

# Maternity Care **in** Newham



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

June 2017

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## Acknowledgement

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- Healthwatch Newham staff and volunteers
- Newham CCG
- Participants and residents
- Social Action for Health (SAFH)
- St Stephenson's Children's Centre, for their collaborative approach to arrange for us several visits to the centre, and to talk to mothers

## Introduction

Healthwatch Newham 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 Newham. It was formed in April 2013.

We listen to people's views about Newham health and social care services. We listen to individuals of all ages and from all of Newham 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.

Following the lead of Healthwatch England's national focus on maternity care, we were keen to learn about women's experiences of maternity services in Newham. Healthwatch Newham designated maternity services as a priority area for review. Healthwatch Newham's Engagement Team was able to utilise its existing positive contacts and a range of outreach sessions in a variety of venues.

*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 Newham, and provided their contact detail.*



## 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, 2015a). In Newham, there were 6,226 births in 2015 (ONS, 2016). 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. It is estimated that 2,600 more midwives are still needed to cover current demand nationally (RCM, p. 2). Moreover, the report emphasises that if 31% of midwives in England are aged 50 or older, 'there [may] not be enough time for newly-qualified midwives to gain the experience and confidence they need before many of their more senior, more experienced colleagues leave the service'. Also, the age of expectant mothers of who are 40 or older has increased by 78% (RCM, p. 2). More older women may require specialist care that responds to their age needs (RCM, 2016b). There is one midwife for every 28 mothers in Newham<sup>1</sup>.

Healthwatch Newham's engagement project into maternity services was carried out between September 2016 and January 2017. Through this, we engaged with 77 mothers, from various backgrounds, who used different maternity services across the borough in the last two years prior to the engagement.

Responses from mothers in Newham showed that they had mixed experiences with care; some highlighted the dedication of the long-standing midwives; some mothers did not have a named midwife; while others would like to see more supportive and compassionate midwives. Overall, mothers value the contact and relationships they develop during the period of their pregnancy and after the birth, which demonstrates the vital role that professionals, specifically midwives, play in the lives of mothers and their babies.

## Methodology

### Aims

This report aims to provide a general picture of the pregnancy journey of mothers living in Newham or using out-of-borough maternity services, and to give a glimpse of how maternity care is being experienced among mothers in Newham.

### Data collection

- A survey was developed by Healthwatch Newham staff and a Healthwatch volunteer, and focussed on choices of birth, antenatal and post-natal care, breastfeeding support, and community services. It was widely publicised through various channels including:
  - Four visits to St Stephenson's Children Centre
  - Through Newham CCG's network
  - Through voluntary-sector organisations
  - Through social media and online platforms, for example, Newham-based groups on Twitter and NCT Newham
  - Leaflets were distributed in various public centres including the Birth Registration Centre
- An interview was held with one mother through Healthwatch Newham Advocacy service
- An interview was held with a midwife, at Newham University Hospital about current service provision
- We attempted to arrange for a visit to Newham University Hospital, on three different occasions. However, no response was received

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<sup>1</sup> An interview with a midwife, Newham University Hospital, Barts Health, on 9 August 2016

## Data analysis

A thematic analysis is used to help develop a contextualist account of maternity care. This covers their experience of antenatal care, labour, and postnatal care, both at hospital and in the community. It also aims to tease out the women's experience of midwives, health visitors and other health professionals. A coding standard of generic themes, of women's experience, has been developed, which was further categorised into sub-themes. The generic themes are highlighted in ***Bold Italic***, while the sub-themes are Underlined. See 'Findings: Mothers' Experience' section. A further section 'Observations' sheds light on our findings in comparison to the recent Care Quality Commission (CQC) reports on maternity care in Newham.

## Findings

We identified the following key points:

### General care

- **Alternative source of information:** When mothers were not provided with advice at hospital or in the community, they often sought advice and information from a helpline, YouTube videos, a local GP, or friends and family
- **Information and communication:** Information was not consistently provided to mothers at time of emergency, delays or non-clarity

### Community care

- **Antenatal care of community midwives:** Mothers may have had a named midwife during their pregnancy, but were seeing different midwives. This experience was often described as 'difficult to build a relationship'
- **Postnatal care of community midwives and health visitors:** They were described generally as 'very good' and 'caring', but often 'rushed'. Some midwives were described as 'refused to help', 'noted down inaccurate information', or 'advised to go to a drop-in clinic for advice'
- **Breastfeeding support:** It was often either limited or not provided
- **Information and awareness of community support:** Many mothers were not aware of what community support was available, for example, where to access mental health support for new mothers, or whether BCG vaccination was available at hospital, GP, or through a health visitor. Mothers were sometimes being re-referred to different services, with no clarity if BCG vaccination was available at a given service or not.
- 57% of mothers did not have a named midwife. Although some mothers had a named midwife, they were seeing different midwives during their pregnancy. This experience was often described as 'difficult to build a relationship'
- 75% had regular or 'often' contact with a midwife, while 22% had rarely any contact
- 3% never had a midwife
- 50% of mothers had their first booking appointment (pregnancy notes) at 11 weeks or more, either due to relocation, not knowing of own pregnancy, or late GP assessment
- 64% chose their birth location for convenience, followed by 27% who chose it because of the type of birth experience offered
- 21% of mothers were not provided with birth options. Sometimes leaflets were provided, but the different options were not explained
- 39% did not attend birthing classes, while 61% did
- 56% rated their midwife home visits as 'good' or excellent', 25% as 'adequate', and 17% as 'poor' or 'very poor'
  - 51% rated after-birth community support as 'good' or 'excellent', 27% as 'adequate', and 22% as 'poor' or 'very poor'



## Hospital care

- **Hospital midwives:** 57% contacted a midwife or birth unit at the start of their labour, while 43% did not. There is a mixed experience of midwives. At Newham Hospital Delivery Suite, they were described either as 'good' or 'rude'. At Newham Hospital Birth Centre, generally they were described as 'good' or 'supported mother's decision'. At both Newham and Royal London, student midwives were described as 'great'. At Homerton Hospital, midwives were 'supportive'
- **Bed availability:** At Newham Hospital and Royal London, some mothers were being sent home while in labour, waiting in the waiting area for a bed up to five hours, or experiencing delays in being transferred to another ward
- **Information and communication:** A mixed experience of receiving information depended on which midwife or other hospital professional was working with the mother. Some professionals were helpful while others were not. Mothers were asking for more information to help them understand and feel reassured, especially at time of non-clarity of situation, emergency or delays
- **Conflicting advice:** Being supported by different midwives often leads to conflicting advice
- **Induction of labour:** Mothers report that, they either had information well in advance that they would be induced, felt 'forced' into this option, had decision delays about induction, induced early, or had issues during induction
- **Transfer of birth location:** 53% had medical complications that changed where they gave birth. There is a mixed experience of location transfer. Some mothers had to transfer from a birth centre to Royal London for medical needs, while others felt that their condition unnecessarily was mistaken for a medical assistance but once they were transferred, they did not need further medical attention
- **Skin-to-skin contact with baby after the birth:** 86% had skin-to-skin contact with their baby shortly after the birth
- **Breastfeeding support:** It was often either limited or not provided
- **Food provision after the birth:** There is a mixed experience of food provision. At Newham Hospital and Barking Centre, a snack, or no food, was often offered. At Homerton Hospital, a meal was usually provided
- **Hospital discharge:** 38% were discharged in the evening or late at night. At Newham Hospital, there were delays in hospital discharge waiting to see a doctor, while some mothers were being discharged without final check-ups, or being discharged late in the evening

## Recommendations

### A. For commissioners

- To ensure that community support is an integral part of the postnatal support and defined within the service specification, for example, breastfeeding support, signposting, information and advice after the birth and home visits
- To consider commissioning services which incorporate increased support for breastfeeding postnatal care, and signposting to community services, including peer support and working with the voluntary sector
- To ensure that mental health support is an integral part of the postnatal care provided to mothers
- To consider commissioning alternative communication channels, to complement (but not to substitute the midwifery support) the provision of information and community support, for example, to use social media and online platforms to provide breastfeeding support and other relevant information

## B. For providers

- To ensure expectant mothers are aware of their named midwife or team of midwives, and to provide them with specific contact detail
- To ensure that mothers, in case of emergency or change of birth plan, are aware of the new birth decision, whether it is an induction, and are able to make an informed choice, about how to give birth
- To ensure that midwives are consistently more prepared to support mothers at various stages, and are more enabled to be more personable, empathetic, and compassionate, by reviewing the management, supervision, training, and development for midwives
- To ensure that consistent advice and information is provided, for example, breastfeeding support provided by midwives
- To ensure that quality food is offered after the birth consistently to all mothers, with the support of volunteers if needed
- To consider working with community peer volunteers or voluntary organisations to provide breastfeeding support, and information after the birth
- To widely promote existing NHS antenatal and postnatal classes through various channels, specifically among new and young mothers
- To publicise community post-natal support more clearly and proactively signpost new mothers to these services and other services when needed
- To ensure that mothers are made aware of mental health support as an integral part of the postnatal care provided
- To review the patient flow and bed occupancy across all wards to ensure a shorter waiting time for a bed for mothers
- To review the hospital discharge process to ensure that mothers have a timely discharge, with health checks completed for mother and baby
- To consider using assistive alternative communication channels, such as social media and online platforms, to complement (but not to substitute) the midwife's support on breastfeeding and other community support, when it is applicable
- To ensure and to encourage accurate recording of notes taken by midwives at antenatal appointments, at hospital and during home visits

## C. For expectant and new mothers

- 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. If you have any concern of not getting a response, contact your local *Patient Advice and Liaison Service*.



## Background

### A. Current practice and service provision

Maternity care in Newham is commissioned by Newham Clinical Commissioning Group (CCG). The service is being provided by Barts Health NHS Trust. The Trust offers maternity care at Newham University Hospital, Royal London Hospital, and Whipps Cross, in addition to community care at general practice, delivering 7,000 babies per year (Newham CCG, 2016). Neighbouring maternity services at Queen's Hospital, are offered by Barking, Havering and Redbridge University Hospitals Trust, and at Queen Elizabeth Hospital are offered by Lewisham and Greenwich NHS Trust. An interview with a midwife at Newham University Hospital demonstrates the following development in maternity care<sup>2</sup>:

- *Bump Start* is an information group which provides training to peer mothers, in order to visit new mothers in wards and other maternity services venues to provide advice and guidance.
- *Great Expectations* is a campaign to obtain mothers' feedback about what they like to get out of maternity services, and co-design the service with mothers and support and train staff to ensure improvement.
- Facilities for fathers who wish to stay overnight to accompany women who have had a C-section. There were some complaints, from other mothers, that men were staying overnight, with their partners. In response, a separate bay is now provided to accommodate fathers, and a separate room for mothers.
- A request for new beds has been made for capital bid 2017.

CQC reports on Newham University Hospital (2017) and on the Royal London Hospital (2016) rate the maternity services as 'Requires Improvement' and as 'Inadequate' respectively. This is based on a number of ongoing concerns, and improvement plans in place to address various issues. Maternity services are run by Barts Health Trust in both hospitals. CQC identified key points (2016, pp.2-10; 2017, pp.4-17, p.79):

Current development in CQC reports:

- The maternity service was working towards level 2 of the UNICEF UK Baby Friendly<sup>3</sup> Initiative to promote good care for new-born babies, although some staff were not aware of the initiative accreditation
- Women reported good support around the choice of place of birth, including home birth and partners were welcome to stay
- Overseas nurses were recently recruited, and supported by a clinical educator
- Some women were happy with the care and treatment received, and felt informed and involved in their care
- There were initiatives to encourage natural birth

Current issues in CQC reports:

- Some women commented that there was a lack of respect, care and compassion and that midwives were often abrupt
- Women waited longer for pain relief and treatment
- There was a shortage of midwifery staff
- Many midwives were inexperienced or overstretched
- Ongoing concerns about delays in elective caesarean sections
- Delays in planned induction
- Midwifery, nursing and medical staff were not up to date with safeguarding adults and safeguarding children's training

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<sup>2</sup>Meeting held with a midwife at Newham University Hospital on 9<sup>th</sup> August 2016

<sup>3</sup>Email correspondence with the midwifery team on 16<sup>th</sup> July 2017



## B. Current guidance<sup>4</sup>

### **Staffing**

Although the National Institute for Health Care Excellence (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 (NICE, 2015a):

- 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 care 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.

### **Antenatal care**

NICE guidance (2012, 2015a, 2017a) advises that every pregnant should:

- Have a named midwife during her pregnancy, or a small group of health professionals that the mother is comfortable with
- Have access to antenatal care by week 10 (by week 12 in a previous version)
- Receive information on where she will be seen and by whom
- Be informed of the likely number, timing and content of antenatal appointments
- Have access to antenatal classes and breastfeeding workshops
- Have a discussion about mental health issues
- Have breastfeeding information before or at 36 weeks

### **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 (NICE, 2017b).

### **Postnatal care**

Postnatal care is advised to be holistic and provided up to eight weeks, pending the condition of the mother and baby (NICE, 2015b); 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 (2015b) 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

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<sup>4</sup> Please refer to NICE and UNICEF UK guidance for each section, for detail.



