normal pregnancy or to lower risk mothers.
- To ensure that food, in Barnet Hospital after labour, is provided to mothers when needed.
- To explore options for providing breastfeeding support through voluntary groups and other avenues.
- To provide more frequent and longer midwife home visits for postnatal community care.
- To widely promote existing NHS antenatal and postnatal classes through various channels.
- To publicise community post-natal support and proactively signpost new mothers to these services.
- To widely promote the Maternity Service Users' Forum among mothers and their families, and in a user-friendly language.
- To identify training needs of midwives and all maternity-related staff, specifically related to communication.

C. For providers and commissioners

- To ensure babies with a possible tongue-tie condition⁴ are being identified and referred for advice in a timely manner.
- To consider reviewing how to ensure that new and expectant mothers are clear about the advice and information provided to them.

D. For midwives

⁴ NHS Choices defines tongue-tie as "a problem affecting some babies with a tight piece of skin between the underside of their tongue and the floor of their mouth ... [which may] prevents the baby feeding properly and also causes problems for the mother". Website accessed on 31 May 2016

- To ensure that new and expectant mothers are clear about the advice and information provided to them.

E. For expectant and new mothers

- To consider attending and providing feedback at Maternity Users' groups and forums organised by maternity care providers, at a local GP practice, or at hospital
- To ask, your GP, midwife, or health visitor, for help and information when you are in need of advice with regards to antenatal care, breastfeeding support, and all other maternity care



Background

A. Current practice and service provision

Maternity care in Barnet is commissioned by Barnet Clinical Commissioning Group (CCG). Since July 2014, the service has been acquired by the Royal Free London NHS Trust. The Trust offers maternity care at Barnet Hospital, the Royal Free Hospital in Hampstead, Finchley Memorial, and Chase Farm, in addition to community care at general practice, delivering 8,000 babies (5,000 at Barnet Hospital, and 3,000 at the Royal Free Hampstead) per year.

Barnet Hospital

- Maternity day assessment unit: This is a specialist maternity walk-in centre for women who are 20 weeks or more pregnancy, and who have obstetric problems, and require additional care. It is also available for mothers with postnatal problems up to six weeks.
- Parent education classes: A number of workshops for parents are offered including breastfeeding, labour ward tour, water birth besides others. They are offered at Barnet Hospital and local children centres.
- Barnet birth centre: This is an alongside midwife-led unit, and is a newly refurbished birth centre that consists of five birthing suites with private en-suite facilities; three postnatal care rooms with shower and toilet; three birthing pools; and birth stools and amenities. This service provides all forms of pain relief except for epidural.
- Hospital consultant-led unit: This comprises 13 birthing rooms with either private or shared en-suite facilities; 2 obstetric theatres; 4-bedded theatre recovery ward; 2-bedded close observation unit; 2 birthing rooms as bereavement suites; and Victoria ward which is a 48-bedded ward for antenatal and postnatal care. This service provides access to pain relief including epidural.
- Edgware birth centre: This is a freestanding midwife-led unit, and it offers antenatal care; antenatal workshops including infant feeding and active birth and water birth; five en-suite birth rooms and postnatal bedrooms; three birthing pools; and birth stools.
- Amenity rooms: They are rooms available for women who are clinically well, and wish to have extra privacy, on Victoria ward. They can be booked through a midwife once admitted in labour, and it is available on a 'first come first served' basis. Women who choose an amenity room are expected to pay for their stay per night, and will be treated as NHS patients. However, if another woman requires the room for a clinical need, this woman will take priority. In this case, any advance payment will be refunded.

Royal Free Hospital, Hampstead

- Maternity day assessment unit: This is a specialist maternity walk-in centre for woman who are 20 or more weeks pregnant and who have medical problems and require additional care. It is also available for mothers with postnatal problems up to six weeks.

- Foetal medicine unit: This is a specialist unit that is made of up of foetal medical consultant and specialist midwives to provide care for women when there is a concern about their unborn baby.
- Heath birth centre: This is an option for women who have been told by their maternity team that they are able to have their baby at home but would feel more comfortable in a hospital setting. It is located at the Royal Free Hospital.
- Parent education classes: A number of workshops for parents are offered including breastfeeding, labour ward tour, water birth besides others. They are offered at the Royal Free Hospital.
- Labour ward: there are five birthing rooms, three bedded close observation maternity assessment unit (high dependency area) and two obstetric theatres.
- Postnatal care: This is a ward that has four 4-bedded areas, one 3-bedded area, four en-suite single rooms, and a feeding lounge. Women can stay here after birth for up to 3 days pending their medical condition. Birthing partners are welcome to visit or stay overnight. The ward is attended by a multi-disciplinary team including midwives, healthcare assistants, paediatricians and obstetricians.
- Tongue-tie service: This is located at the Royal Free Hospital, for newborn babies who require surgery with tongue-tie conditions, where referrals are accepted from North Central London Community.

