



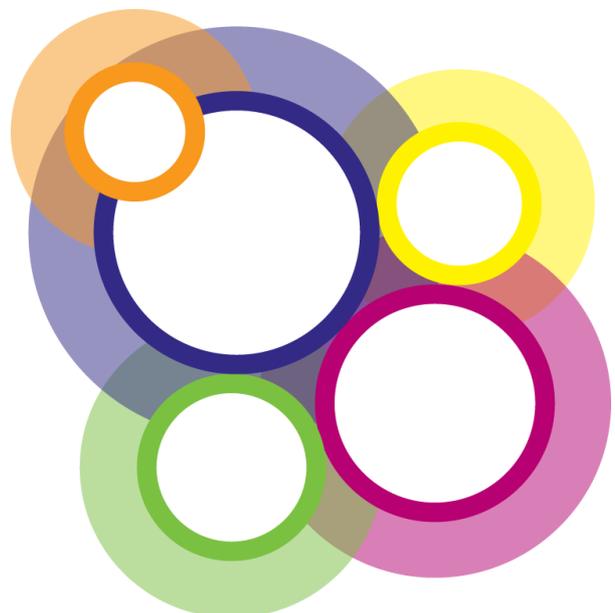
North of England  
Commissioning Support

Partners in improving local health

# Maternity Care in Sunderland

Listening to and collecting your views on  
Maternity care in Sunderland

October 2018



## Contents

<b>Executive summary</b> .....	<b>3</b>
Summary of feedback from discussions .....	3
Recommendations .....	4
<b>Introduction</b> .....	<b>7</b>
Demographics.....	7
Main Themes .....	9
<b>Key findings</b> .....	<b>10</b>
Parents table.....	10
Midwives table .....	13
<b>Conclusion</b> .....	<b>16</b>

## Executive summary

A Sunderland Maternity Voices Partnership family maternity event was planned and delivered with the aim of listening to and collecting views and experiences on maternity care options and services in Sunderland.

As part of best practice engagement, event evaluation forms were used in order to assess how participants felt the event met objectives, while capturing key demographic data to meet NHS equality duties.

The event, which involved focus group activity, took place on Saturday 29<sup>th</sup> September 2018 and asked for the participants thoughts on three topics:

- birthing choices available in Sunderland
- maternity staff
- postnatal care.

The focus group aimed to capture parents' views, as they have a great deal of experience with local maternity services. It was important to encourage mums and dads to take part to ensure everyone was given an equal chance of involvement. There were also trained table facilitators and scribes - one of each on each table discussion.

There were four expected outcomes from the focus group:

- Participants feel involved in influencing future maternity service delivery and are free to voice their views, concerns and hopes/opportunities for the future of maternity care in Sunderland
- Participants get to have their say about the areas for improvement and how they feel these could be met and help shape future solutions
- Participants can share their views on birthing care and postnatal care and the information they feel is available to them
- Participants feel more informed about the outcomes / findings of the recent CQC maternity survey.

In total there were 14 focus group attendees - made up of mums, dads, BSL interpreters, midwives and student midwives. Of these, 11 completed the event evaluation form. (see appendix)

## Summary of feedback from table discussions

Key findings from the focus group on maternity care:

- Parents were generally made aware of the birthing choices available to them.
- Parents know who they can contact if they need help, and where they can find information, although they also expressed that the way the information is presented could be improved.
- Although some of the participants agreed that there was great continuity of care, others mentioned that it could be improved.
- Parents are happy with the maternity care that was provided to them.
- Although midwives say mums are supported whether they breastfeed or not, mums feel that that it is hard to get support if they don't breastfeed.
- There could be better deaf awareness in the service and at support groups.
- Midwives feel that there needs to be more cohesion between midwives, health visitors and social workers.
- There is a lack of postnatal depression awareness.

## **Recommendations**

Analysis of the key findings demonstrates the following recommendations could be implemented in order to improve maternity care in Sunderland.

Improvements to the quality and availability of information regarding birthing choices could be made, together with the following recommendations:

- More information provided about the birthing choices available, this could perhaps be provided in the form of a handout or leaflet.
- Provide a 'booking pack' at the screening at the doctors, this would contain all the relevant information about the birthing choices and this would help parents to make an informed decision.
- Create a website to provide more information, it could contain videos promoting home births, information on the different birthing positions etc....so that partents to be can feel better prepared.