- 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: Mothers' Experience

Feedback is divided into thematic titles in the following section. A separate section is included to give specific feedback by location of birth, in the section 'Overall Mothers' Experience by Location'. All respondents used Newham-based services, either hospital or community services, or both. At least 32 respondents have had used Newham services recently in the past 12 months; and 44 respondents have used Newham services in the past 2 years, but also could have used out-of-borough services at the same time. The terms 'mothers' and 'respondents' are used interchangeably in this report.

### A. Survey responses

We received responses from 76 participants, as follows:

- Online: 43 respondents through social media, NCT e-newsletter, and other online channels
- Children's centre visits: 32 respondents
- GP practice: 1 respondent
- Of these, ten mothers are pregnant, and 66 recently had a baby in the past two years
- Around 96% were Newham residents, and 4% were not.

**Note:** In some cases, some mothers did not answer all the survey questions. Therefore, the count of responses for each question only includes the response given, and omits the number of mothers who did not answer that question. Therefore, percentages provided in this report reflect the response count, out of the total number of respondents for each question. Please see Appendix for data illustration.

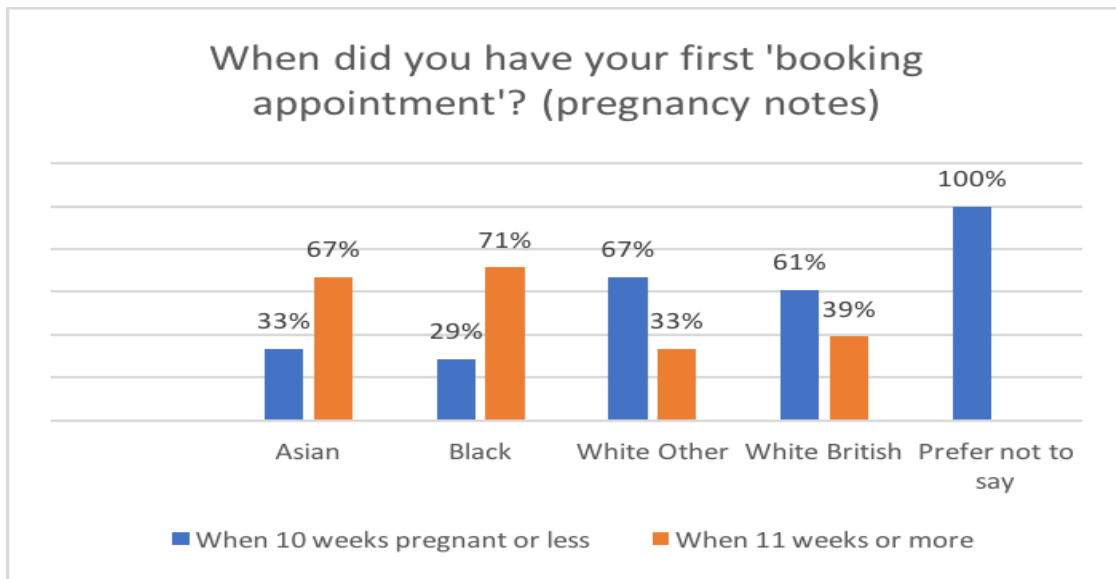
### *Respondents' background*

- 54% are aged 30-39; 40% are aged 20-29; and 5% aged 40-49.
- 37% are White British; 37% are Asian; 10% are White Other; and 11% are Black
- 2% consider themselves to have a disability

### *During pregnancy*

#### Access

- 50% of mothers were given their first booking notes at 10 weeks pregnant or less, while 50% were given the notes at 11 weeks or more, in contrary to NICE guidelines. This delay is due either to:
  - Relocation to Newham
  - Not knowing of own pregnancy
  - GP assessed mother as 'not-pregnant'
- Of those who had their pregnancy notes at 11 weeks or more:
  - 71% of Black African or Caribbean mothers, while 29% had the notes at 10 weeks or less
  - 67% of Asian mothers, while 33% had the notes at 10 weeks or less
  - 39% of White British mothers, while 61% had the notes at 10 weeks or less
  - 33% of White Other mothers, while 67% had the notes at 10 weeks or less

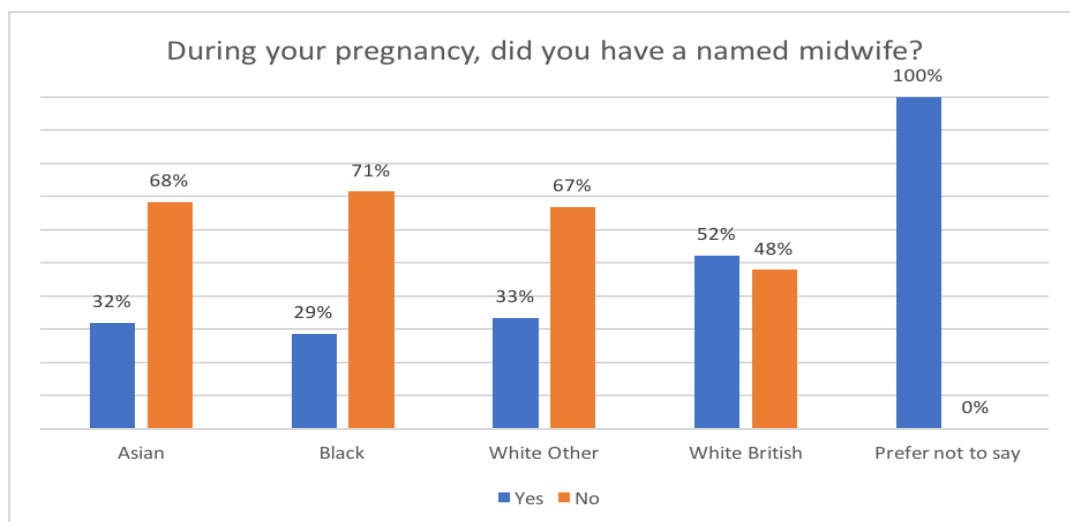


#### Choice of birth

- 21% of mothers reported that they were not given an option as to where to give birth; 13% of which claimed that they were not given choice for medical reasons, and 8% did not know why they were not given an option. Some of those who were given options said that they were given a leaflet, and options were not explained.
- 49% of mothers chose to give birth in a delivery suite or a birth centre in Newham Hospital; 11% chose Barkantine Birth Centre; 7% chose Homerton Hospital; and 10% in other places, such as the Birth Centre at Queen Elizabeth Hospital, Whipps Cross Hospital, and Stoke Mandeville. One mother said that they chose Great Ormond Street Hospital (GOSH) to have their baby for the amount of expertise it offers. However, GOSH does not offer maternity services. Around 10% did not specify where they gave birth.
- Around 64% of mothers chose as to where to give birth, for the location, and for safety reasons; followed by 27% made their choice because of the type of experience offered to them; 12% based on recommendation, 12% because of previous experience; and 8% because of reputation.

#### Contact with midwives

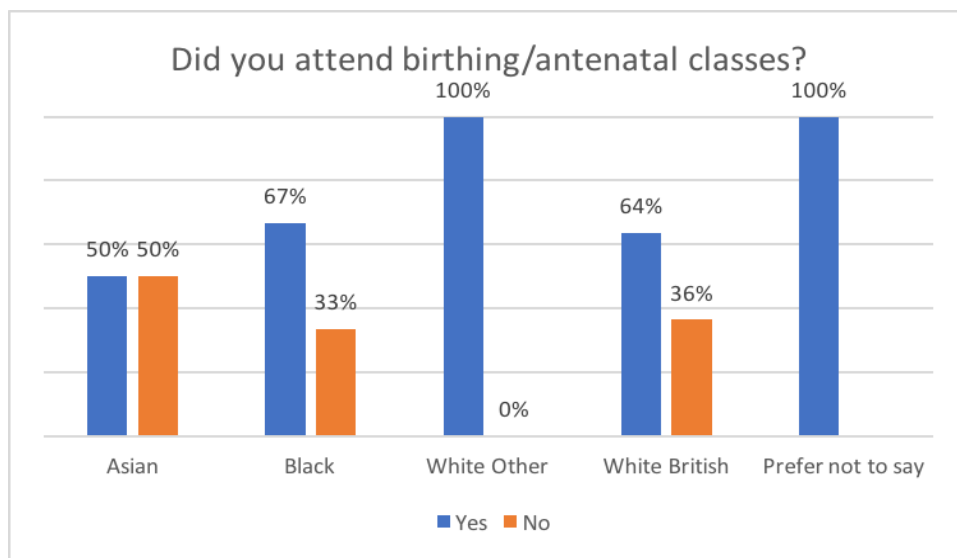
- 57% of mothers did not have a named midwife or a team of midwives.
- Of those who did not have a named midwife:
  - 71% of Black mothers did not have a named midwife, 29% did
  - 68% of Asian mothers did not have a named midwife, 32% did
  - 67% of White Other mothers did not have a named midwife, 33% did
  - 48% of White mothers did not have a named midwife, 52% did



- 76% of mothers reported that they were either in 'regular' contact or 'often' with their midwives during pregnancy, while 22% reported that they rarely had any contact.
- 3% of mothers said that they never had a midwife.
- Mothers had mixed experiences of midwives, as follows:
  - Many mothers say that they had different midwives, and wish if they could have seen the same midwife to build a relationship with them
  - Some mothers were in contact with their midwives only during their appointments or the regular check-ups only
  - Some mothers had been in contact with the helpline more than with their midwife
  - One mother said that the telephone number provided for emergency was never answered
  - Some midwives were described as 'extremely bad', or 'supportive' and 'attentive'. One mother commented that younger midwives seemed to be more nice and paid more attention
  - Mixed experiences of appointments with midwives; some were described as 'by numbers and rushed', and some were 'thorough'

### Antenatal classes

- 61% of mothers attended antenatal classes; 41 % of them had given birth recently or were pregnant with their first baby
- 29% of new mothers had not attended antenatal classes
- Of those who did not attend birthing classes: 50% of Asian mothers did not attend; 33% of Black; 36% of White British; while all mothers who identified as White Other attended classes.



### ***At labour***

#### Contact with midwife, hospital ward, or birth unit

Around 54% of mothers said that at the start of their labour that they had contacted their midwife, labour ward or birth unit.

#### Place of birth

75% of mothers reported that they had given birth in the birth centre or the Delivery Suite at Newham Hospital, or the Royal London; and 2% at home. Around 25% had given birth in other places, including Queen's Hospital, Whipp Cross Hospital; one mother gave birth in an ambulance.

Those who had given birth in a delivery suite were as follows:

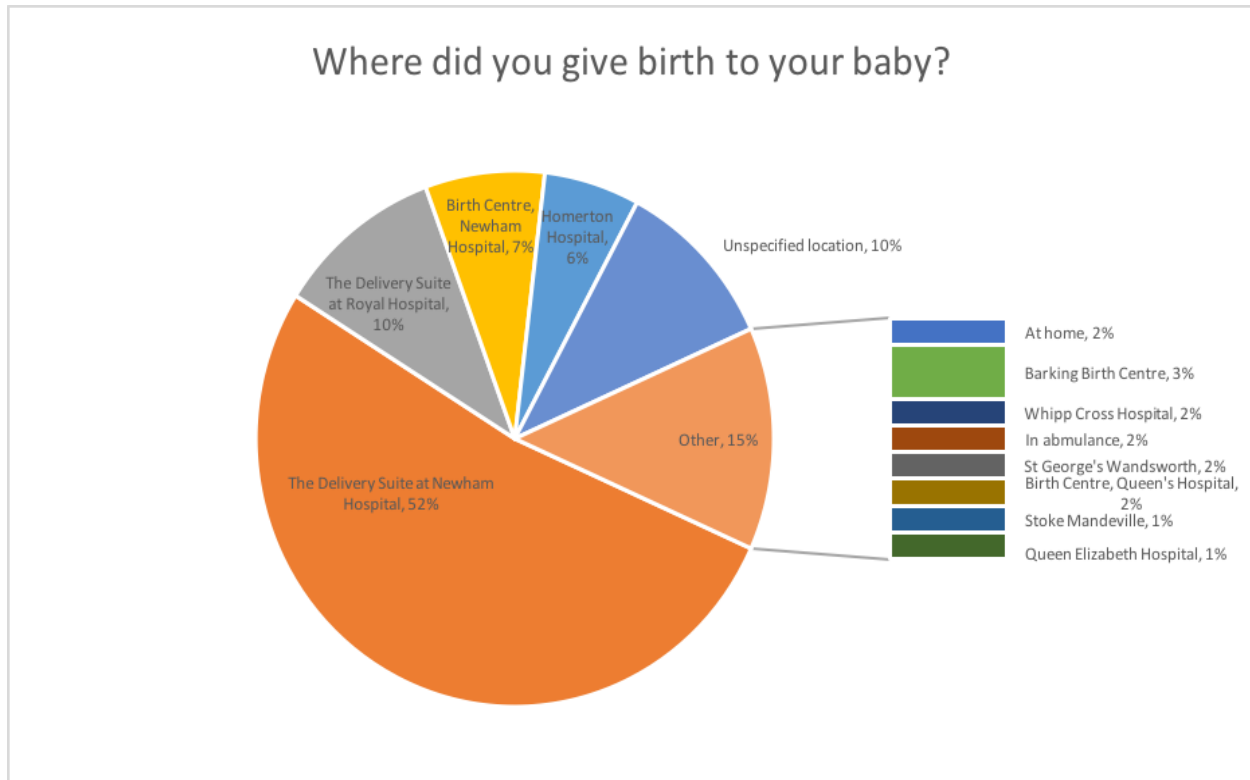
- 52% at Delivery Suite, Newham Hospital
- 10% at the Royal London Hospital

Those who had given birth in a birth centre were as follows:

- 7% at the Birth Centre, Newham Hospital

Those who gave birth in other locations:

- 6% at Homerton Hospital
- 15% in other locations. See illustration below for detail
- 10% in unspecified locations



### Medical complications

53% of mothers had medical complications. They had to change their first choice of place of birth, moving from a birth centre to a labour ward in hospital. This is mainly for medical reasons, as follows: baby's irregular heartbeat or baby breech, gestational diabetes, a heart condition, high blood pressure, meconium in waters, obstetric cholestasis<sup>5</sup>, placenta ripped at induction, planned induction did not work, had to be induced, or stopped dilating.