Community care

- Antenatal care: This includes booking the first antenatal appointment date within two weeks of seeing a GP about a woman's pregnancy, and before reaching 13 weeks of pregnancy. The appointment is arranged with a community midwife to plan antenatal care. A midwife may refer the woman to other professionals including an obstetrician, a physiotherapist, or a dietician as per a woman's needs.
- Postnatal care: After the hospital discharge, a midwife makes a home visit to run a regular check-up on the mother and the new baby. The visit is usually carried out within one day after the mother is discharged from the hospital.

Royal Free Maternity Service Users' Forum

As part of the patient engagement strategy, the Royal Free Trust, organises a series of maternity users' meetings. The meeting serves as (see Appendix for detail):

- An opportunity for mothers to provide feedback about the maternity care they receive
- A platform to seek advice and to find information about what services are available and how to access them.

B. Barnet CCG commissioning intentions for maternity care in 2016-17⁵

- There is a monitoring system in place to review the progress of the service performance and to highlight if there is any action required to rectify any issue. This is delivered through the Maternity Action Plan, with timescales agreed between the provider and Barnet CCG.

⁵For detail, please refer to Barnet CCG's Commissioning Intentions 2016-2017, <http://www.barnetccg.nhs.uk/Downloads/Publications/Strategies/NHS-Barnet-CCG-Commissioning-intentions-plan-2016-17.pdf>



- A London-wide service specification has been developed by the Maternity Strategic Clinical Network during 2015-16. This has been consulted on by commissioners and providers from across London and is implemented within the 2016-17 contract. The Trusts (including RFL) work with CCGs in the sector through the maternity network to ensure that the clinical pathways for these women are appropriate, meet best practice guidelines (e.g. NICE, RCOG) and offer value for money.
- There is a service specification in place for the National Diabetic Eye Screening (DES), for mothers who may require special eye care as a direct result of diabetes.
- In 2016, commissioners plan to work with maternity care providers to identify obstetric and midwifery leads for perinatal mental health.
- Funding has been secured to recruit additional midwives to maintain a midwife to birth ratio of 1:28 as recommended by the RCM and RCOG (Royal Free London, 2016).

C. Comparison with similar services outside Barnet

The 2013 CQC patient survey results for maternity care at the Royal Free London Trust shows similar results compared to other trusts, in terms of women's experience and their families (Quality Assurance, Barnet CCG, 2015). However, the Trust has significantly better scores compared to most other NHS trusts in England for two areas⁶:

- Women were given a choice about where antenatal check-ups would take place
- Decisions about how women wanted to feed their babies respected by midwives

D. Current guidance⁷

Staffing

Although NICE guidance does not recommend a specific staff-to-mother ratio in clinical or community settings, it recommends providing one-to-one midwifery support to mothers during labour. For safe midwifery staffing in maternity settings, however, it offers a systematic approach to establish a staffing ratio, and that is to consider, not exclusively, the following (Safe Midwifery Staffing in Maternity Settings, NICE, 2015):

- The number of midwives and the range of other professionals at any given time
- The skill mix of staff
- Risk factors including medical complications
- Historical trends of maternity care needs, and prediction of maternity demands
- The individual preferences and the need for holistic care

Personalised care

The recent Maternity Review (2016) chaired by Baroness Julie Cumberledge outlines that women should have their own personal maternity budget, which includes one-to-one midwifery care. With the assistance of professionals to make informed decisions, the personal budget will enable women to choose their care package that suits their needs. A pilot scheme could initially be rolled out later in 2016.

Antenatal care

⁶ Information provided by the Director of Midwifery, Royal Free London Foundation Trust, 17 June 2016

⁷ Please refer to NICE and UNICEF UK guidance for each section, for detail.

NICE guidance (Antenatal Care, 2016) advises that every pregnant should:

- Have a named midwife during her pregnancy
- Have access to antenatal care by week 10 (by week 12 according to an older guidance)
- Receive information on where she will be seen and by who
- Be informed of the likely number, timing and content of antenatal appointments
- Have access to antenatal classes and breastfeeding workshops
- Have the right to accept or decline this opportunity

Birth options

For mothers who have normal pregnancy, they should be encouraged to give birth at home or at a midwife-led unit, provided they are also given information on the range of services and support available should they choose either birth option (Intrapartum Care, NICE, 2014).

Postnatal care

Postnatal care is advised to be holistic and provided up to 8 weeks, pending the condition of the mother and baby (Postnatal Care, NICE, 2016); this would take into account the woman's physical, mental and social wellbeing and her baby, where formal debriefing is not recommended.

Breastfeeding

UNICEF UK calls on the government to promote and to encourage breastfeeding among mothers and professionals by adopting a national strategy for breastfeeding and reducing the advertising of breast milk substitutes in all clinical settings (UNICEF UK, 2016). NICE guidance (2014) on breastfeeding recommends the following, but not exclusively:

- To offer breastfeeding support sessions in the final trimester showing breastfeeding position and how to attach the baby correctly
- To promote breastfeeding benefits and support among mothers, specifically the ones who have access to less education and resources
- To ensure that midwives are appropriately trained and skilled to provide breastfeeding support confidently and competently
- To provide locally accessible peer support on breastfeeding

Findings

A. Hospital visits

Healthwatch Barnet made two visits; one to Barnet Hospital; and another one to the Royal Free Hospital in Hampstead. Five participants were met; 2 expectant mothers; 2 mothers at postnatal ward; and 1 partner.

