healthwatch

What people told us about maternity services

April 2021 – March 2022

Introduction

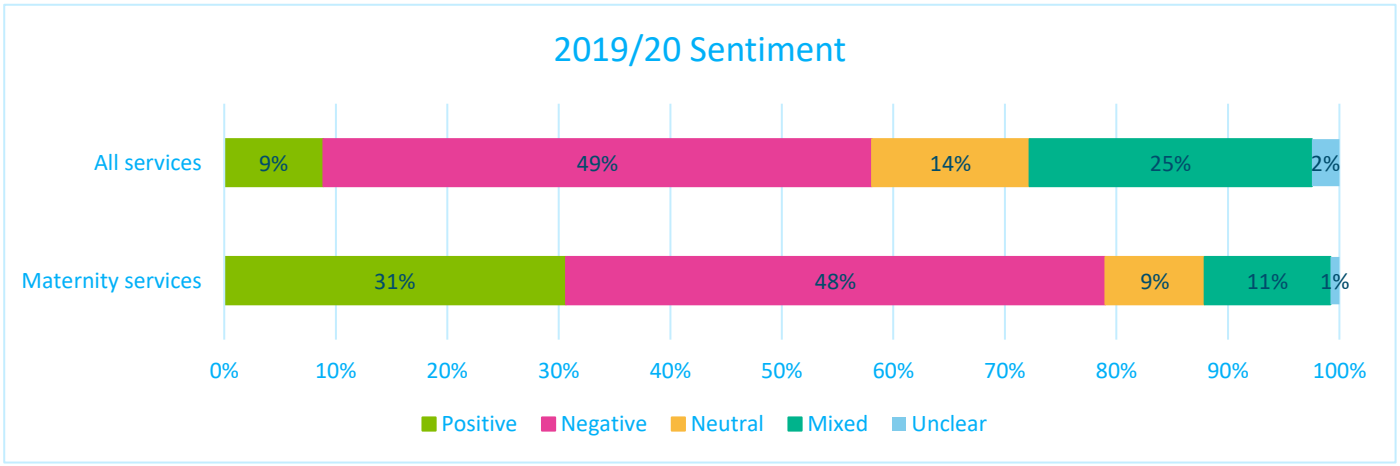
In 2019, NHS England published the Long Term Plan, which laid out the ambitions for health and care for the following 10 years. The plan set out aims to broaden the focus on the health and wellbeing of young children, with a specific focus on maternal and neonatal health.

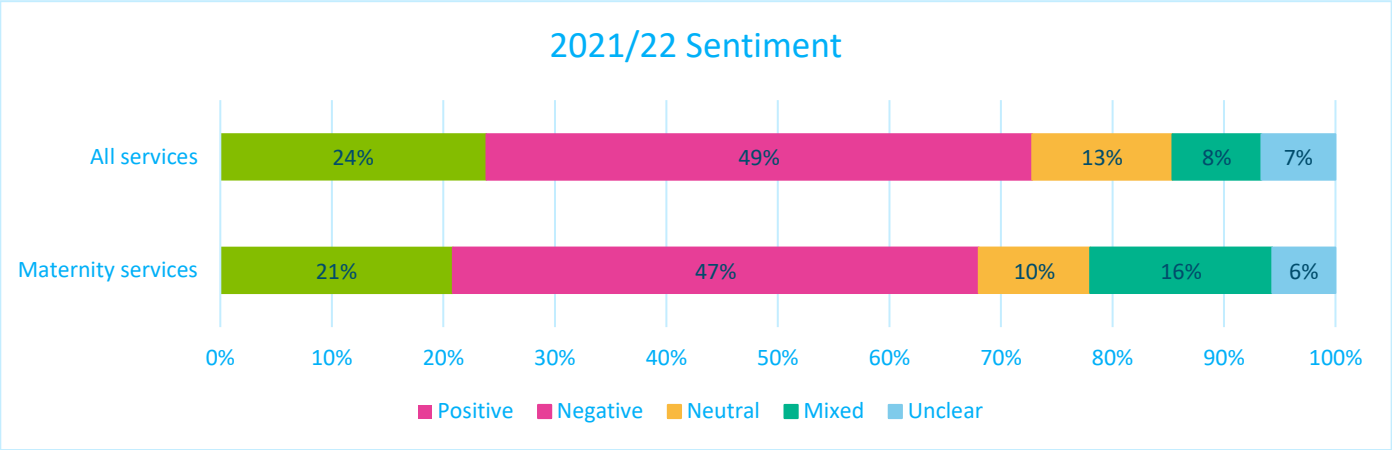
In August 2020, Healthwatch England provided written evidence to a parliamentary select committee inquiry which examined evidence related to ongoing safety concerns with maternity services. We reported on people's experiences of maternity services in England between April 2019 and July 2020. We heard that women felt safe and better supported around friendly and approachable staff and when there was continuity of care which helped them build a better relationship with their care providers. Negative experiences were shaped by poor attitudes from staff who were dismissive about their concerns.