### Partner's involvement

Overall, 75% of respondents reported that they had a positive experience of their partners being involved in the birth process. Mothers commented that their partner was either sent home, or wished they were involved from the beginning of their labour.

### Contact with baby after birth

85% of respondents had skin-to-skin contact with their baby shortly after birth. All Black mothers had contact with their baby after birth.

<sup>5</sup> A liver condition, during pregnancy, that requires medical attention (NHS Choices, 2016a)





**Support and advice**

- 49% of mothers rated receiving pain relief as excellent or good, 24% as poor or very poor
- 45% of mothers rated breastfeeding advice as excellent or good, 37% as poor or very poor
- 40% of mothers rated advice and information after birth as good, 30% as poor or very poor
- 39% of mothers described the food and drinks after the birth as good or excellent; 32% as poor or very poor
- 36% of mothers rated emotional support as excellent or good, 34% as poor or very poor

**Specific feedback:**

**Experience with pain relief:**

- On occasions, pain relief was not given, at Newham University Hospital

**Experience with food and drinks:**

- Occasionally, food and drinks were not offered after the birth
- Gluten-free food was not available
- Occasionally, a snack (chocolate and cookies) was provided after birth, at Barking Community Birth Centre; a toast offered, at Newham University Hospital; a meal (lasagna) was provided, at Homerton Hospital

**Experience with breastfeeding support:**

- Breastfeeding support was not available after the birth when it was needed
- Mothers received conflicting advice as a result of being looked after by various midwives
- When breastfeeding advice, related to a sore breast or baby refusing to feed, mothers were often referred to a drop-in clinic
- On one occasion, GP offered more accurate advice than midwives

**Experience with general advice and information:**

- Some mothers reported that they were forced to be induced; that they wished they were told in advance that they were going to be induced; while others were induced early
- The quality of general advice and information varied, based on who was giving them

**“[I’d like] more [support with] breastfeeding. I was a young mum and I was so confused and stressed. As a result, ... I gave up on breastfeeding. If they had helped me, I might still be breastfeeding”.**

**“Diabetic team cancelled my appointment with doctor. I wanted to tell her I ran out of the room upset...I did not want an induction. They induced me 3 weeks early. They said I have to be induced cause otherwise my baby would have diabetes. [I was] very very upset. I really didn't want induction. They forced me.”**

- Communication or information was not always provided when needed; some mothers said that were kept informed, while some mothers wished they had someone to explain or communicate with them at time of emergency and stress
- For mothers in labour coming to hospital, communicating with a male receptionist at the maternity unit was an uncomfortable experience
- In case of having pain or an issue after the birth, specific advice was often needed but not provided, for example, a sore breast or a recent tear

**“When water broke, water was pink. but they should have explained why it was pink. I went to hospital and told them but they said go home. Hospital staff were not very nice.”**

#### Experience with emotional support:

- Support and signposting to services about mental health or ‘baby blues’ after the birth was not available

#### Experience with hospital midwives:

- Some midwives were described as ‘very good’ or ‘very rude’. Generally, midwives were either ‘rushed’ or not available
- Asking the same questions many times, by different midwives, without reading recorded notes

#### Ward and facilities

- 63% of mothers described the antenatal ward as good or excellent; 18% as poor or very poor
- 73% of mothers described the birth suite as good or excellent; 12% as poor or very poor
- 38% of mothers described the postnatal ward as good or excellent; 35% as poor

#### *Specific feedback:*

- Limited availability of midwives on the labour ward, at Newham University Hospital
- Labour ward, at Royal London Hospital, was clean
- Waiting time for a bed was up to 5-6 hours
- Postnatal ward was cold and noisy, at Homerton Hospital
- Delayed transfer from labour ward to postnatal ward, at Newham University Hospital
- Some mothers overstayed in the postnatal ward for 24 hours because a doctor was not able to do newborn checks on the day of the birth
- One mother was admitted with postnatal infection to the labour ward, due to the unavailability of beds at the intensive care unit, at Newham University Hospital

#### Hospital discharge

Most mothers were discharged in the afternoon or in the evening. Nearly 5% of mothers were discharged late at night.

#### *Specific feedback:*

- Some mother experienced delayed hospital discharge for up to 5 hours, due to the unavailability of staff who process paperwork
- Mother’s health was not consistently checked, with some mother had their stitches not checked prior to discharge, which led to having swollen stitches



## ***After birth and postnatal community support***

### Community midwife's visits

- 59% of mothers rated the midwife's visits after birth as good or excellent; 17% as poor or very poor
- 51% of mothers rated the after-birth community support (health visits, breastfeeding advice...etc) as good or excellent; 22% as poor or very poor
- Appointments booked for midwife's home visits were given with no specific time slot during the day
- There were mixed experiences of community midwives. Some midwives were described as 'excellent' and provided lots of information and advice. Others were described as 'rude' or 'unhelpful'.

### *Specific feedback:*

- Mothers wished to see the same midwife
- Community midwives and health visitors after the birth were described as 'very good' and 'caring'
- Mothers were being given a date for the midwife's visit, but no specific time was given
- BCG vaccination was not offered under the NHS. One mother paid £60 for it privately
- Limited support after the birth or with breastfeeding. Follow-up from midwives or health visitors varied, with some mothers had a follow-up, while some did not

**“The midwife who attended my house was cheerful and full of advice”.**

### Postnatal community support

- Some mothers said that, when they needed advice or information, they were informed that a midwife or health visitor would visit them at home, but no one visited
- Conflicting advice provided by professionals was due to having different midwives and health visitors
- Mixed experiences of health visitors. Some were described as 'excellent'. Others were described as '[they] do not pick up the phone, [when called]'
- One mother tried the NHS helpline for maternity advice and information, but found their advice not helpful
- Incorrect recording of mother's home address resulted in delayed home visits

## **B. Overall Mothers' Experience by Location**

### ***Mothers who had a home birth***

One mother gave feedback as follows:

- One mother gave feedback
- Access to a midwife during pregnancy
  - Had contact with midwife rarely
- Birth experience
  - “Went to Newham Hospital at 11pm when water broke, had contractions, but was sent home. Got home at 12:30am and had the baby at home at 1:40”.
- Community support after birth
  - Poor breastfeeding support
- What mothers would like to improve
  - To improve the admission process
  - To listen to what mothers are saying

### ***Mothers who gave birth at the Delivery Suite, Newham University Hospital***

35 mothers gave feedback as follows:

- Access to a midwife during pregnancy



- Mixed experiences of midwives; some were described as 'great'; some described as 'rude'
- Mixed experience of contact with midwives, described as 'regularly', 'often' or rarely'
- Seen different midwives, but preferred to see the same one
- Raised concern about severe pain during pregnancy, but dismissed as normal. Went to A&E as an alternative
- When calling the department number for advice, one mother said that she talks to the receptionist only
- Birth experience
  - No food offered after the birth
  - Long wait up to 3 hours for a decision to be made about birth options (C-section, induction or neither)
  - Uncaring midwives: for example, one midwife told mother that [she did not care about her, and just wanted to get the injection over and done with].
  - Despite water broke, hospital staff insisted on sending mother home. Only allowed to stay in when mother started bleeding
  - Instructions from midwives and staff during labour were conflicting – 'one says push, the other says not to'
  - Feedback about induction
    - Forced into induction, 'I really didn't want induction. They forced me'.
    - Induced 3 weeks early
    - Induced because was overdue and baby's heart beat was falling. But had to go for C-section in the end
    - Transferred from birth centre to delivery suite because had to be induced
    - Due to complications, deciding about an induction or C-section was a stressful experience
    - Placenta ripped at induction
  - Feedback about diabetic team
    - Diabetic team cancelled mother's appointment with doctor, and informed mother to have an induction.
    - Diabetic team informed mother that she had to be induced, otherwise, her baby would get diabetes
- Community support after birth
  - Stitches were not checked during a home visit, but midwife documented that mother refused the check
  - No breastfeeding advice was offered when mother was in pain and asked for information. For example, one mother was advised to go to a drop-in clinic in a week's time, instead of being provided with information how to ease the pain
  - Health visitor provided information better than midwife, but was unable to help with breast pain
  - Had one home visit only, so had to go to health centre in taxi for appointments while unable to walk after the birth
  - Had postnatal care at the Redbridge Community Centre. Care was amazing. Moved to 'my mother's' because it was closer to the centre
- What mothers like about the maternity service
  - Had 3 home visits from both midwives and health visitors
  - Community midwives at home visits were excellent and understanding
  - Had lots of information at home visits
    - Hospital midwives were amazing
    - Mixed experiences of midwives. More positive feedback about home visits



- Mixed experiences about the number of home visits. Some mothers had one; while others had three. One mother did not have a visit but felt she had to take her baby to the children's centre instead
- What mothers would like to improve
  - To have more empathy during bereavement, 'I started to have a miscarriage at 5 months pregnant and all we were told was that nature has to take its course. Apart from that we were in the room alone for most of the time'.
  - To see the same midwife
  - To improve the availability of doctors to improve the hospital discharge process
  - To make breastfeeding support at hospital available, besides bottle feeding
  - Consultant-led services have badly trained midwives
  - Had pain during pregnancy, went to A&E, given antibiotics for urine infection, but baby wasn't moving, doctor apologised later
  - To have more home visits, specifically for mothers who are unable to walk after birth
  - To have clear referral pathway and information about BCG vaccination and where to get it done
  - To provide emotional support for mothers who give birth without a partner
  - To have a clear pathway at a 'one-stop' clinic for advice, information or how to treat common pregnancy issues, without being sent back and forth between hospital doctors and health visitors twice a day for a blood pressure
  - To reduce waiting times in triage before being transferred to delivery suite
  - To have supportive and polite midwives
  - To answer the buzzer and to attend to mothers in wards when needed
  - 'They have improved a lot since last visit 3 years ago'
  - To work closely between midwives and NCT for better mothers' support
  - To have a family liaison
  - To have a cleaner environment at maternity facilities
  - To provide food after the birth
  - To have more knowledgeable and helpful staff
  - To have more support for baby blues
  - To have more private rooms
  - To support midwives specially those who support mother's decision to have a natural birth
  - To have some equipment at birth centre like a stool, ropes to hold onto
  - To give necessary time to patient to make decision with no force
  - To ensure hospital receptionist is female
  - To have more information where to go, and how to find about services
  - To have more breastfeeding support at hospital
  - To have more caring and friendly staff
- Partner involvement
  - Mixed experience; some felt they were involved and happy; some wished that they could be involved from the beginning of the birth.
  - Consultants wanted to use a cannula but doula and partner reminded them to have a natural birth as per mother's wishes
- Medical complications
  - Had a miscarriage at 5 months, 'after I had a scan with a midwife who did not notice my cervix was opening'
  - Had gestational diabetes
  - Had a heart condition
  - Had labour pain
  - Stopped dilating
  - No labour after waters broke, and waited for 24 hours

- Had high blood pressure so moved from birth centre to labour ward
- Had a caesarean section after water broke with meconium
- Had lupus and arthritis<sup>6</sup>
- Placenta ripped at induction
- Baby breech

### ***Mothers who gave birth at the Birth Centre, Newham University Hospital***

7 mothers gave feedback as follows:

- Access to a midwife during pregnancy
  - Midwives were more interested in the baby, not in the mother's wellbeing
  - Contacts were mainly during appointments only
  - Unable to get through to the Royal London, and concerns dismissed by midwife
- Birth experience
  - Had supportive midwives during labour. 'I felt cared for and listened to'
  - Had to wait for 4 hours, was given option to go home or just wait in the waiting area, with nowhere to sit
- Community support after birth
  - Midwife was lovely but very rushed
  - Rushed home visits, with no time for breastfeeding support or more information or checking how a mother feels
- What mothers like about the maternity service
  - Midwives at birth centre were excellent, 'I felt cared for'
  - Regular appointments
  - Midwife talked to mother confidently and explained steps
  - Was provided with snacks (chocolate and cookie)
- What mothers would like to improve
  - To have more consistent support at antenatal and postnatal care
  - To have the same midwife who knows the mother's case
  - To have physio advice after the birth to avoid having a tear
  - To have more breastfeeding support
  - To listen to what the mother is saying and not having 'a know it all' attitude
  - To have food after the birth
  - To be able to contact own midwife for advice
  - To have less conflicting advice about breastfeeding and breast pain. GP's advice was more accurate than midwife's
- Partner involvement
  - Midwives made partners feel very involved and listened to
- Medical complications
  - 'I have a blood condition and fought with consultants so they let me go for the birth centre'

**“Rules they stick by too strictly. During labour my contractions started making me push and the midwife told me not to push and that it would hurt the baby but refused to check how dilated I was as the rule were every 4 hours. It was only when a doctor came to fit a clip-on baby's head that she said I should already be pushing. It was [very] distressing”—a mother who gave birth at Royal London**

### ***Mothers who gave birth at the Royal London Hospital***

7 mothers gave feedback as follows:

- Access to a midwife during pregnancy
  - Calling the Maternity Unit at Newham Hospital was reassuring
  - Mixed experience with community midwives: Midwives at Freemason Centre were

<sup>6</sup> A condition that causes extreme fatigue, joint pain, or rash. Symptoms may range from mild to life-threatening (NHS Choice, 2016b)



good, while the care of other community midwives was described as 'conveyor belt'

- Birth experience
  - Planned induction was a positive experience
  - Described as 'distressful experience' as a result of receiving incorrect instructions, from the midwife, without checking signs for dilation
  - Not being allowed to stay in hospital despite being in labour for 3 days
  - No available midwives at Labour Ward resulted receiving no pain relief
- Community support after birth
  - Best breastfeeding advice received was from friends and family
  - Struggled with breastfeeding due to tongue-tie issues, but no breastfeeding support was provided
  - Midwife was not notified which caused a delay in home visits
  - Home-visit midwives were described as 'nice' or 'very good'
  - Some health visitors were described as 'nice'
  - Midwife made one home visit; health visitor made up to 4 visits
  - Midwife home visit was one week after the birth, which resulted in going to A&E due to baby feeling unwell
  - Some midwives or health visitors were late to appointments
  - No breastfeeding support was provided
  - BCG vaccine was given at health centre
- What mothers like about maternity services
  - Clean labour ward at Royal London
  - Being fully informed
  - Being cared for despite staff were busy
  - Having supportive midwives at delivery suite, both experienced and student midwives
  - Nice environment at Barkantine Centre (before being transferred to Royal London)
- What mothers would like to improve
  - To improve the process of booking appointments to avoid unnecessary scans in fetal unit
  - To see the same midwife, for example, at antenatal appointments
  - To not have rushed appointments with midwives
  - To improve midwives' attitude
  - To believe and to listen to mothers' needs when they are presented, for example, when a mother calls that she is in active labour
  - To have one person overseeing everything
  - To provide more information, for example, on what is going during the 3 days of labour, about induction, how the birth went when a mother does not remember
  - To offer food and drink after the birth
  - To have more midwives on labour ward to provide pain relief
  - To reduce unnecessary transfers from hospitals to birth centres
  - To have more postnatal support
  - To allow partners to stay overnight
  - To discharge mothers earlier in the day, not in the evening
  - To notify community midwives, after the birth, for home visits, in a timely manner
  - To provide more support for first-time mothers
  - To provide more breastfeeding support
- Partner involvement

**"My midwife was very good and came to me for more than one of the appointments due to my stitches failing. Once I could go into the clinic she made sure she would be available even though she did not usually do these appointments so that she could see if there had been progress. One of the more positive aspects of my birth experience."—a mother who gave birth at Royal London**

- Generally, mothers had a positive experience of having their partners and other family members to support them, for example, specially after care
- In some cases, partner was more involved while midwives had no interaction with the mother. This was described as a 'disappointing experience'
- Medical complications
  - Planned induction did not work
  - Transfer from birth centre to hospital due to apparent meconium, however, once hospital there was no evidence of meconium<sup>7</sup>
  - Water broke early
  - Obstetric cholestasis

### ***Mothers who gave birth at Homerton Hospital***

4 mothers gave feedback as follows:

- Access to a midwife during pregnancy
  - Midwives was described as 'very good', 'best thing', or 'supportive'
  - Seeing different midwives was described as 'difficult', or 'unable to develop a relationship'
- Birth experience
  - A meal was offered after the birth (lasagna)
  - Being sent back home only to go back to hospital in one hour
- Community support after birth
  - Newham midwives were described as 'good', or 'great'
  - Had issues with breastfeeding, for example, was unable to breastfeed as only blood was coming out. This resulted in having baby dehydrated for 12 hours after the birth. No breastfeeding advice was given
  - The postnatal ward was extremely cold and noisy
  - No specific time was given as to when the midwife would come for a home visit
  - Delays in transferring notes from Hackney to Newham
- What mothers like about maternity services
  - Home visits were described as 'excellent'
  - Good midwives
- What mothers would like to improve
  - To have more scans during pregnancy, for example, to know the baby's weight
  - To have continuity of care during pregnancy, specifically seeing the same midwife
  - To have breastfeeding support, specifically after the birth
- Partner involvement
  - Had a positive experience
  - One mother had planned caesarean-section, and therefore, no feedback was given
- Medical complications
  - Baby had low blood sugar because he was dehydrated
  - Mother had placenta praevia<sup>8</sup>, so decided to go to Homerton Hospital, instead of Newham Hospital due to previous experience
  - Baby was 10 days late so mother was induced

### ***Mothers who gave birth in other locations***

5 mothers gave feedback as follows:

- Access to a midwife during pregnancy
  - Seeing different midwives but described as 'nice', 'lovely', and 'reassuring'

<sup>7</sup> Meconium is a sticky green substance that forms the baby's first poo. If a baby does a poo during labour, this requires medical attention (NHS Choices, 2017)

<sup>8</sup> A condition in pregnancy where the placenta is low-lying which could require the baby to be born by caesarean section (NCT, unknown)



- Birth experience
  - Forceps were used for the birth, because the cord was wrapped around the baby's neck and his heartbeat rate was dropping low (Whipp Cross Hospital)
  - Mother transferred, from the low-risk unit, in order to be induced
  - Baby was born in an ambulance, and stayed for 2 nights at hospital
  - Support at labour described as 'great', and 'felt well-informed'
  - Stitches were not checked prior to hospital discharge, which led to swollen stitches once home (Whipp Cross Hospital)
- Community support after birth
  - Had one home visit and was described as 'midwife came quickly' and 'no time to provide any real care'
  - Delays in having a home visit because mother's address was recorded incorrectly
  - One mother learnt from other mothers how to check baby's temperature when midwife did not provide information
- What mothers like about maternity services
  - Positive experience with health visitors
  - Check-up appointments were reassuring
- What mothers would like to improve
  - To have more staff to spend time with and check on the mother, as well as the baby's health, while at hospital (one mother suggesting as to why she chose St George's Hospital instead of Newham Hospital)
  - To have facility for partners to stay overnight (Whipp Cross Hospital)
  - To check on mother's stitches before discharge
  - To provide for dietary requirements while at hospital, for example, gluten-free food
  - To provide breastfeeding support and advice, specifically, when baby is not feeding or mother's breast is not producing milk
  - To reduce the waiting time for a bed, and not being sent home, specially while being in labour
- Partner involvement
  - Experience described as 'happy'

### ***Pregnant mothers resident in Newham***

- Access to a midwife during pregnancy
  - Appointments described as 'regular'
  - Mixed experience of midwives; some were described as 'great', while others as 'not supportive' or 'poor'. Student midwives were generally described as 'great'
  - Hospital staff were described as 'great'
  - Sometimes, no information was provided about important appointments
- What mothers like about maternity services
  - Midwife talking to mothers through their emotions
  - Amazing midwives
- What mothers would like to improve
  - To have more gestational check-ups specially in the second and following pregnancies
  - To have more positive and happy midwives, not 'rude ones'
  - To have supportive midwives during night shifts
  - To provide breastfeeding support and advice
  - To provide for after care and healing
  - To provide hypnobirthing classes
  - To have more options for antenatal and refresher classes for second child
- Medical complications
  - Had bleeding that required monitoring, but midwife was unsure about the situation

### **Mothers who gave birth in unspecified locations**

7 mothers provided feedback as follows:

- Access to a midwife during pregnancy
  - Younger midwives were nicer and paid more attention
  - Had regular contact with a midwife
  - Mixed experience of seeing a midwife; seeing the same midwife, while others had different ones
- Birth experience
  - Described as 'coming back and forth' and 'sent back home again'
  - Postnatal experience described as 'ok', or 'inattentive midwives'
- Community support after the birth:
  - Home visits were good
  - Several home visits were made, up to 4
  - On occasions, first home visit was one week after the birth
  - On occasions, no breastfeeding support was provided
  - Health visitors described as 'brilliant', while older midwives described as 'ok'
  - One first-time mother stopped breastfeeding due to the lack of support
- Suggestions for improvement:
  - To provide consistent advice, with less contradiction from different midwives
  - To provide information and an explanation at time of emergency
  - To provide pain relief when needed
  - To have a shorter waiting time for a bed
- Medical complications
  - Had a C-section, while baby was put on antibiotics

### **Word cloud**

**I would like the maternity service to continue with**

Nice Decision Birth Mother Hospital Fully Midwives Experience  
Midwife<sub>RLH</sub> Support<sub>Staff</sub> Baby<sub>Appointments</sub> Labour

**I would like the maternity service to improve**

Telling<sub>Nice</sub> Check Food and Drink Breast Feeding Support Pain Relief Breastfeeding Advice  
Community Staff Cause Support for Midwife Experience Birth<sub>Royal London</sub> Given<sub>Scans</sub> Baby<sub>Ward</sub>  
Mum Postnatal Breastfeeding Midwife Decision Making Hospital Experience Baby Happy  
with Decision Midwives<sub>Okay</sub> Rude<sub>Twice</sub> Birth

### **Observations**

- **Evidence of progress:** In light of the recent CQC report (2017) on Newham Hospital and Royal London (2016) maternity services, our survey indicates that there have been mixed experiences of care across services, mainly the experience of being in the care of a midwife. Feedback shows that, despite that there is a room for improvement of care, there were signs of having a better experience, based on a small number of second-time mothers who have noticed the difference that care has improved compared to their first pregnancy.
  - **Relationship with a named midwife:** nearly 57% of mothers report to not have a named midwife. Respondents appreciated to have a designated team or a named midwife with whom they could build a relationship. What makes the difference is to have a consistent and continuous approach to care, provided by a supportive, competent and accessible midwife.