**“I was able to trust every single one of them. They took their time to explain everything to me”.
– An expectant mother at Barnet Hospital.**

Communication

Staff and clinicians: Generally, all mothers describe hospital staff and clinicians as professional and helpful; they provide detailed explanations about their conditions. This feedback was consistent across both hospital sites.

Agency staff: In Barnet Hospital, one mother reports, during her stay at hospital, that there was a number of agency staff, to whom she felt that she needed to constantly



remind them of her monitoring her blood pressure and other medical needs. She describes regular staff are more attentive, and knows when to follow up with her about her needs.

Changeable team of professionals: In Barnet Hospital, one expectant mother, who was admitted into hospital due to diabetes, says that over a period of 6-8 weeks, she had seen 12-15 professionals from different disciplines.

Environment

In Barnet Hospital, one mother reports, after giving birth, she waited for nearly nine hours, in order for the bed sheets to be replaced. She commented, “It was unhygienic”.

B. Survey

There were 64 respondents to our online survey that took part between October 2015 and January 2016; 53 of which had given birth recently; 11 are expectant mothers.

Note:

Around 80% of respondents are Barnet residents, and 20% are not. All respondents used Barnet-based services, either hospital or community services, or both.

Approximately 79% had given birth or plan to give birth in Barnet-based services, 10% used Hampstead-based maternity services, 5% had a home birth and 6% used non-Barnet-based hospital services. See Appendix for a breakdown graph.

Feedback received is as follows:

During pregnancy

Access

- Having difficulties in making an antenatal appointment with a midwife is a reoccurring theme, where mothers report they find it difficult to find a midwife available.
- Appointments with midwives are reported to be very brief, and mothers wish that they are longer.

Choice of birth

- Mothers report that they have been given different options as to where they can have their babies. The majority report that they have been given the choice of giving birth at hospital (56%), followed by giving birth at a birth centre or a midwife-led unit (51%). Home birth was the least option provided (34%). Around 28% of mothers say that they were not given any option due to their medical conditions. See detailed breakdown of responses in Appendix.
- 78% of mothers have chosen Barnet Hospital/Barnet Birth Centre as their first choice for giving birth.

When asked about why they made this choice, location comes as the primary reason, followed by the type of experience offered.

Contact with professionals and midwives

1. 38% of mothers report that they did not have a named midwife or a team of midwives.

“Didn't really receive good advice on how to care for the wound and ended up with an infection. Was told not to use water as stitches were dissolvable. Odd!”

2. Most mothers report that they have either regular contact or often with their midwife during pregnancy, while 19% report that they rarely had any contact
3. Mothers report to have seen different health professionals during their pregnancy; 58% have been seeing a hospital midwife; 52% seeing a community midwife; 47% seeing a hospital doctor or a consultant; 30% seeing a GP. There is also an indication that mothers have seen both a hospital doctor and a hospital midwife only. See Appendix
4. Most mothers report that they had good experiences with midwives, but that their contact with them was either very brief, or not seeing the same midwife. Poor experience, which is only 14% of responses, is mainly highlighted by the unavailability of midwives, brief and short appointments, and doubting the clinical experience of some of the midwives.

Antenatal classes

- The quality of antenatal classes varies based on the capability and the midwifery expertise of the facilitator. Some mothers report that they have attended NHS and private classes. NHS classes are described as informative, and sometimes not comprehensive. Private classes are reported to be informative, but expensive.
- Access to information about antenatal classes and breastfeeding support varies. Some report that they learnt about the classes by word of mouth.

At labour

Contact with midwife, hospital ward, or birth unit

Around 58% of mothers say that at the start of their labour had contacted their midwife, labour ward or birth unit. Mothers' experience with phone advice is rather mixed, with some respondents report that they have good and helpful advice, while others report that staff over the phone were unfriendly and unhelpful.

"The health professionals involved in the surgery were brilliant. They really took the time to explain what was happening and reassure us and we're very human. The anaesthetist in particular was great"

Place of birth

Hospital or labour ward seems to be the place where mothers gave birth; 76% of mothers report that they have given birth in hospital or a labour ward; followed by a birth centre or a midwife-led unit; and only 2 mothers had a home birth.

Medical complications

51% of mothers report that they had medical complications. Some mothers had to change their first choice of place of birth, moving from a birth centre or a home birth to a labour ward in hospital. This is either for medical reasons; or because the midwife did not attend on time for the planned home birth.

Partner's involvement

Overall, mothers report that they had a positive experience having their partners involved in the birth process, with some highlighting that their partners were encouraged and made feel welcome to stay longer. Two mothers comment that their partner felt either "...useless" or "the midwife in charge...was not partner-friendly".