In 2020, our data indicated that most pregnant women felt able to make informed decisions about their childbirth and aftercare. Choice helped women to feel relaxed and in control. A small minority told us that they were either not offered a choice or did not have enough information about the choices available to them.

In 2019/20, the feedback we received on maternity services was three times as positive (31%) compared to the feedback across all services during this period (9%). We compared the sentiment of the feedback in 2021/22 to the 2019/20 data to examine trends over time. Overall, the feedback we have received in the last year was more positive across all services, whilst the proportion of positive feedback on maternity services has decreased. In 2019/20, 31% reported positive experiences of maternity services, compared to 21% in 2021/22.

For the purposes of this briefing, we analysed feedback about maternity services provided between April 2021 and March 2022. Nearly half (47%) of the people we heard from in this period reported broadly negative experiences of maternity services; 21% reported broadly positive experiences; and 16% reported mixed experiences. We received slightly less positive feedback on maternity services (21%) compared to all other services in the same period (24%).





Key findings from this research:

- Continuity of care throughout pregnancy, during childbirth and in the postnatal period are important. However, people are currently not experiencing continuity of care consistently enough from maternity care providers.
- Services are overstretched, particularly care in postnatal wards and care providers in the community in the months following childbirth.
- When things go wrong, they can go very badly wrong, having a lasting impact on families, particularly those who are not properly supported by maternity services.
- People need more support for mental health throughout the perinatal period.
- Fathers and partners are often overlooked, which has been exacerbated by the impact of Covid-19 restrictions during this period.
- Specific groups are more likely to receive poor care, and there are racial disparities in maternity care.

Methodology

Where is our data from?

- **Local Healthwatch feedback and signposting data** – between April 2021 and March 2022, we heard from 441 people via our CRM. These data come from local Healthwatch hearing individual stories and signposting people to services.
- **Local Healthwatch reports**. Local Healthwatch conduct individual research projects throughout the year, engaging with specific groups about their experiences of services. Ten local Healthwatch completed work on 2,004 people's experiences of maternity services between October 2021 and March 2022.

How did we reach our conclusions?

We conducted a thematic analysis on our feedback and signposting data, reading through each individual story and categorising it based on overall sentiment, services involved, and overarching themes. We were able to calculate how much of the feedback was negative, positive, or neutral, and indicate common issues people experienced, based on this coding. We also included supporting figures from local Healthwatch research. Quotes are anonymised and used to illustrate wider themes.

We compared our findings to those from work completed in 2020 by Healthwatch England to inform a parliamentary select committee inquiry looking into ongoing safety concerns with maternity services. We also used wider work by Healthwatch England to support our conclusions.

In this briefing, the terms 'women' and 'pregnant women' are used to refer to all people who give birth.

This briefing is informed by:

The experiences of **441 people**, shared with 54 local Healthwatch across England, between April 2021 and March 2022.