- **Recognition of good midwifery practice in supporting the mother's decision:** mothers emphasised the value of having a good relationship with their midwife and other health professionals. Regardless of their experience with care, they repeatedly appreciated the importance of having a supportive midwife who makes a valuable difference to their baby and quality of life during and after pregnancy. For example, at Newham Hospital, a mother who wanted to have a natural birth felt listened to by a midwife who supported her decision, in contrary to what three consultants advised the mother to do. The mother was very happy to have a natural birth as a result. This supports the finding in the CQC report (2017) that there is an initiative to support natural birth at Newham Hospital.
- **Birth location options:** Generally, mothers had been offered the options to give birth in a birth centre, or a labour ward, with 60% were given the option of having a home birth. However, many mothers were not given an option, or they were given a leaflet of options, but options were not explained to them. This indicates that mothers may rely on friends and family or the midwife's advice, to make an informed choice. This is complemented by the survey finding that 27% of mothers made their choice based on the type of experience offered to them
- **Labour and delivery:** The CQC report highlighted delays in planned induction. Furthermore, our findings demonstrate the underlying experience of mothers of the induction process. There seems to be no consistent clarity or information provided well in advance to the mother as to whether induction should be carried out, or why it is being the only option. Some mothers had been either induced early, got induced with little information given, waited for 3 hours to have a decision on induction, or they 'were forced to be induced'. One mother reported that the diabetic team cancelled her appointment, and wanted her to have an induction when she felt forced to go for it. There was no feedback provided as to why many mothers were induced or had a delayed induction.
- **Postnatal care at hospital:** CQC (2016, 2017) highlighted that there had been ongoing staffing issues and mixed experience of midwifery care in maternity services in Newham and Royal London. Our survey may have shed light on the impact of the staffing level. Mothers seem to have a mixed experience of care provided after birth at hospital. Repeatedly, they requested having more support on breastfeeding, providing food after birth, having a prompt hospital discharge without delays, or having attentive and supportive midwives. Our survey feedback also complemented the CQC findings that some mothers experienced the lack of compassion and respect from some midwives in Newham.
- **Postnatal care in the community:** Mothers had mixed experiences of midwives; the attitudes of hospital midwives were more often described as 'rude', while community midwives and health visitors after the birth were more often described as 'good' and 'caring'. However, this experience may still vary. Student midwives were generally described as 'amazing' or 'supportive'. Feedback also shows that there was no specific time given for home visits, and no follow-up was provided for further advice when needed
- **Emotional support:** The CQC report (2017) shows that at Newham Hospital, a multi-faith chaplaincy offered a bereavement service. Debriefing and counselling were also offered to mothers who experienced a recent loss. At Royal London, CQC (2016) shows that there was a mixed experience of emotional support being provided, with some staff were being described as 'took time to listen', while others were described 'to lack empathy', 'see emotional support as a mental health support' where [mothers should be referred to specialists]. From our survey, mothers had frequently emphasised the importance of providing emotional support at hospital and in the community. For example, at Newham Hospital, one mother had a miscarriage at five months' pregnant, while the midwife's only response was 'nature takes its course'. The mother with her partner then were left, with no indication of emotional support or further information provided. Another mother found it very hard to be alone after induction, and without a partner. At Royal London, there was a mixed experience of midwives. Some mothers described midwives as 'rushed', while others



as 'supportive'. Mothers, in their most vulnerable times, would appreciate the gentle gesture of kind words and emphatic understanding. In addition to CQC reports, there appears to be designated resources for specialist spiritual and mental health support. However, there seems to be no consistency of midwifery care to provide emotional support or to provide information to mothers on specialist services when needed

- **Breastfeeding support:** It appears that breastfeeding support may not be consistently provided both at hospital and at home. The variation in support reportedly highlighted by mothers was due to the lack of support staff to offer breastfeeding advice, or to being refused help and information. Although the maternity service is aspiring to achieve a UNICEF BABY Friendly accreditation, there seems to be a lack of sufficient breastfeeding support when it is needed.
- **Medical complications:** Feedback shows that medical complications or issues have occurred and changed the birth location of the mother. This was due to an existing clinical condition (e.g. a heart condition), or a complication (e.g., baby breech). On another note, there were concerns raised by mothers that occurred due to the midwife not noticing or not running the routine procedures. For example, at Newham Hospital, a mother had a miscarriage, on the day after she had a scan with the midwife who did not notice her cervix was not opening. At Whipp Cross Hospital, another mother said that after hospital discharge her stitches got swollen, while no one checked on her stitches when she was at hospital.
- **Partner involvement:** Generally, mothers were happy with their partner being present while in labour or in hospital. However, some mothers said that when their partner was with them during labour, there was no interaction from the midwife. Some other mothers said that their partner were sent home prior to labour, or after the birth
- **Alternative sources of information:** Many mothers felt as if they were left to their own devices. Some first-time mothers used YouTube, while others learnt from family and friends, when advice, for example, on how to check a baby's temperature, or breastfeeding support was not provided. This variation in seeking advice and information from different channels, may depend on the mother's access to technological or social support network. Using alternative communication channels to complement (but not to substitute) existing midwifery support, could ensure wider access to information and community support among all mothers despite their cultural backgrounds. However, the human factor remains to play a vital role for mothers specially after the birth, where midwives are able to provide reassurance and emotional support, specially to women with no established social support network or access to technology.
- **Access to information, communication and reassurance:** Many mothers needed to obtain more information at times of emergency or delays. For example, one mother, whose water was pink when it broke, sought an explanation as to why this happened and if it was normal. This indicates that the importance of having a rapport between the mother and midwife is crucial to having a good experience of care.
- **Work ethics:** One mother reported that when the midwife 'did not check her stitches, they recorded in their note that the 'mother refused to be checked'. Inaccurate recording of information, not only could result in dissatisfaction with care, but also could lead to issues not detected early.



## Recommendations

### A. For commissioners

- To ensure that community support is an integral part of the postnatal support and defined within the service specification, for example, breastfeeding support, signposting, information and advice after the birth and home visits
- To consider commissioning services which incorporate increased support for breastfeeding postnatal care, and signposting to community services, including peer support and working with the voluntary sector
- To ensure that mental health support is an integral part of the postnatal care provided to mothers
- To consider commissioning alternative communication channels, to complement (but not to substitute the midwifery support) the provision of information and community support, for example, to use social media and online platforms to provide breastfeeding support and other relevant information

### B. For providers

- To ensure expectant mothers are aware of their named midwife or team of midwives, and to provide them with specific contact detail
- To ensure that mothers, in case of emergency or change of birth plan, are aware of the new birth decision, whether it is an induction, and are able to make an informed choice, about how to give birth
- To ensure that midwives are consistently more prepared to support mothers at various stages, and are more enabled to be more personable, empathetic, and compassionate, by reviewing the management, supervision, training, and development for midwives
- To ensure that consistent advice and information is provided, for example, breastfeeding support provided by midwives
- To ensure that quality food is offered after the birth consistently to all mothers, with the support of volunteers if needed
- To consider working with community peer volunteers or voluntary organisations to provide breastfeeding support, and information after the birth
- To widely promote existing NHS antenatal and postnatal classes through various channels, specifically among new and young mothers
- To publicise community post-natal support more clearly and proactively signpost new mothers to these services and other services when needed
- To ensure that mothers are made aware of mental health support as an integral part of the postnatal care provided
- To review the patient flow and bed occupancy across all wards to ensure a shorter waiting time for a bed for mothers
- To review the hospital discharge process to ensure that mothers have a timely discharge, with health checks completed for mother and baby
- To consider using assistive alternative communication channels, such as social media and online platforms, to complement (but not to substitute) the midwife's support on breastfeeding and other community support, when it is applicable
- To ensure and to encourage accurate recording of notes taken by midwives at antenatal appointments, at hospital and during home visits

### C. For expectant and new mothers

- 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. If you have any concern of not getting a response, contact your local *Patient Advice and Liaison Service*.

## Provider's Response to Healthwatch Newham Report

### Response from Newham University Hospital's midwifery team is as follows:

Thank you for sending through this report regarding the services provided for women in Newham, We have read through the report and made comments through the report but will also like to make the following comments for women who have used our services in Newham University Hospital. Once the report is finalised, we will have an action plan for any improvements.

We are aware that the information from this report was from women who used our service prior to 2016, therefore many of the comments have been addressed and are being worked through are various engagement strategies, locally or nationally.

We have recently been awarded the Royal College of Midwives Euro King better births award for the 'Transforming Services Together' work.

- This has included setting up a midwifery group practice in E20 (since October) where a small group of midwives will caseload a group of women with and without risk factors from booking to birth and postnatally.
- We are committed to ensuring all women on the standard pathway have a named midwife and see no more than 3 midwives throughout their antenatal journey and during the postnatal period.
- Pathways for women with complexities who have multi-professional input during pregnancy will have a named midwife who will see their women for 3 key appointments so women have midwifery input and the opportunity to develop a personalised birth plan.
- We provide a dedicated homebirth service
- We have increased the parent education provision in Newham from 20% in December 2015 to 45 % in March 2017. This includes breast feeding workshops.
- There are daily breast feeding sessions on Larch ward and peer supporters are being recruited to support women in the hospital and community.
- Newham has leaflets that inform women of all four choices of birth place (Home, Barking Birth Centre, Newham Birth Centre and Delivery suite these are given out and discussed with women at booking and during birth planning meeting.
- Women's feedback is important to us and is collected from a variety of sources 'I want great care', NHS choices, MSLC volunteers who visit the maternity unit and give real time feedback, complaints...etc. This is shared with staff during team meetings and forms part of our Respectful maternity care on our mandatory staff training.
- There are now two discharge coordinators on the postnatal ward to streamline and speed up the discharge process for women. However as many as 22 women can go home on a daily basis and the discharge process often involves doctors, pharmacists, neonatologists and midwives.
- The induction of labour pathway is also under review and is part of a national safety collaborative which will look at all aspects of the process.
- Newham staff were providing the BCG vaccine to a small number of babies on the postnatal ward and BC in 2016/17, however the team left the trust so we will be piloting a universal offer of the vaccine once a new team have been recruited. VUK are currently running clinics in the community for babies that don't receive the vaccine in Newham, women should receive a letter with this information when they go home.
- We try to provide food to all women that are inpatients but in some areas such as Delivery Suite or BCBC this may be in the form of a cold snack such as sandwiches and fruit. Hot food is offered in the other areas of the hospital during meal times.



- Up to 8000 women per year mainly from Newham borough access our maternity services at Newham University Hospital and we provide excellent and varied services to all of our women. We acknowledge that the results of this report is from a very small number of the women we care for (it would be 16000 women over 2 years) and welcome the findings of this report to ensure we continue to grow and improve our services.

## Conclusion

*“People do not buy goods and services. They buy relations, stories and magic” - Seth Godin, an American author and a public speaker.*

This report has provided an extensive account of women’s experience of maternity care in Newham and some neighbouring services used by Newham mothers. Despite some improvement, feedback highlights several issues ongoing about midwifery communication, availability of community support, and managing service processes. Mothers have continuously been calling for increased breastfeeding support, more supportive midwives, more information and reassurance at time of non-clarity or emergency.

## References

- Care Quality Commission (2016) *The Royal London Hospital Quality Report*, London, UK: CQC.
- Care Quality Commission (2017) *Newham University Hospital Quality Report*, London, UK: CQC
- Department of Health (2016) *Improving the safety of maternity care in the NHS*, Available at: <https://www.gov.uk/government/news/improving-the-safety-of-maternity-care-in-the-nhs> (Accessed: 22nd November 2016).
- National Institute for Health and Care Excellence (2012) Setting standards for antenatal care, Available at: <https://www.nice.org.uk/news/article/setting-standards-for-antenatal-care> (Accessed: 29th March 2017).
- National Institute for Health and Care Excellence (2015a) Safe midwifery staffing for maternity settings, Available at: <https://www.nice.org.uk/guidance/ng4> (Accessed: 29th March 2017).
- National Institute for Health and Care Excellence (2015b) *Postnatal care up to 8 weeks after birth*, Available at: <https://www.nice.org.uk/guidance/cg37> (Accessed: 29th March 2017).
- National Institute for Health and Care Excellence (2017a) *Antenatal care for uncomplicated pregnancies*, Available at: <https://www.nice.org.uk/guidance/cg62> (Accessed: 29th March 2017).
- National Institute for Health and Care Excellence (2017b) *Intrapartum care for healthy women and babies*, Available at: <https://www.nice.org.uk/guidance/cg190> (Accessed: 29th March 2017).
- NCT (Unknown) *Placenta praevia – low-lying placenta*, Available at: <https://www.nct.org.uk/pregnancy/low-lying-placenta> (Accessed: 8 June 2017)
- Newham CCG. (2016). *Newham Clinical Commissioning Group’s Patient and Public Engagement Strategy 2016*. <http://www.newhamccg.nhs.uk/Downloads/Get%20Involved/Patient-and-Public-Involvement/Patient%20and%20Public%20Engagement%20Strategy%20Newham%202016.pdf> (Accessed on 22 March 2017).
- NHS Choices (2016a) *Itching and Intrahepatic Cholestasis of Pregnancy*, Available at: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/itching-obstetric-cholestasis-pregnant.aspx> (Accessed: 8 June 2017).
- NHS Choice (2016b) *Lupus - Symptoms*, Available at: <http://www.nhs.uk/Conditions/Lupus/Pages/Symptoms.aspx> (Accessed: 15 June 2017).
- NHS Choices (2017) *You and your baby at 37-40 weeks pregnant*, Available at: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-37-38-39-40.aspx?tabname=pregnancy> (Accessed: 8 June 2017).

- NHS England (2016) *National maternity review*, London: NHS England.
- Office of National Statistics (2015) *Births by area of mother's usual residence*, Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk> (Accessed: 29th March 2017).
- Royal College of Midwives (2015a) *State of maternity services*, London: Royal College of Midwives.
- Royal College of Midwives (2016b) *State of maternity services*, London: Royal College of Midwives.
- UNICEF UK (Unknown) *Breastfeeding in the UK*, Available at: <https://www.unicef.org.uk/babyfriendly/what-is-baby-friendly/breastfeeding-in-the-uk/> (Accessed: 29th March 2017).