Contact with baby after birth

82% of respondents say that they had skin-to-skin contact with their baby shortly after birth. Those who did not have contact was for medical reasons; one mother claims that the contact option was not offered.

Interventions during the birth

Mothers report to have had the following interventions during the birth, in order of response numbers, indicated between (), as follows:

- Stitches (27)
- Internal/external tears (18)
- Assisted vaginal delivery (18)
- Episiotomy (12)
- Un-planned Caesarean section (8)

Support and advice

Mothers rate receiving pain relief and receiving general information after birth as good or excellent support. And they rate the food and drinks service, and breastfeeding support to be of a poorer service. Emotional support received is rated mostly as adequate. Generally, Victoria ward, at Barnet Hospital, has been described as 'under-staffed', with 'no adequate care'.

Food and drinks are generally described as basic to include sandwiches, crisps, and with some mothers report to have received tea and toast only, while some report that they had been offered food after a few hours up to one day after birth.

Breastfeeding advice has mixed experience. When it is provided is either informative or helpful, or conflicting as it is provided by different professionals. Some mothers report to not have any breastfeeding advice at all despite being in hospital for a few days. See Appendix for demonstrations.

Ward and facilities

- The new facilities at Barnet Birth Centre are described as improved and 'like being at home'
- Some mothers report to have been cared for well, while others acknowledge that the postnatal ward was understaffed.
- A high number of visitors in postnatal ward per mother can be uncomfortable and noisy.
- Postnatal care is described as inadequate with important advice and information is not provided after birth.
- Mothers may receive conflicting advice as a result of being looked after by various midwives.
- After birth, sometimes a private room is available. Some mothers report to have moved, after birth, due to the unavailability of rooms.

Hospital discharge

The discharge process has been generally described as a delayed process, where some mothers 'had to push' for discharge, which is due to delays in obtaining blood test results or paperwork outstanding. Nearly 8% of mothers were discharged late at night.

After birth and postnatal community support

Midwife's visits

- Appointments booked for midwife's home visits are given with no specific time slot during the day.

Postnatal community support

- Conflicting advice provided by professionals is due to having different midwives and health visitors for different visits.

C. Royal Free Maternity Service Users' Forum

The meeting focussed on seeking the mothers' feedback on the service they are receiving at the hospital; seeking their views working more closely with a community midwife as a new model of care in the community; and providing them with advice and information on various maternity care and services. The meeting was led by midwives, and held at the Royal Free London Hospital, at the Labour Ward. For detail on the women's feedback and midwives' advice provided, please see the Appendix

D. Overall survey feedback from mothers

What is working well?

- Having a designated and consistent team of professionals or midwives
- Midwives attended their appointments regularly
- Antenatal care on the high dependency ward was appreciated
- Clean and friendly environment at the birth centre
- Health professionals including ACACIA team, anaesthetists, hospital and community midwives are helpful and caring

What is not working?

- Attending antenatal appointments, at Edgware or Chase Farm Hospital may be inconveniently located for women who may find it difficult to travel to, and not locally accessible in the community
- "The stitching process and recovery. The stitches didn't hold well and gaped. I was also upset that I couldn't donate cord blood as it was a weekend. This is an essential resource which should be available 24/7"
- Conflicting advice from different professionals
- Midwives are 'rushed off their feet'
- Tongue-tie complications are not recognised by paediatricians
 - More postnatal care is needed
 - More breastfeeding support is needed
 - Mistakes made by doctors and midwives
 - Lack of clarity or information about health conditions



- Lack of access or time with doctors for advice and information
- Short appointments with midwives
- More night staff are needed

Analysis

A. Service operations

- *Birth options:* The majority of mothers, from the survey, choose to give birth at Barnet Birth Centre or Barnet Hospital, as opposed to other options including home birth. They have indicated that their choice is mainly made based on the location, and the information they receive about the type of birth experience they are going to have should they use the birth centre. This may reflect the strong relationship mothers develop with their midwife or health professional, and the trust they place in their advice and expertise. From the survey, it seems that mothers prefer to give birth at a birth centre, despite that approximately 50% of survey respondents did *not* report to have had any clinical complications or medical needs, and therefore, are considered to likely have a normal or low-risk pregnancy. Evidence suggests that home birth is very likely to be a safe option for second time and low-risk mothers. It would be useful to carry out further research as to why mothers choose the type of experience offered in a birth centre, compared to other birth options; what resources a mother is looking for to support her baby's birth; how mothers feel about giving birth at home as opposed to a birth centre; and what resources a midwife needs in place to support a home birth?
- *Tongue-tie condition:* 6% of survey respondents report that their baby had a tongue-tie condition which they felt it was not taken seriously or recognised by paediatricians or midwives. This may imply that this condition may culturally not be recognised, among maternity professionals, to have a perilous impact on breastfeeding or baby's development.
- *Skin-to-skin baby contact:* it is commended to notice that most mothers report to have had skin-to-skin baby contact, in accordance with NICE guidelines, which is often encouraged by midwives, except in the case that the baby or mother may have clinical needs, where contact may be delayed until it is safe.
- *Breastfeeding support:* it appears that breastfeeding support may be inconsistently provided both at hospital and at home. The variation in support reportedly highlighted by mothers is to be due to the variation in identifying issues that affect breastfeeding (e.g tongue-tie condition), the lack of support staff to offer breastfeeding advice, or to the provision of conflicting advice from various professionals on breastfeeding. Further research, onto the role of lactation consultant in the NHS, may be needed, and through linking with the NCT (National Childbirth Trust).
- *Postnatal care:* Mothers seems to have a mixed experience with care provided after birth at hospital and at home. Repeatedly, there is a request for having support on breastfeeding, quality food after birth, and longer and time-specific home visits. This may indicate that women's experience is calling for a holistic approach to provide postnatal care from delivery to home visits. This is consistent with UNICEF and NICE guidelines, for children and women's mental and physical wellbeing.