Research completed by **10 local Healthwatch**, including the experiences of 2,004 people

Common themes in our data

As indicated in our 2020 report, positive experiences were shaped by care from professional, kind, and communicative staff. Women valued staff who listened to them, reassured them, and explained what to expect from care. We heard about the importance of continuity of care during pregnancy, childbirth and postnatally.

The pandemic brought about changes to maternity services, such as reduced antenatal and postnatal appointments, restrictions on partners attending appointments, more telephone and virtual appointments, and restrictions on access to midwifery-led birth settings or home births. The impact of the pandemic is clear in our evidence of people's experiences of care between April 2021 and March 2022. Women told us about fewer appointments during pregnancy and postnatal, with limited opportunity to discuss issues and be listened to, resulting in missed mental and physical needs.

Support from staff has the biggest impact on the experience of care across maternity services

Not all births go according to plan, and unexpected circumstances can be highly stressful to the mother, baby and partner. A recurrent theme in our evidence is that when things don't go to plan, the support received from staff has the most significant impact on the experience of care. Patients feel safer when staff keep them well informed to make decisions about their care when complications and unexpected events occur.

In contrast, people reported negative experiences when they received inconsistent care and advice and poor communication and attitudes from staff. When women could not make choices about their care, they felt a lack of control. Lack of clear information about what was allowed and constantly changing guidelines created additional stress for families.

A key theme in our data is the lack of postnatal support. Many women shared bad experiences in postnatal wards and felt their needs were overlooked. Services were overstretched, and many women expressed concerns about a lack of staffing and organisation in postnatal wards.

We also heard from many women who felt they did not receive appropriate levels of community care in the months following childbirth, with many missing out on essential support from health visitors. Women who were not well supported during the postnatal period felt isolated and were more likely to struggle with poor mental health.

Pregnant women need appropriate advice, guidance and information to make informed choices

Our evidence suggests an increase in the number of women who did not feel well informed about choices during pregnancy compared to our report in 2020. Some women saw several

different midwives throughout their pregnancy and were not supported in making informed choices about their care.

We heard from women who struggled to access services whilst pregnant during the pandemic. Some women had missed out on early scans, and others could not get hold of community midwifery teams. Some women did not have the opportunity to discuss a birth plan. Research undertaken by Healthwatch Halton found that just over half of women surveyed (54%) felt they were always given the opportunity to discuss what was important to them at antenatal appointments, with 6% never having had the opportunity to discuss what was important to them.

We heard how healthcare staff sometimes failed to explain what they were doing or why and that the processes around appointments and scans were confusing to many women. Some were unclear about the medication they were told to take, and others felt rushed out of the door at appointments and struggled to get answers to their questions. A lack of advice, guidance and support during pregnancy was particularly challenging for people giving birth for the first time.

Pregnant women attended appointments and scans alone

Covid restrictions meant that some women had to attend appointments and scans alone. We heard about the impact of partners not attending appointments, including not being able to provide emotional support and being less involved in the pregnancy. We also heard that partners were missed on a practical level as they were not there to assist women and to help process information. Healthwatch Nottinghamshire heard from a disabled woman who had struggled at appointments without her husband who was also her carer. She needed him to advocate for her care as a disabled woman with additional needs.

The impact of restrictions on partner attendance at appointments and scans was especially difficult when unexpected health problems or complications were detected or when the baby was being screened for health conditions.

> Due to the Covid restrictions my partner couldn't come in when I went in to be checked for reduced movement and bleeding. I was induced there and then, and my partner couldn't come in – Healthwatch Cornwall

> I recently had a miscarriage and [my partner] wasn't allowed into the emergency scan, I was told by three separate members of staff, only to be told as I was going into the scan room, he could have been with me … heartbroken doesn't even cover it. – Healthwatch Nottinghamshire

When births don't go to plan, extra support is needed to ensure the safety and wellbeing of the mother, baby and partner

Women who had a positive childbirth experience felt they were listened to by staff who respected their choices. A lot of our positive feedback was about childbirth experiences, and women praised staff who were attentive, calm and reassuring.