## Glossary of Terms

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
GP	General Practitioner
NICE	National Institute for Health and Care and Excellence
NCT	National Childbirth Trust
RCOG	Royal College of Obstetricians and Gynaecologists
RCM	Royal College of Midwives
WTE	Whole Time Equivalent



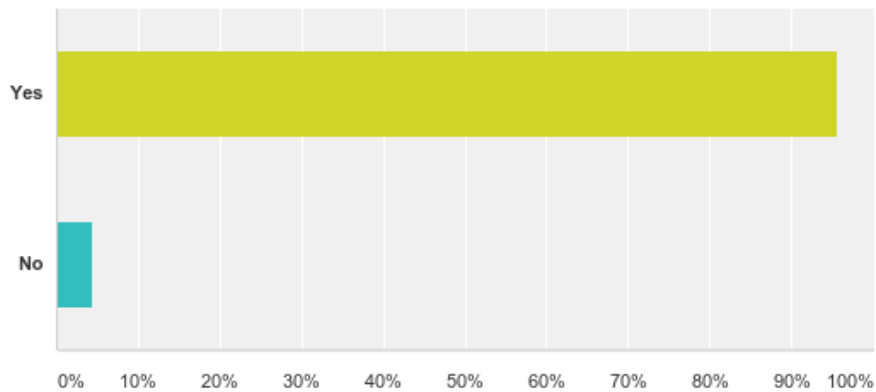
## Appendix

### Graphs

Questions that are not represented by a graph in this section are of qualitative nature, and therefore, they were included in the main body of the report. Around 90 respondents attempted to answer the survey. However, only 76 provided feedback through the online and face-to-face survey, but not necessarily answered all questions.

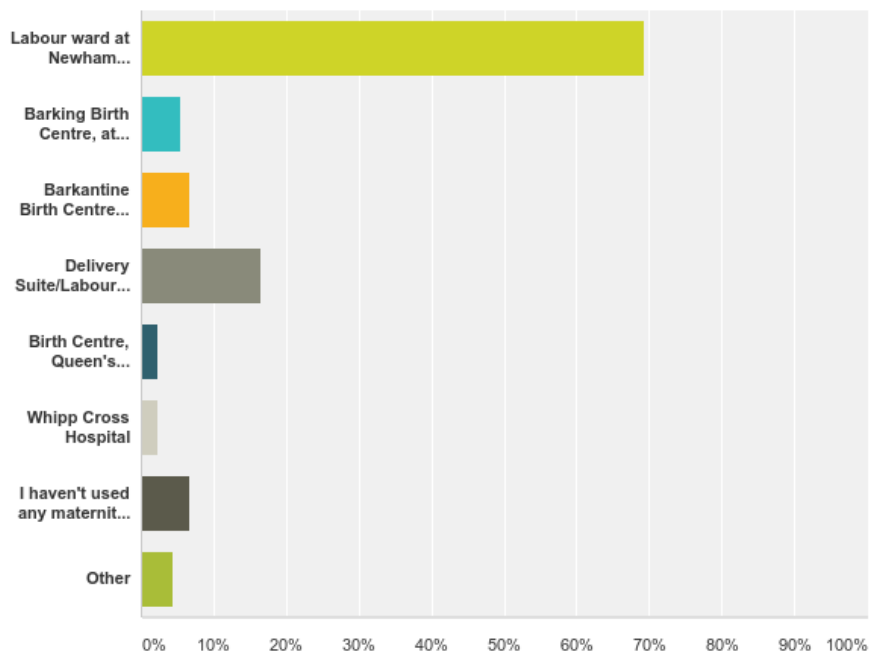
#### Q1 Are you a Newham resident?

Answered: 90 Skipped: 1



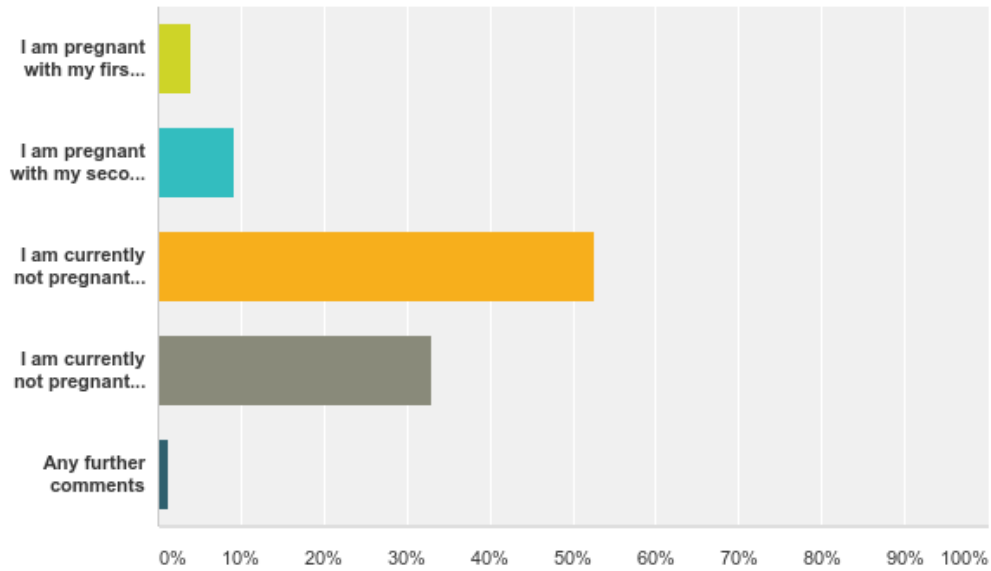
#### Q2 Which of the following maternity services have you used in the past 2 years?

Answered: 91 Skipped: 0



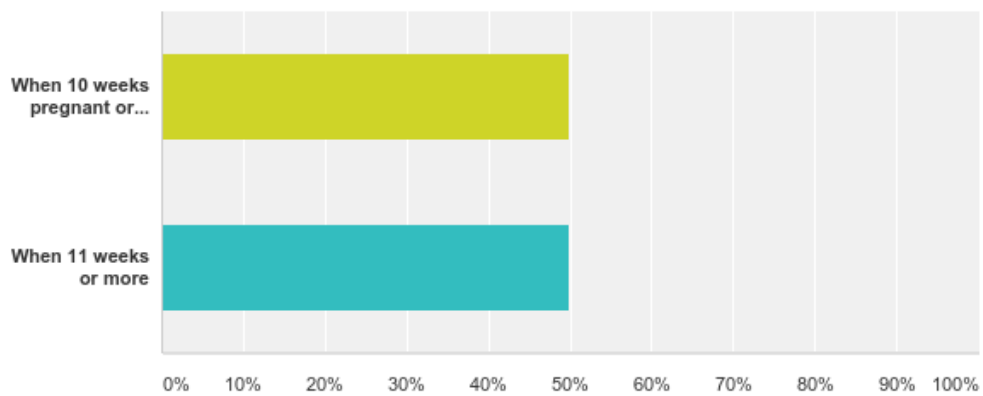
### Q3 Is this your first pregnancy?

Answered: 76 Skipped: 15



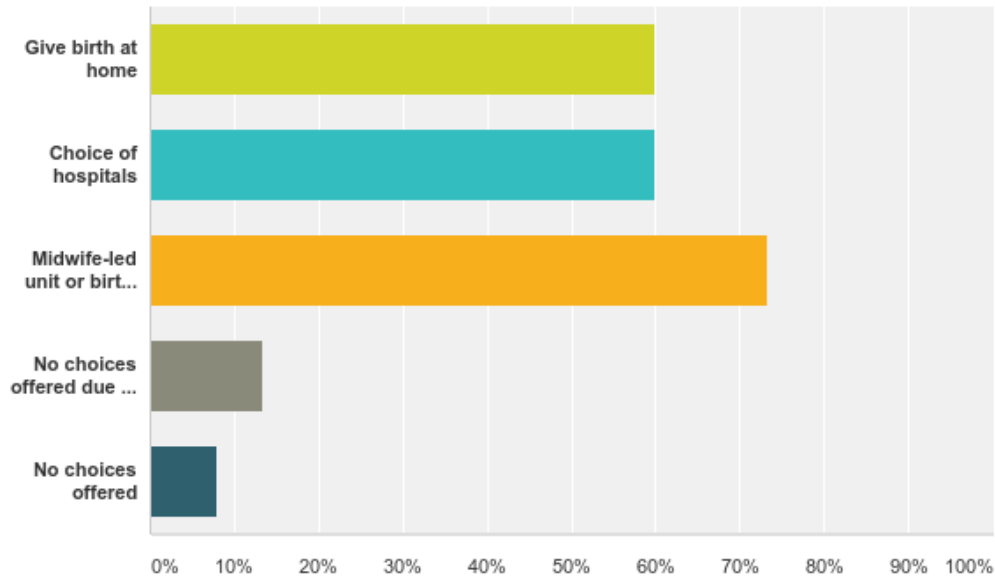
### Q4 When did you have your first 'booking appointment'? (i.e. when you were given your pregnancy notes)

Answered: 74 Skipped: 17



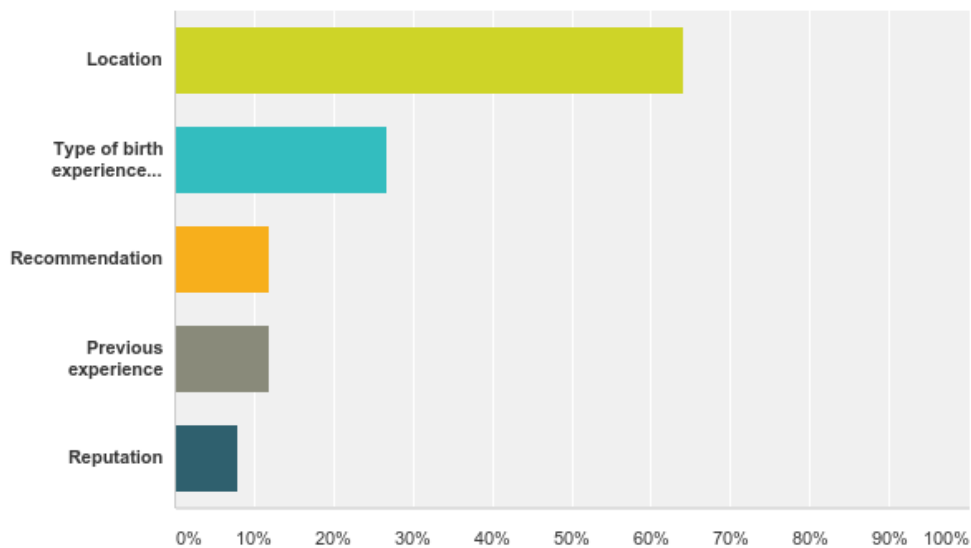
**Q5 What options were available for you about where to have your baby? Please tick all that apply.**

Answered: 75 Skipped: 16



**Q7 Why did you choose this option? Please tick all that apply**

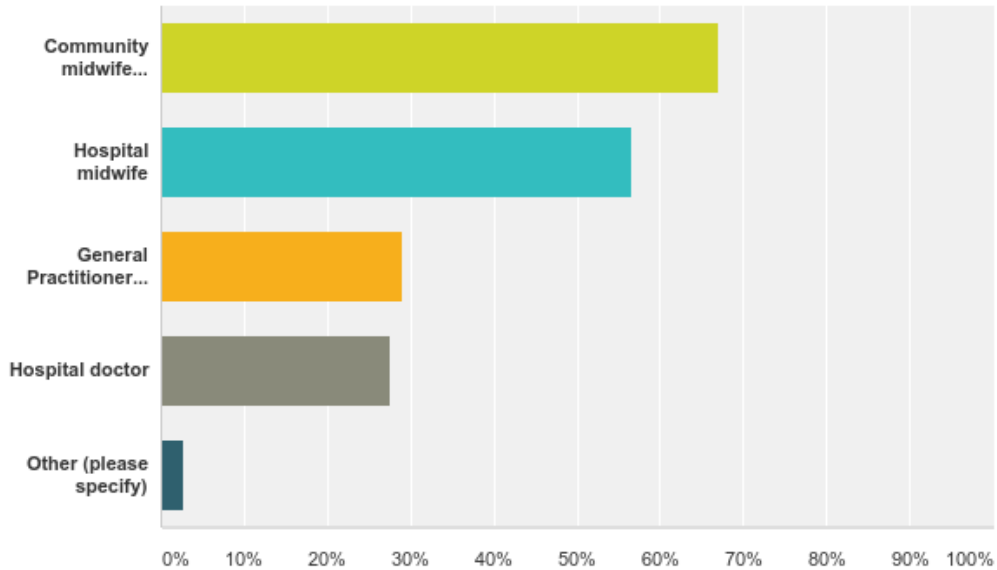
Answered: 75 Skipped: 16





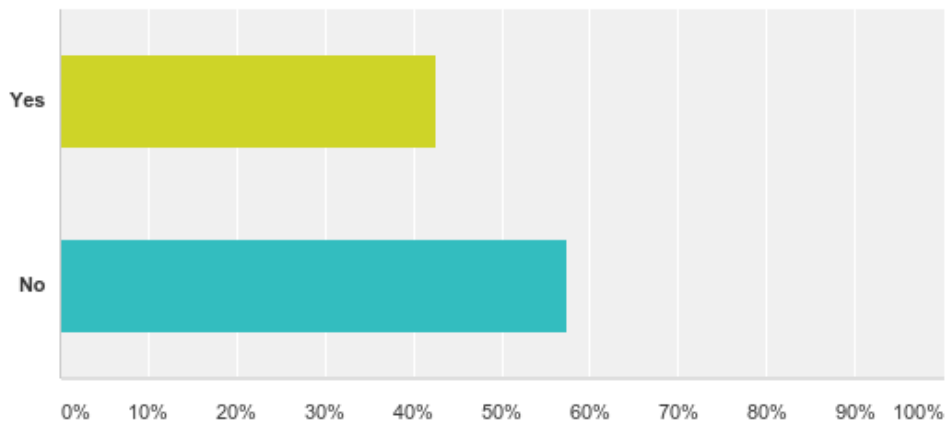
### Q8 Which of the following health professionals did you see for your antenatal check-ups? Please tick all that apply.