B. Resources

- *Capacity*: Mothers highlight that community midwives' home visits are often very short and brief; midwives arrive late to appointments; or provide unspecified time slots during the day for their home visit leaving the mother waiting for them at home all day. Further research is needed to explore as to why mothers have this experience with community midwives, and as to why there is a slightly higher rate of respondents who used hospital midwives more than community midwives.
- *Midwifery competence*: Mothers recognise that newly qualified midwives need support from more experienced midwife peers in order to build up their confidence and clinical expertise in supporting mothers and identifying any underlying medical issues at an early stage.
- *Staff-patient ratio*: there is a variation of mothers' satisfaction with postnatal support (including food, breastfeeding), after giving birth immediately, which highlights the importance of having a consistent staff-patient ratio. There seems to be no clear guidance from NICE regarding a staff-mother ratio for antenatal, and postnatal community support. NICE recommends that one-to-one support should be offered during labour only. This may have led to variations in providing care in the antenatal and postnatal period, where midwives are more likely to be available during labour but not before or after birth.

C. Women's experience

- *Recognition of good midwifery practice*: mothers emphasise the value of having a good relationship with their midwife and other health professionals. Regardless of their experience with care, they repeatedly appreciate the importance of having a supportive and competent midwife who makes a valuable difference to their baby and quality of life during and after pregnancy.
- *Relationship with a named midwife*: nearly 40% of mothers report to not have a named midwife, either due to having a normal pregnancy or being followed up by a GP, due to a shortage of midwives. Most respondents appreciate to have a designated team or a named midwife with whom they are able to build a relationship. Evidence shows that having a good relationship with a midwife supports the mother and baby for better physical, mental and emotional development, where a midwife is able to detect early signs of medical issues, and provide the necessary advice and support, to reduce the risk of any further complications.
- *Individual's experience vs. clinical conditions*: from the survey, it appears that women have mixed care experiences. In some cases, having an easier birth and a normal pregnancy may lead to having a positive experience with maternity care, while having clinical complications may lead to having a negative experience with care. What makes the difference is to have a consistent and continuous approach to care, provided by a supportive, competent and accessible midwife.

"One of my appointments was over Christmas when my [GP practice] was closed so they told me to go to the hospital. The midwife spent the first 5 minutes of the appointment telling me that the doctors shouldn't have sent me and they are over worked as it is... rushed the appointment"
An expectant mother.



Recommendations

A. For commissioners

- To commission accessible antenatal appointments in the local community.
- To commission antenatal services which incorporate increased support for breastfeeding post-natal care.
- To ensure that community support is an integral part of the post-natal support and defined within the service specification.

B. For providers

- To ensure expectant mothers are aware of their named team of midwives, and to provide them with specific contact detail.
- To consider reviewing how to enable mothers make an informed choice, about evidence-based birth options, including home birth as an option for normal pregnancy or to lower risk mothers.
- To ensure that food, in Barnet Hospital after labour, is provided to mothers when needed.
- To explore options for providing breastfeeding support through voluntary groups and other avenues.
- To provide more frequent and longer midwife home visits for postnatal community care.
- To widely promote existing NHS antenatal and postnatal classes through various channels.
- To publicise community post-natal support and proactively signpost new mothers to these services.
- To widely promote the Maternity Service Users' Forum among mothers and their families, and in a user-friendly language.
- To identify training needs of midwives and all maternity-related staff, specifically related to communication.

C. For providers and commissioners

- To ensure babies with a possible tongue-tie condition are being identified and referred for advice in a timely manner.
- To consider reviewing how to ensure that new and expectant mothers are clear about the advice and information provided to them.

D. For midwives

- To ensure that new and expectant mothers are clear about the advice and information provided to them.