When people felt supported and listened to, they felt positive about their birth experience even when it didn't go to plan. We heard from women who required unexpected intervention or experienced complicated births. Many reflected that even if it did not go as planned, they felt safe, cared for and respected, leading to a positive experience.

Research conducted by local Healthwatch supports our evidence that communication and staff attitude have the most significant impact on how women feel about their care.

Understanding what is happening, being supported to make informed decisions and consent to treatment are particularly important during childbirth.

My birth didn't go as expected and I had had to have an emergency C Section. The staff in Delivery Suite and the operating theatre were so good! I cannot thank the head Anaesthetist enough! He made sure my husband and I knew EXACTLY what was going on during my c-section. His team were incredible, I had had reservations about epidurals to the point where I'd had NO EPIDURAL plastered across my birth plan but when things started to go wrong and an Epidural was my only option his colleagues calmed me down and talked me through my epidural whilst they performed it and I can happily say it went well and I sat still enough to ensure I don't have any lasting back problems. My beautiful, healthy son was delivered by the best team I could've wished for. – Healthwatch Hackney

On the other hand, when staff did not correctly support mothers, this had a significant impact on their care experience. When women felt staff were dismissive, they felt isolated and concerned about their safety. We heard that often staff were too busy to support women properly, leading to delays with procedures and, at times, incidents where patients felt staff were negligent with care. Some women felt that situations could have been avoided if the staff had listened to them or been more thorough with care.

Many women felt they did not receive the reassurance they needed and wanted more contact from staff on the labour ward. We heard from several women who required interventions such as emergency c-sections or other forms of assistance. Some women felt this resulted from being overlooked by hospital staff and could have been avoided. These situations were particularly stressful for those women who were alone without the support of partners.

It can be hard for women to articulate and advocate for themselves during labour. Some women felt procedures had been undertaken without their full consent or a proper explanation. Understandably, patients wanted to know why procedures had taken place and the circumstances leading to the decision. We heard that it was often difficult to get answers from the hospital and staff.

Unfortunately, it all went wrong when I went overdue, all my choices were taken away and I was booked for an induction. I still don't really understand why, nobody explained what would happen until I arrived at hospital when a nice midwife told me what they would be doing. I thought my baby was in real danger but then I sat on the ward for 3 days completely terrified with no support. All the old feelings came back and I couldn't communicate how scared I was. I didn't see my community midwife again, but I wish she had been there. I didn't know there were other options, I had the drip and was told I had to have an epidural because I wouldn't cope. I didn't want it. They had to use metal things to get baby out and now I am damaged. Why did nobody tell me this could happen? – Healthwatch Cornwall

Postnatal care

Some women were discharged following birth and received all postnatal care in the community, whilst others were admitted to a postnatal ward for follow-up care.

A key theme in our data was that women did not receive appropriate care whilst on postnatal wards. Many told us that wards were understaffed or that staff were too busy to care for the mother and baby properly. In some cases, staff did not administer pain relief promptly or missed medication altogether. Some women did not have enough food to eat. When mothers were too sick to care for their babies, sometimes there weren't enough staff to care for them, and babies were left to cry in their cots.

We also heard feedback through our data and local Healthwatch reports about the postnatal ward environment. Many women told us about the cleanliness of the wards, and some women

were left wearing dirty hospital gowns for many hours following birth. Others commented on the lack of privacy, noise, and the availability and quality of food. Many women told us they felt scared and alone in postnatal wards, especially without the support of their partners.

> [Patient] very frustrated at the hospital guidelines regarding fathers. [Patient] was left alone in their bed with a catheter, a newborn baby they couldn't pick up to feed and a ward full of overworked midwives and health care assistants. Staff were completely run off their feet but the [patient] had to call them for everything – water, change baby, help feed [patient] – when baby's dad was sat outside waiting for the visiting hour. – Healthwatch South Gloucestershire

Many women told us that there was little or no breastfeeding support. When postnatal wards were overrun and understaffed, patients did not feel they could ask for help with breastfeeding. We also heard about the lack of support for breastfeeding at home, with some feeding teams only offering support over the phone. The lack of face-to-face support for breastfeeding was inadequate, particularly as women did not have access to social support from friends and family during the pandemic. Several women told us they missed the opportunity to breastfeed as they couldn't access support at the right time.