In addition, the key findings also indicated that the use of social media should be improved with the following recommendations:

- Create a Facebook page/group to provide answers to frequently asked questions
- Set up a Facebook group, in a similar vein to Bosom Buddies, to allow women/parents to help each other, which would help to ease staff pressures.
- Investigate more ways to communicate with audiences, including using Facebook Messenger, WhatsApp, Skype etc. as some younger mums/parents feel more comfortable using these to communicate rather than talking over the phone.

Midwives reported that the logistics of the job have been getting in the way of continuity of care. Recommendations are noted below:

- Reduce the caseload of midwives, some midwives have a large number of caseloads which makes it difficult to maintain continuity of care.
- Recruit more midwives.

In order to ensure maternity services are accessible for people with hearing difficulties, key elements for improvement have been identified:

- Regular deaf awareness training.
- Mums with hearing difficulties have a flag in their notes so that staff know not to communicate by telephone.
- Be prepared, have a BSL interpreter on call and present at key meetings.

Furthermore, midwives expressed concern over the handover from midwife to health visitor, therefore it is recommended that:

- Health visitors and midwives are brought back together, this would allow health visitors to get a better background on the new mums.
- Face-to-face communication between midwives and health visitors.

Finally, to improve postnatal depression awareness, it is recommended:

- Midwives/health visitors, social workers receive further training to identify postnatal depression.
- More support sessions are created for mums who have postnatal depression.
- Postnatal depression and mental health are added to the completed forms.



## Introduction

A focus group was held on Saturday 29<sup>th</sup> September 2018 and asked for the participants thoughts on three topics; birthing choices available in Sunderland, Maternity staff and postnatal care. The focus group aimed at capturing mums and their partners thoughts and experiences of local maternity services.

The focus group was split into two tables:

- Parents table
- Midwives table.

The insights from this report will be used to help improve maternity care in Sunderland.

The following report will summarise the key findings from the focus group.

For the purposes of analysis, responses have been grouped into positive, neutral and negative comments.

Efforts have been made to amalgamate responses to some questions to ensure individuals are not identifiable.

## Demographics

Demographic information was collected on the attendees at the focus group. This information has been summarised in the following table. In order to ensure confidentiality and that no individual attendees are identified, some responses have been grouped.

Table 17: Demographics by table

	<b>Focus Group</b>
<b>Gender</b>	<b>(n=11)</b>
Male	-
Female	11
<b>Age</b>	<b>(n=11)</b>
16 – 17	-
18 – 24	-
25 – 34	5
35-44	5
45-54	-
55-64	1
65-74	-
75 or older	-

Prefer not to say	-
Postcode	(n=11)
DH4	1
SR1	1
SR2	1
SR3	1
SR5	3
SR6	1
NE37	2
TS25	1
Disabled	(n=11)
Yes	3
No	8
Prefer not to say	-
Sexual orientation	(n=10)
Heterosexual	10
Gay / Lesbian / Bisexual / Other	-
Prefer not to say	-
Are you currently pregnant or have you been pregnant in the last year?	(n=11)
Yes	5
No	5
Prefer not to say	-
Not Applicable	1
Caring Responsibilities	(n=11)
None	3
Primary carer of a child or children (under 2 years)	5
Primary carer of a child or children between (2 and 18 years)	4
Primary carer of a disabled child or children	-
Primary carer or assistant for a disabled adult (18 years and over)	-
Primary carer or assistant for an older person or people (65 years and over)	1
Secondary carer (another person carries out main caring role)	-
Prefer not to say	-
Race / ethnicity	(n=11)
Asian / Asian British / Black / Black British / Mixed race / Gypsy or traveller	1
White (British, Irish, European)	10
Rather not say	-
Religion / belief (n=506)	(n=11)
Christianity	2
Islam / Muslim / Buddhism	1
No religion	1
Other religion	-
Rather not say	-

## **Main Themes**

The main themes that emerged from the discussions during the focus group are as follows:

- Parents are aware of the options that are available to them, but unaware of the facilities available at different hospitals, with first time mums the least aware of their options.
- The maternity service needs to make use of new technology; more online support, use technology to communicate.
- More information should be given to mums prior to booking.
- The continuity of care is decreasing with the increased workload.
- Mums who don't breastfeed feel excluded.
- Mums are very happy with their midwives.

## Key findings

The parents table and the midwives table have been analysed independently below.

### Parents table

During the focus group parents from Sunderland were asked to tell us their thoughts on birthing choices/awareness of birthing choices.

#### Discussion 1: Your thoughts on birthing choices/ awareness of birthing choices

When participants were asked to discuss birthing choices/awareness of birthing choices, in total 12 comments were received. Breaking this down, 6 positive comments, 4 neutral comments and 3 negative comments were made.