E. For expectant and new mothers

- To consider attending and providing feedback at Maternity Users' groups and forums organised by maternity care providers, at a local GP practice, or at hospital
- To ask, your GP, midwife, or health visitor, for help and information when you are in need of advice with regards to antenatal care, breastfeeding support, and all other maternity care

Conclusion

Women consistently appreciate the value of building a long lasting relationship with their midwife who is able to recognise them by their first name, and to make them feel valued and cared for. Most of the issues and concerns, raised by the mothers in the survey, emphasise the value of long-term investment in staff development and recruitment of experienced and competent midwives who are caring and supportive of women's needs. It is commended to note that maternity care is at the top priority list for commissioners and providers in Barnet. It would be useful to work in partnership with mothers and patients, keeping in mind, that investing in relationship-building between mothers and midwives is what would provide good care and healthy families on the long-term. Further research is needed to explore a sustainable approach to antenatal and postnatal community support including breastfeeding, lactation, and the recruitment and development of more community midwives.

"People do not buy goods and services. They buy relations, stories and magic" - Seth Godin

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- Participants and members of the public
- Royal Free London NHS Foundation Trust
- Sarah Brown, a Healthwatch volunteer and a midwife



Glossary of Terms

CCG	Clinical Commissioning Group
GP	General Practitioner
NICE	National Institute for Health and Care and Excellence
NCL	North Central London
NCT	National Childbirth Trust
RCOG	Royal College of Obstetricians and Gynaecologists
RCM	Royal College of Midwives
RFL	Royal Free London
WTE	Whole Time Equivalent

Appendix

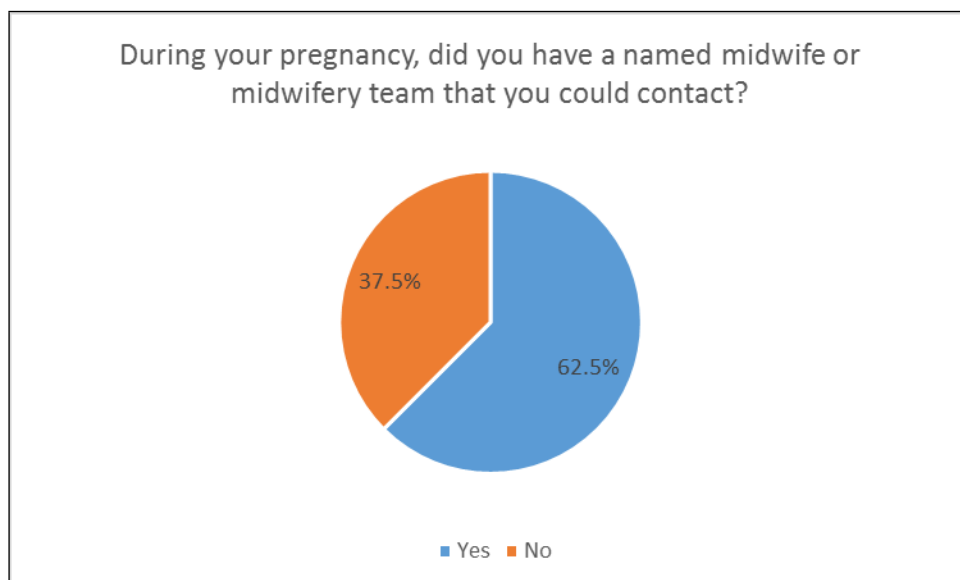
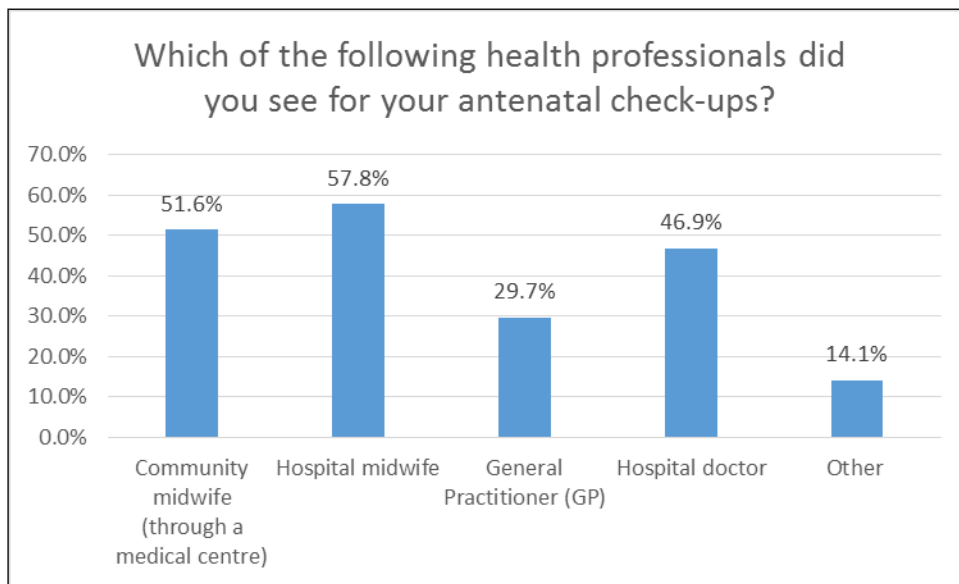
Mothers' feedback and midwives' advice at the Royal Free Maternity Service Users' Forum