Some women struggled to access support once they had returned home. Visits from health visitors and community midwives were limited, with some women only being visited once in the year following birth. We heard how some families resorted to paying for children to be seen at private clinics due to the lack of availability of appointments at baby clinics.

Families wanted more contact with a health visitor, and a lack of support and more regular checks were a source of great anxiety for many. Postnatal care over the phone was inadequate, and many reflected that postnatal care for the mother was not a priority.

Maternity and mental health

Our data indicates very broad experiences of information, advice and support available to women for their mental health and emotional wellbeing during the perinatal period. When it worked well, women told us midwives checked in with their emotional wellbeing during pregnancy and in the months following childbirth and supported them to access mental health services.

> When my health visitor came around for the first time, the first question she asked me was "how are you doing with baby?" My reply was "I don't think I am bonding with baby" she immediately assessed me and spend some time with both me and my husband and made the relevant referrals to health minds and the breast-feeding support homestart. I found both services were very good at helping to support me with my mental health and with my son, everything was always explained to me before hand and discussed what my next option were. – Healthwatch Rochdale

A key theme in our data is that women are not receiving enough support during the postnatal period. Due to the lack of home visits, many women missed opportunities to ask for help from health visitors. We heard that many women felt extremely isolated, particularly when they could

not access other support networks such as breastfeeding support groups. Some women told us how they struggled to bond with the baby or were struggling with postnatal anxiety or depression.

Some women felt that their mental health needs were dismissed or not seen as important. When people did ask for help, they often encountered delays in accessing care. The lack of face-to-face care with community midwives and GPs meant that issues weren't acted upon quickly, for example, referrals for mental health assessments. Maternal suicide remains the leading cause of direct deaths occurring within a year after the end of pregnancy[1], it is essential that mothers are assessed quickly and referred to the appropriate services.

> [Patient] felt abandoned after giving birth just before the beginning of the first lockdown in 2020. According to the mother, she absolutely had no help until after 8 months of struggling. Her partner had to go and talk to her doctor twice about postpartum depression! Mother saw the [Health Visitor] once after [the] baby was born, but she had no call to help her with weaning and had no correspondence to check on her until the couple reached out for help a second time! – Healthwatch North Somerset

We also heard that some women need greater support following difficult or traumatic births. For some, their experiences of care during childbirth had had a lasting impact on their wellbeing. We heard how staff did not always provide compassionate care; for example, staff told one woman during childbirth that '[the baby] is hanging on by a thread'. We heard similar stories from other women who told us about the impact of these experiences, including contributing to poor mental health following childbirth.

> I felt bullied and humiliated during my labour. They tried to convince me to do things I didn't want, no one cared about my birthplan. I was given a syntosinon injection without asking when it was in my birthplan that I didn't want it. I was asked numerous times why I was screaming so much. I felt scared and out of control. I felt like I was fighting for my rights and no one listened. I refused forceps and was told that the doctor was going to use them and if I didn't want him to then I would have to race him to get baby out first. I still feel traumatised by the birth and I still now 20 months later sometimes stay awake at night running through what I remember happening. – Healthwatch Cornwall

We also heard how the emotional wellbeing of partners is often overlooked. Due to Covid-19 restrictions, fathers and partners often missed out on appointments and scans. Some partners could not be present at childbirth due to Covid restrictions which was emotionally difficult, notably when complications arose, and healthcare staff failed to communicate appropriately.