Positive comments:

- Two comments mentioned the opportunity to make their own decisions on hospitals.
- One comment stated they were given the option of a home birth, with another commenting they were given a choice for ante-natal.
- They wouldn't choose anywhere other than Sunderland.
- It's excellent that they are informed of choices.
- The midwife was fantastic.
- She was given a choice this time but not previously.
- Sunderland is a first class maternity unit.

*"Biggest fear travel in labour – good to have first class maternity unit on the doorstep"*

Neutral comments:

- Two participants indicated that a type of handout would be good  
i.e. a leaflet or comparison chart/link.
- Meet-ups with new mams.
- They should be pointed in the right direction.  
*"see the "sling" libraries".*
- Leaflets would be the best way.

Negative comments:

- Two participants commented that they were not given a choice, one suggested it was with reference to post-natal checks and the other suggested it was potentially because she was a first-time mum.
- Seems to be very exclusive – quite clicky.
- One first time mum stated that she was given a choice, but didn't feel that she was able to make a qualified decision.

*“No idea of how to choose, how to compare services at different hospitals – went to the nearest”*

## **Discussion Two: Your thoughts on the maternity staff who care for you**

When participants were asked about the maternity staff who cared for them, in total 31 comments were received. 12 comments were positive, 11 were neutral and 8 were negative.

### Positive comments:

- Two comments mentioned communication with one participant suggesting that the midwife was “really open.”
- The participant was positive and happy.
- Continuity of care.
- She would be seen on a 10 week scan instead of a 20 week scan.
- A home delivery was her choice and that she had growth scans at weeks 31 and 35.
- The consultant used very subtle language – making it her choice.
- Fab midwife – really listened and I felt like I was valued.
- Student midwife gave the lady all the options and told her to stand up for herself.
- Couldn't praise the day unit more – the midwife went with her as her husband couldn't.
- In an emergency, the doctors were great.
- Hyperemesis mum thought her symptoms were much better controlled with baby number three as she had the same midwife.
- Lady had post-natal depression with two of her children, but with her third she had great continuity of care and felt more involved.

### Neutral comments:

- No more consultant since then
- Emotional
- Doctors are very autocratic – midwives are inclusive and involve patients.
- There needs to be continuity of care as there are a lot of people involved.
- Four comments mentioned notes, three comments suggested there should be either a crib sheet or key information sheet on the front of your notes. Another comment suggests that the staff should read the notes.
- Post-natal care – felt like it was more hands off, but there was an option to ring if she needed help.
- Listening to patients.

Negative comments:

- At 38 weeks her baby had stopped growing and her notes weren't available. Her plan of a home birth was not possible.
- Two comments indicated that their notes were not read.
- Doctors expect you to do what they want.
- Issues with some midwives on the post-natal ward were experienced. As a first time mum, they didn't realise they had a choice so now know their options.
- Partner was told he couldn't stay – actively discouraged and the lady was in hospital for five days.
- Two comments were concerning communication/exclusiveness  
*“Lady severely anaemic – midwife told her it would be her blood pressure. Got 25 weeks and she was anaemic. She felt like she hadn't been listened too. Therefore made a complaint and was listened to after that.”*
- People should be more deaf aware for continuity of care. For instance, regular deaf awareness training – lady felt excluded from group.

**Discussion Three: Your thoughts on postnatal care**

When participants were asked to discuss postnatal care, in total, 22 comments were received. 2 comments were positive, 6 were neutral and 15 comments were negative.

Positive comments:

- There is a breastfeeding support group
- Experience in hospital and the community just gets better so this is definitely working.

Neutral comments:

- Should be a community hospital coming out to house with scales etc.
- Two comments mention that some people don't drive.
- Three comments indicated that there should be online access/ virtual access/ forums. Ability to share experiences.
- No uniform or badge – needs to be some sort of continuity, e.g. purple t-shirts.
- Peer support in the community to have 1 on 1.

Negative comments:

- Seven comments indicate differing support for breast feeding mums and formula feeding mums.  
*“Some groups are too rigid, there should be parent support – not breast feeding of formula feeding. Needs to be a broader pool of people.”*

- Three comments addressed post-natal depression, with one suggesting in need to be tackled and another indicating a person should not be discriminated against because of it. Another commented suggested,  
*“Nothing on form for post-natal depression or mental health”*
- Gap when had oldest, no first time support groups. Just to go along to have a cuppa and a chat. Check same things happening to them.
- One deaf lady suggested she hadn't gone to any groups, she really struggled as had not BSL interpreter.
- Breastfeeding lady came out but made her feel really guilty because she couldn't breastfeed.
- Hardest thing is first step – people feel like there is a barrier when joining outside support groups. Those who do not breastfeed feel they can't join groups that encourage breastfeeding
- Bosom buddies have trained peer supporters. If you are a new mum, you'd already be nervous – need a smile when you go in.