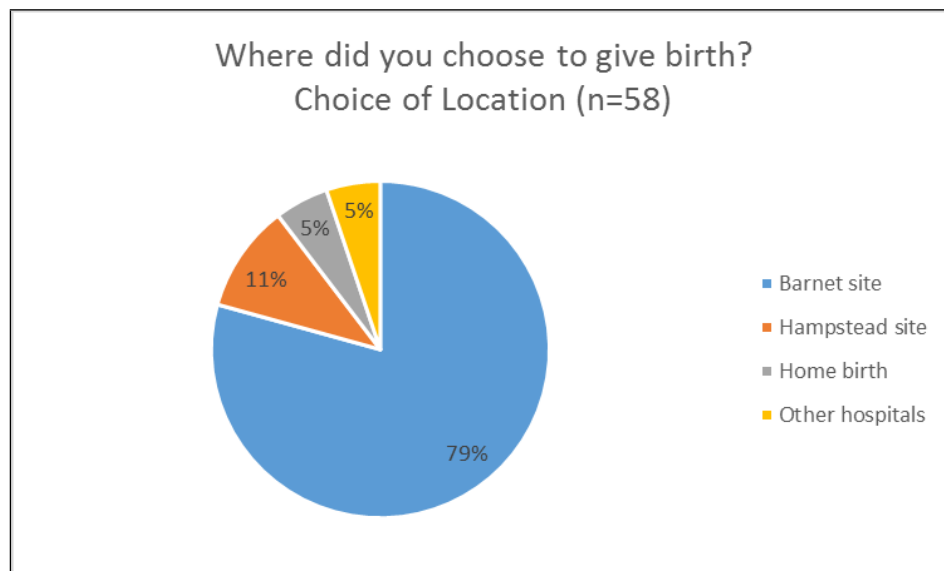
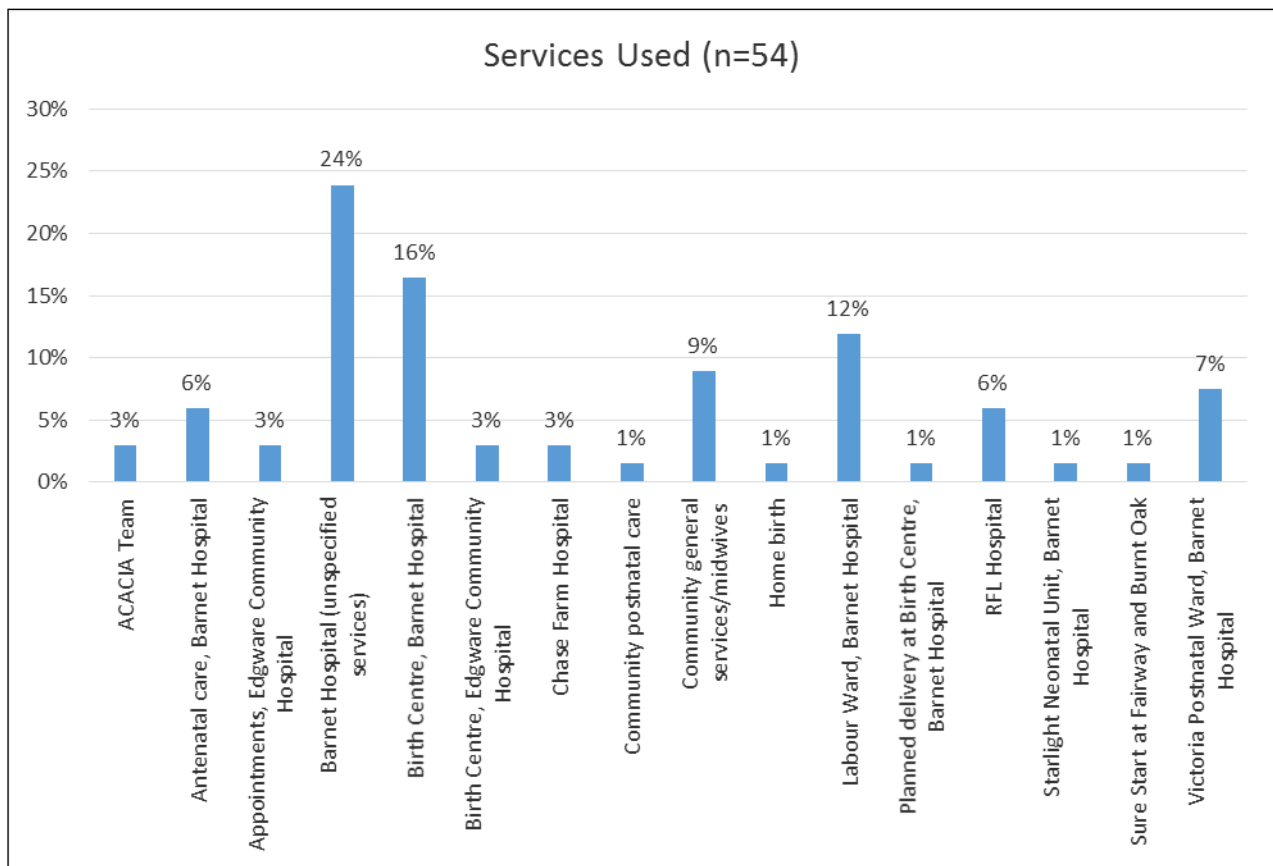
- "I prefer to work with a hospital midwife if I am coming [to the hospital]"
- "I would like to see continuity working with the same midwife"
- "I like the labour service here. It is my third baby, and it is great"
- "I don't have a community midwife as yet"
- "I had a bad experience coming from another hospital to the Royal Free, but it is such a good experience being here [at the Royal Free]"
- "It would be good if medical records are accessible across both sites in Barnet and the Royal Free Hospitals"
- "It would be good to have some clarity on why we are being called for" – a comment provided on receiving calls from midwives.
- "The medical care here is excellent, and the forward care planning is reassuring"
- "I was waiting in A&E for 11 hours, and I felt dehydrated, but then the doctor told me that I did not need to wait at A&E and I should go straight to see him".