> My partner [was unable] to attend the scan as my baby was born prematurely and died my partner never heard his heartbeat or nothing – Healthwatch Richmond Upon Thames

> My partner was also told mine and the baby's life were at high risk then left alone for two hours when I was in theatre with no updates. He suffered greatly with some sort of postnatal anxiety and depression. – Healthwatch Torbay

[1] MBRRACE UK – Saving Lives, Improving Mothers' Care 2021 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf

Health inequalities

Experiences of racism and discrimination

A recent inquiry into racial injustice and human rights in UK maternity care[2] found that Black, Asian and mixed ethnicity women feel unsafe, ignored and disbelieved, and experience a lack of choice about their maternity care. Compared to white women, there is more than a four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to white women[3]. Our findings support the themes evidenced in this inquiry.

Evidence from our 2020 report on maternity services indicated that women from ethnic minorities were offered less choice of where to give birth and were less well informed about birth choices. Specific communities, such as women of Bangladeshi origin, were not familiar with the concept of NHS supported homebirths and felt they had not received enough information during antenatal care. There were also concerns about the lack of sensitivity training for midwives regarding racial stereotyping.

In our recent evidence, we heard from women who shared their experiences of racism and discrimination by NHS hospital staff. Research carried out by Healthwatch Derby investigated minority ethnic women's maternity experiences and found that some black women experienced poor attitudes by hospital staff. One woman reported that she felt looked down upon by midwives despite being a doctor herself, and worried about the experience of other black and minority ethnic women.

We heard feedback from women of Somali origin who spoke about their experience of being turned away from local hospitals because they did not look in pain and without being checked. Other Somali women shared that they were treated with a lack of respect by Black midwives who encouraged them not to show pain or emotion, as it would be inappropriate.

Women also told us they wanted to see more midwives, doctors and consultants from minority ethnic backgrounds. Those who were seen by a healthcare professional from a similar cultural background felt better understood regarding their concerns and care choices.

One woman described her experience and treatment in a hospital where her voice was not heard, and her pain was dismissed, leading to a lack of choice and unsafe care.

> During my stay at [hospital] I noticed how the midwife assigned to my ward showed preferential treatment to the white patients on the ward. I was treated very differently compared to them and the midwives were trying to encourage me to go home despite showing signs that I was in labour. Due to the lack of care I nearly gave birth in the hospital bath tub I was refused entry to the birthing centre despite the fact that this was part of my birth plan and I was rushed to the delivery suite only 14 minutes before my baby was born. I gave birth alone without my birthing partner without pain killers for a large majority of my labour – Healthwatch Bedford Borough

[2] Birthrights – Systematic racism, not broken bodies https://www.birthrights.org.uk/wp-content/uploads/2022/05/Birthrights-inquiry-systemic-racism_exec-summary_May-22-web.pdf

[3] MBRRACE UK – Saving Lives, Improving Mothers' Care 2021 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf

Some people are not being provided with the appropriate support to receive information in a format that is accessible to them

Some women who speak limited English struggled to access language support, and some gave birth alone without interpretation. Research undertaken by Healthwatch Oxfordshire investigated people's experiences using interpreters when accessing healthcare services. Some women could not access interpretation during pregnancy, childbirth or the postnatal period. In an attempt to communicate with midwives, one woman pointed to areas on her body to indicate where she felt pain.

Some people could not access information about maternity services in an accessible format. We heard from a partially sighted woman who told us she could not read her maternity book as it was given to her in small print. A midwife told her that her boyfriend could read it for her.

Services are not inclusive

We heard feedback about low levels of inclusivity of maternity services. Some people told us how they wanted access to gender-inclusive resources rather than entirely women-centred resources. We heard how the lack of inclusive resources impacted the mental wellbeing of an individual who suffered mental stress and dysphoria due to all birthing people being grouped as women.

There was a desire for more LGBTQ+ centred groups and language. Some LGBTQ+ people told us that they did not feel comfortable attending antenatal classes that were not openly inclusive. This meant that they missed out on important information and support. One LGBTQ+ person undergoing fertility treatment felt forms were inappropriate, failing to ask inclusive questions or recognise the gender identities of the parents. We also heard how they could not access NHS funding that would have been available had they been a heterosexual couple.