Answered: 76 Skipped: 15



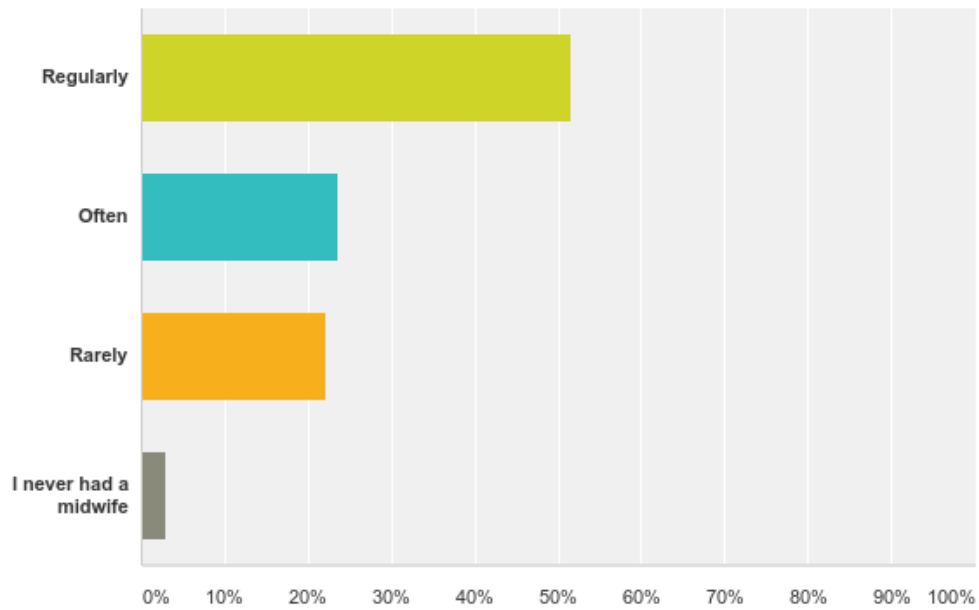
### Q9 During your pregnancy, did you have a named midwife or midwifery team that you could contact?

Answered: 75 Skipped: 16



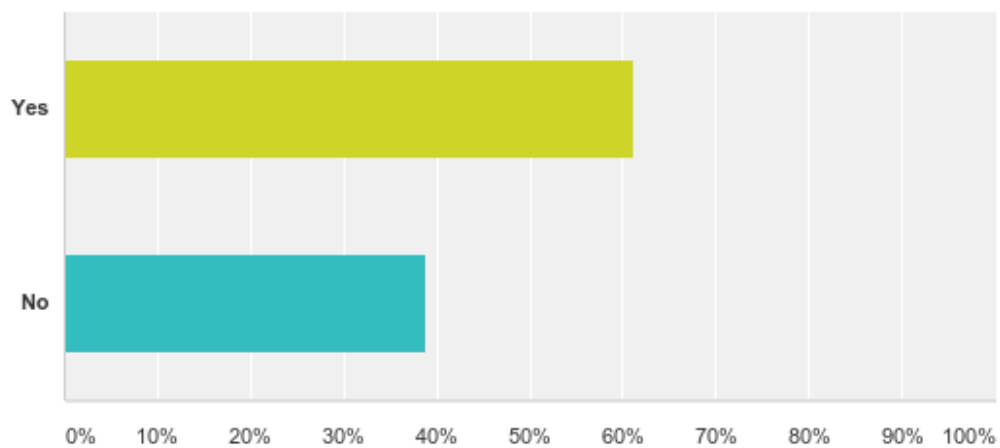
### Q10 How often were you in contact with your midwife/midwifery team?

Answered: 68 Skipped: 23



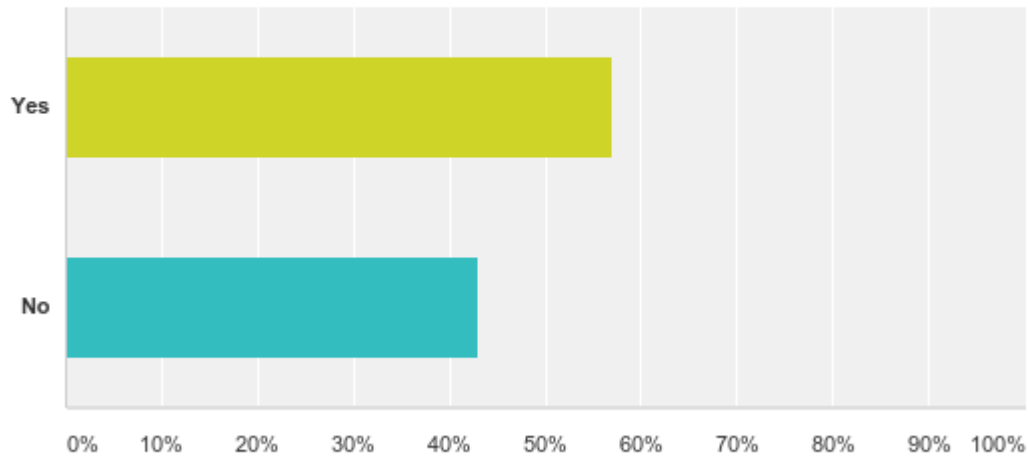
### Q12 Did you attend birthing/antenatal classes?

Answered: 72 Skipped: 19



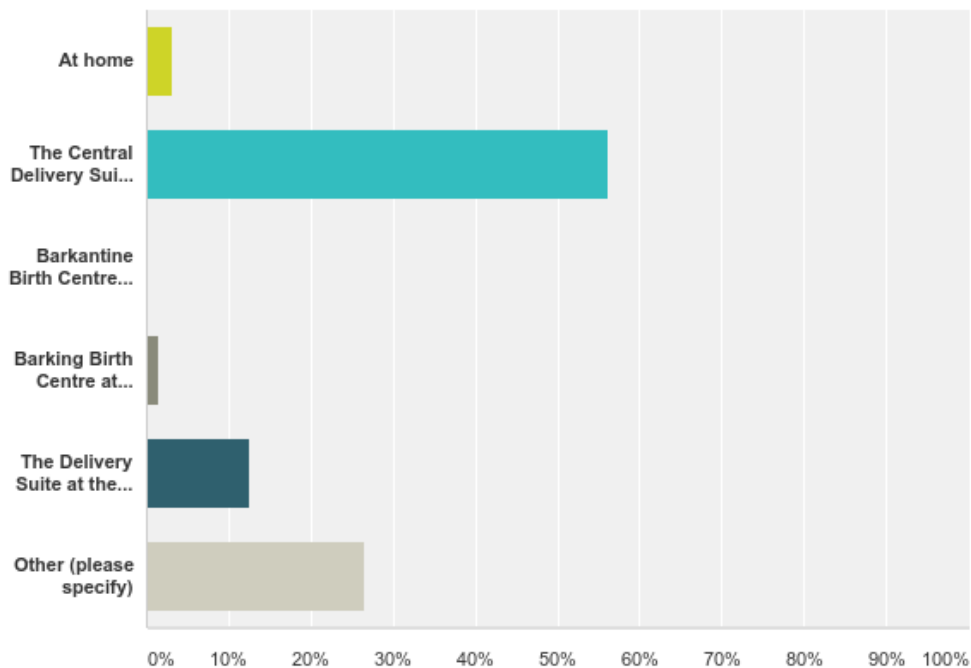
### Q13 At the start of your labour, did you contact your midwife, hospital or birth unit for advice?

Answered: 65 Skipped: 26



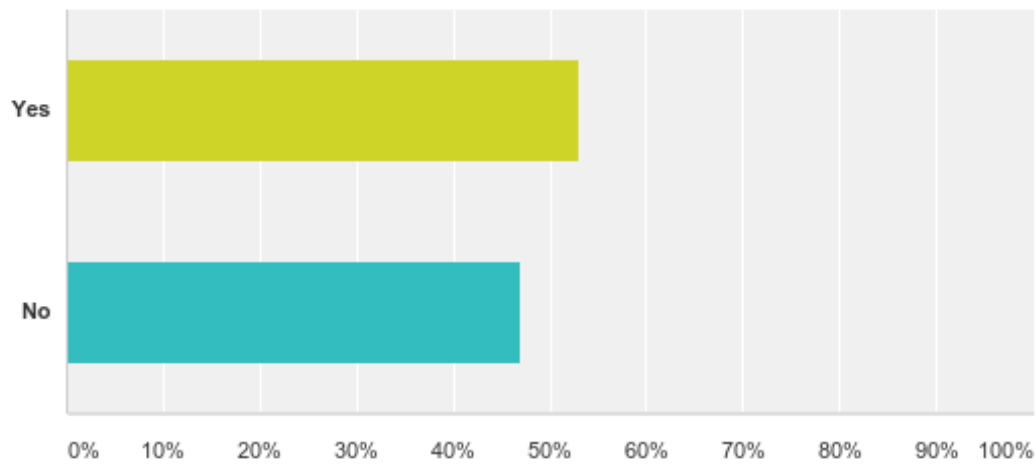
### Q14 Where did you give birth to your baby?

Answered: 64 Skipped: 27



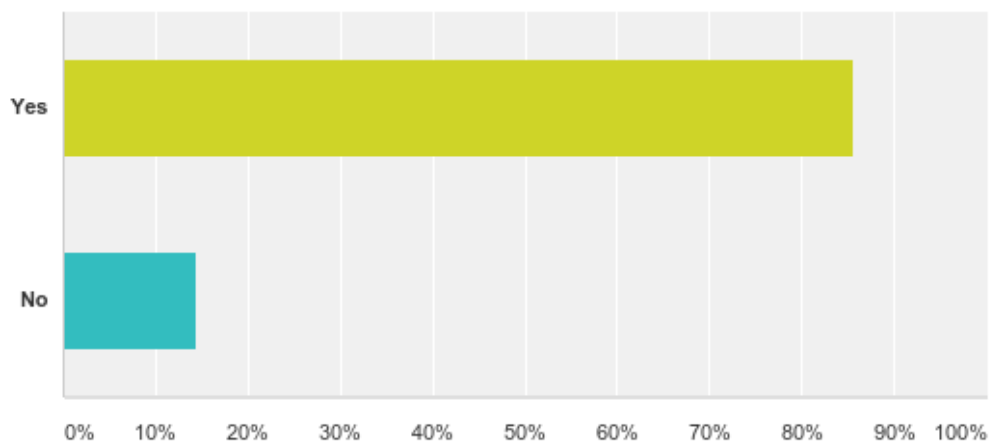
### Q15 Did you have any medical complications that changed where you gave birth?

Answered: 66 Skipped: 25



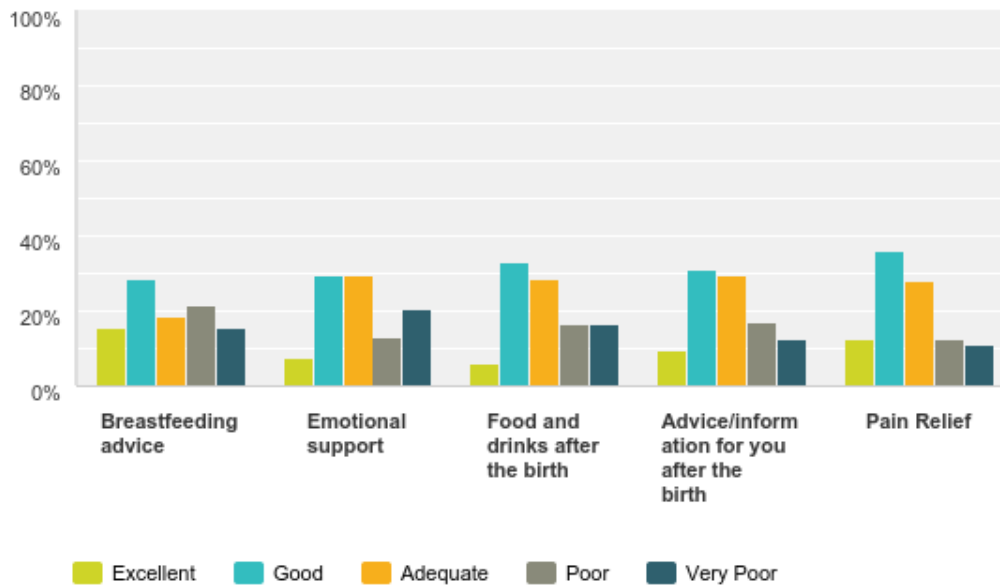
### Q17 Did you have skin-to-skin contact with your baby shortly after the birth?