The following information was provided in the group meeting:

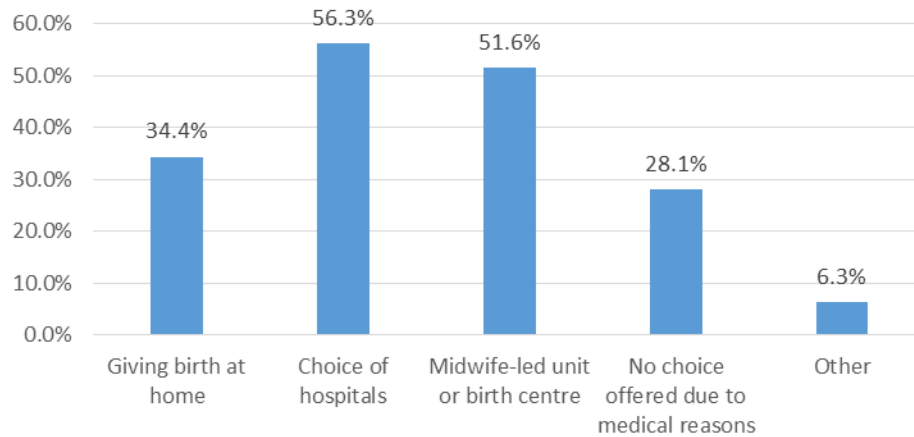
- If you are pregnant and coming to A&E, ask to see an obstetrics professional, and you will be seen shortly.
- Ask for help and information from your midwife or the professional team.
- Visit the Royal Free Trust's website as a valuable resource to find general information and advice.
- If you have any concerns before you go into theatre for your planned C-section, talk to your midwife about your wishes for skin-to-skin contact with your baby, or when you see appropriate.
- Check the Royal Free Trust's twitter account for general information on maternity care.
- Register with their local Children Centre for further community support and information on breastfeeding.
- Complete Family and Friends Test to send your feedback to improve services.
- The Royal Free Trust aims to get national accreditation for the Breastfeeding Enhancement Service, with the aim to increase confidence among mothers on breastfeeding.

Graphs

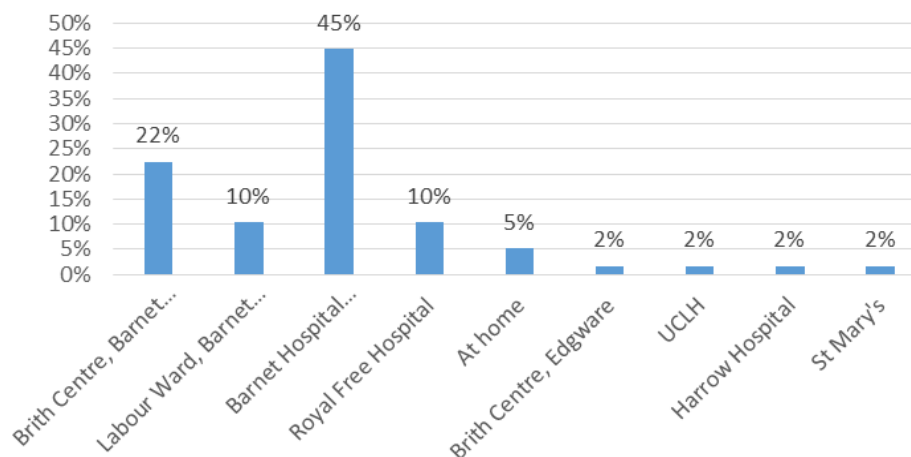




What options were available for you about where to have your baby?



Where did you choose to give birth? (n=58)



If you gave birth in hospital or at a birthing centre, please rate how you found the following facilities