Healthwatch Southend carried out research to understand access to healthcare services by LGBTQ+ individuals. In a focus group discussion, one participant shared that their GP would not discuss fertility treatment, stating that it is unavailable for gay women. Healthwatch Darlington undertook research to understand LGBTQ+ experiences of healthcare and similarly found inequalities relating to fertility treatment, as LGBTQ+ individuals had to pay for IVF treatment and did not have access to the same funding for fertility treatment as their heterosexual counterparts.

Some people struggle to access the services they need

The impact of Covid has meant that some people have struggled to access the services they need. Different areas applied different restrictions, and this restricted some women's choices. Home births were suspended, and birth centres were closed, limiting the options available for childbirth, leading to inequality of choice for women depending on where they live.

We also heard about service closures and the impact on midwife support being more difficult to access since the pandemic. Some midwives relocated, and fewer locations were available, impacting the families who cannot easily travel to locations.

What do our findings say about the LTP's vision for maternal health?

In 2019, the NHS Long Term Plan outlined several targets focusing on improving maternal health and wellbeing.

- Work with midwives, mothers and their families to implement continuity of carer so that, by March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally.
- Improve access to and quality of perinatal mental health care for mothers, their partners and children.
    - Care provided by specialist perinatal mental health services will be available from preconception to 24 months after birth
    - Care will be offered to fathers or partners of women, helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period
- Improve access to postnatal physiotherapy to support women who need it to recover from childbirth.
- All maternity services that do not deliver an accredited, evidence-based infant feeding programme will begin the accreditation process in 2019/20.

Overall, many of the goals of the Long Term Plan are aligned with people's needs but have so far not been met. Our evidence indicates that the issues relating to maternity services have worsened over time. The emphasis on the importance of continuity of carer is reflected in our evidence; however, our findings suggest that this need is largely unmet for many women, and care services are under increased pressure due to the disruption caused by the pandemic.

We heard specific feedback about women who were unable to access support for mental health after 12 months following childbirth, both from mental health services and postnatal community support. Our feedback suggests that plans to provide care by specialist perinatal mental health services beyond the 12 months following birth have not been implemented, with many struggling to access help within the 12 months.

There are also gaps in the Long Term Plan's vision of maternity services. A key theme in our data is that services are stretched, and many women feel unsafe. We repeatedly heard how wards were short staffed, and community midwife teams were difficult to get hold of or to be seen in person. Many women felt abandoned in labour wards. At the parliamentary committee inquiry into the safety of maternity services, it was reported that eight out of ten midwives did not

believe that there were enough staff on their shift to be able to provide a safe service[4]. Therefore, there should be a renewed emphasis on safe staffing to ensure safe and high-quality maternity care.

Our evidence also highlighted a key issue with the support for mothers and families, particularly when things don't go to plan. When things go wrong, they can go badly wrong, and often families are not provided with the appropriate, timely and compassionate support they deserve. Families want to understand when things go wrong, and there should be a greater emphasis on communication and support following unexpected and traumatic events during pregnancy and childbirth.

Finally, there should be a shift in focus from mothers to whole families. Our evidence supports the need for greater emphasis on the mental wellbeing of fathers and partners, as well as mothers. Our evidence highlights the important supporting role of fathers and partners throughout the maternity journey, both practically and emotionally. The active engagement of fathers and partners in maternity care can lead to health and wellbeing benefits for the whole family.

Next steps

We want to build on our work on maternity care and the issues that emerged in our evidence, particularly related to maternal mental health. This will be done through:

- a national survey asking people to share their experience of maternal mental care;
- qualitative interviews, run in partnership with four local Healthwatch;
- A Freedom of Information requests to 42 ICS regions to understand whether maternity services are meeting national guidelines and recommendations.
- partnering with parenting organisations.

[4] House of Commons Health and Social Care Committee – The safety of maternity services in England: https://committees.parliament.uk/publications/6578/documents/73151/default/

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk
t: 03000 683 000
e: enquiries@healthwatch.co.uk
@HealthwatchE
Facebook.com/HealthwatchE