Answered: 69 Skipped: 22



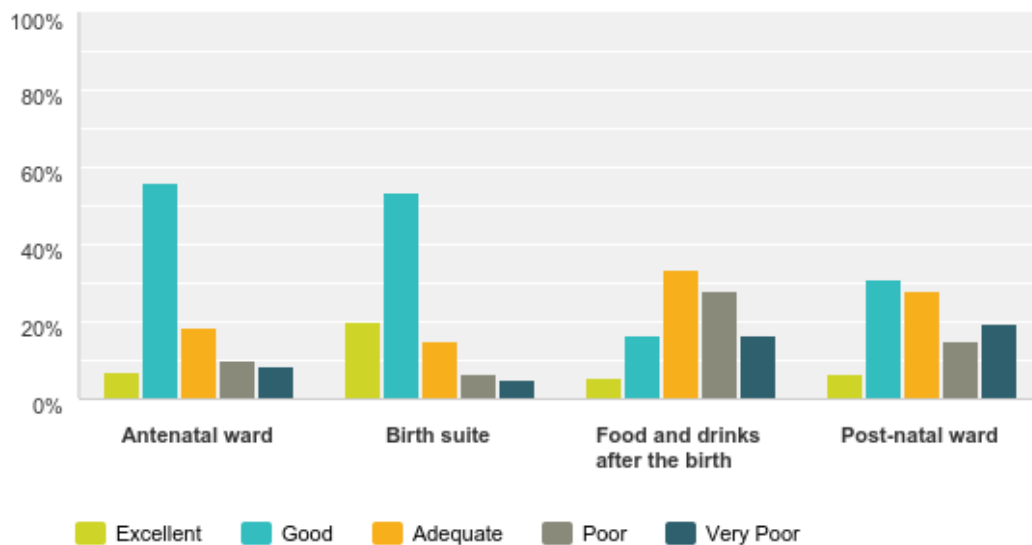
## Q18 How do you rate the support you received in each of these areas?

Answered: 71 Skipped: 20



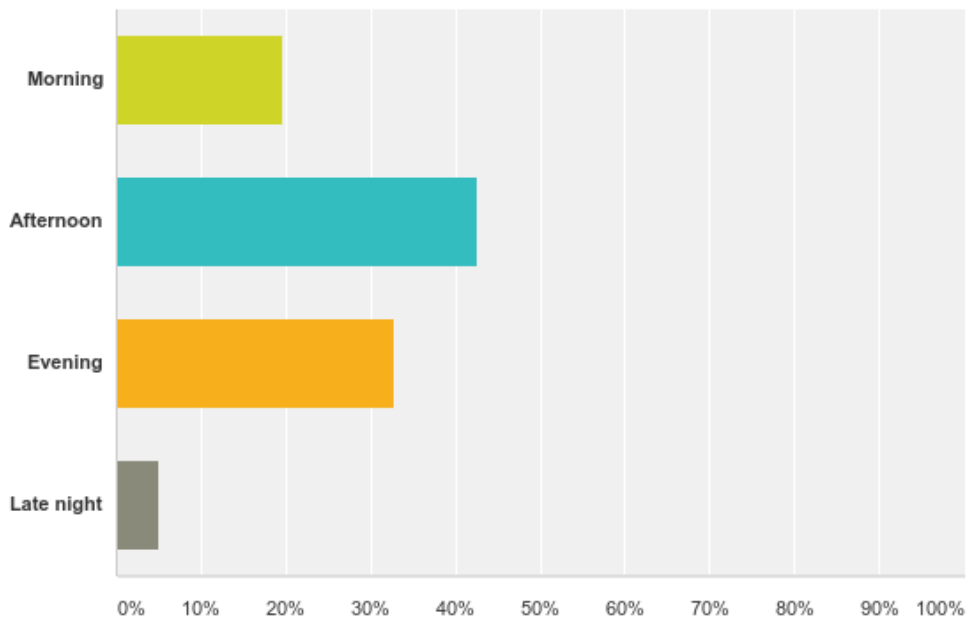
## Q19 If you gave birth in hospital or at a birthing centre, please rate how you found the following facilities.

Answered: 70 Skipped: 21



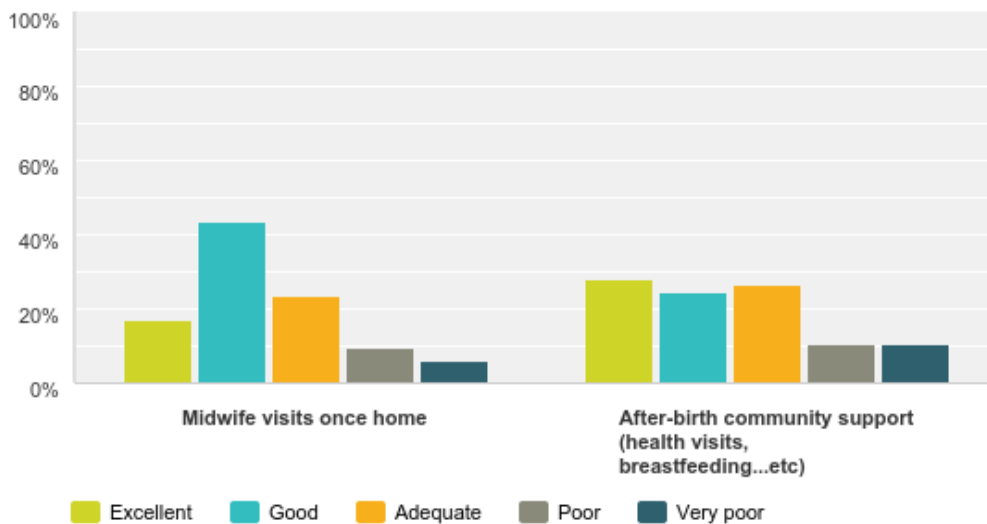
## Q20 If you gave birth in hospital or a birth unit, what time of day were you discharged?

Answered: 61 Skipped: 30



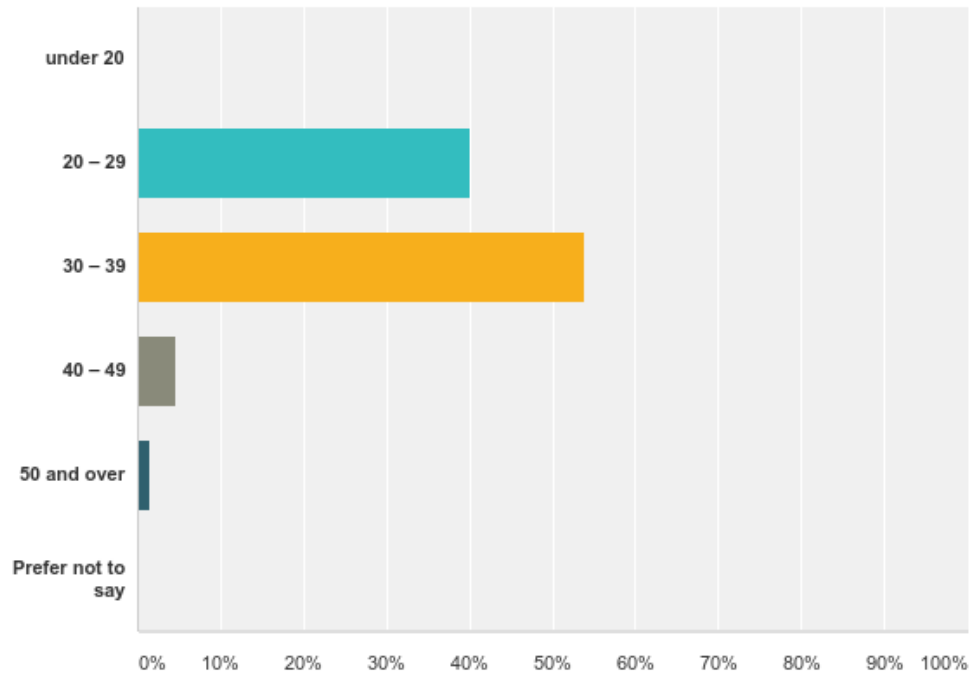
## Q21 Please rate your experience with after-birth community support services

Answered: 65 Skipped: 26



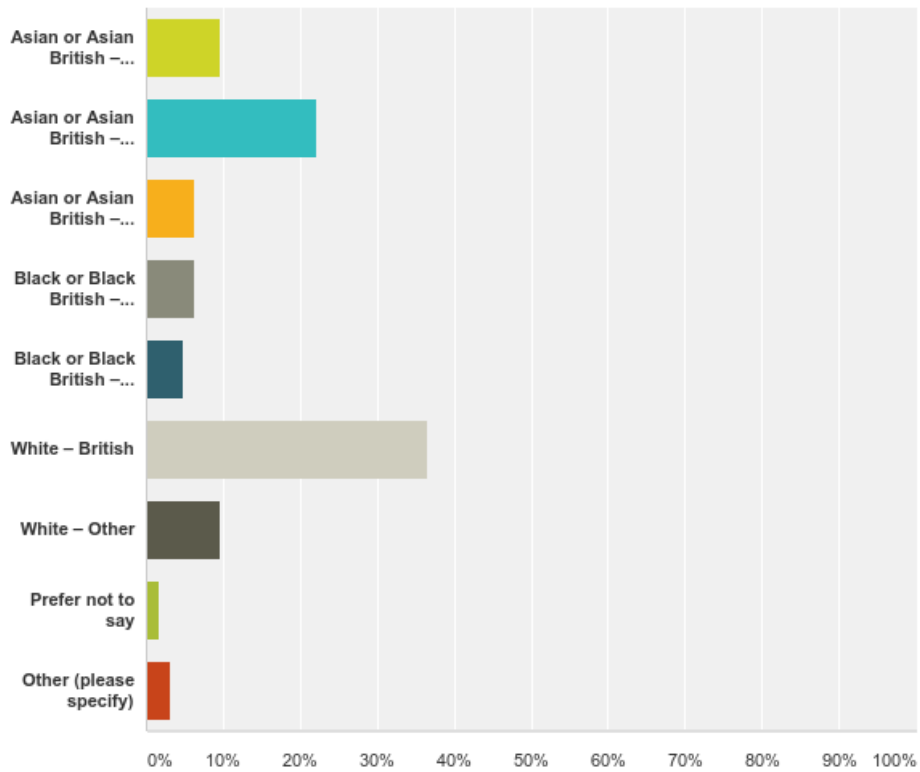
## Q26 Please tell us your age

Answered: 65 Skipped: 26



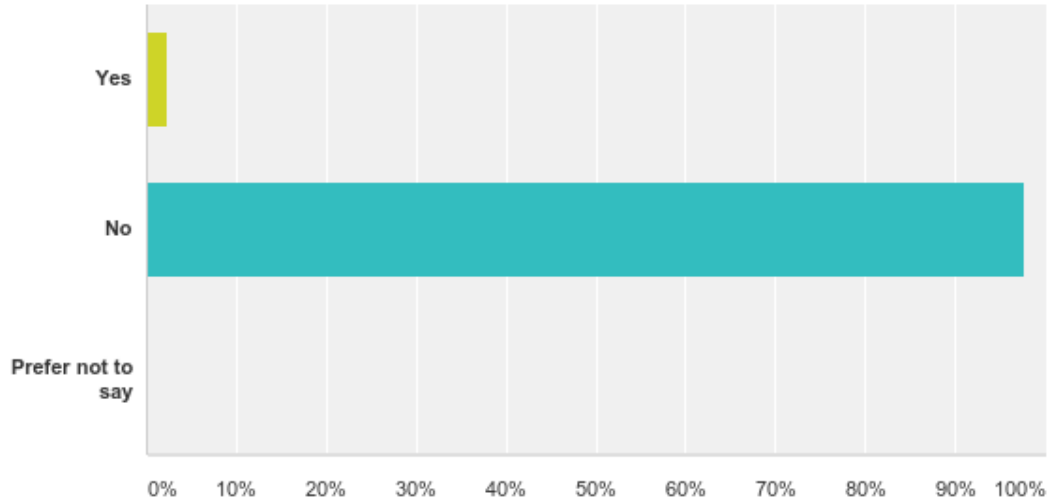
## Q27 Please tell us your ethnicity

Answered: 63 Skipped: 28



## Q28 Do you consider that you have a disability?

Answered: 42 Skipped: 49



## Q29 Please tell us your sexual orientation

Answered: 39 Skipped: 52