## **Midwives table**

During the focus group 5 student midwives and 1 midwife from Sunderland were asked to tell us their thoughts on birthing choices/awareness of birthing choices.

### **Discussion One: Your thoughts on Birthing choices/ awareness of birthing choices**

When participants were asked for their thoughts on birthing choices and awareness of birthing choices, 15 responses were received, 3 positive, 6 neutral and 6 negative.

Positive comments:

- Women are generally aware of the options available to them
- Women can choose whether they want a hospital or home birth at booking
- Women are provided with a list of numbers for who they can call if they need any help

Neutral comments:

- Facilities vary depending on geographical area – Women in the Washington area can choose from a variety of hospitals
- Midwives often ask 'do you want a hospital birth?' so women feel home birth isn't an option
- There should be a Website/Facebook page/emails to provide more information and videos
- Provide communication over text/Facebook/Skype
- Provide 'booking packs' when going for a screening at doctors

- Mixed views on flu vaccines etc. – more inclined to have vaccines when explained and recommendations given

Negative comments:

- Women seem to be unaware that they can change where they want their birth after booking
- First time mums are not aware of the different facilities available to them
- More information should be given before booking, so more informed decisions can be made
- Receptionists should tell women where to find more information
- Midwives have a large workload, hard to maintain continuity and work/life balance
- Paper books are not as effective – they need videos/photos

### **Discussion Two: Your thoughts on the maternity staff who care for you**

When participants were asked about the maternity staff who care for them, 7 responses were received, 3 positive, 2 neutral and 2 negative.

Positive comments:

- Women can choose their midwife
- Generally aware of breast-feeding support
- Supported whether they breast feed or not

Neutral comments:

- Breast feeding is discussed however they are not allowed to ask how they feed – they need to ask permission to talk about breastfeeding
- Make use of social media i.e. Facebook groups, Facebook Messenger etc. Could have frequently asked questions to save resources and visits

Negative comments:

- Better communication is needed
- Continuity of midwives

### **Discussion Three: Your thoughts on postnatal care**

When participants were asked to discuss postnatal care, 10 responses were received, 1 positive, 4 neutral and 5 negative.

Positive comments:

- Majority of Student Midwives said women can swap birthing partners during labour

Neutral comments:

- Better relationship with social workers and for social workers to be more involved when midwives have concerns
- Can't visit out of area women
- At day 15-20, midwife could check up to see how they are
- Drop in sessions could be had at local community centres to make getting advice more convenient

Negative comments:

- One Student Midwife said women can't swap birthing partners during labour
- No handover between health visitor and midwives – bring them back together  
*“Moved onto health visitor after day 10 – no proper handover to HVs. Used to be but midwives and HVs have been separated, moved apart.”*
- 10 days is not long enough to assess mental health
- Midwives only get to visit new mums once or twice before being handed over to the Health Visitor
- After they have a barrier up they don't want to admit they're not coping

## Conclusion

There were three topics of discussion during the focus group, birthing choices, maternity staff and postnatal care. There were two tables in the focus group, one table made up of 5 mums, 1 dad and 2 BSL (British Sign Language) interpreters, the second table was made up of 1 midwife and 5 student midwives.

It is generally agreed upon that women are aware of the birthing choices made available to them, being given the choice between a hospital birth or a home birth. With two mums saying that they were given choices, including the hospital they wished to attend. However, it was suggested by midwives that other mums, in particular first-time mums were not informed of the different choices that were available to them, *“First time mums are unaware of the facilities available to them – not aware of what is available at other hospitals”*.

Mentioned by several of the midwives is that, although women are aware of their options, they are not aware of the different facilities that are available at the different hospitals, *“Women generally aware of options but not so much the ‘where’ they can have their birth hospital-wise”*. This was also mentioned by one of the mums, who was not aware of how she could compare the different services available at the different hospitals, so chose the nearest hospital.

Mentioned by both the mums and midwives is that women know where they can find information out about the birthing choices available in Sunderland. With one mum mentioning that they get support from online groups. One midwife mentioned that women have a list of numbers, so they know who to contact if they need help, with another midwife stating that women are good at getting in contact when they need help.

However, one area of improvement that was brought up by both the mums and midwives was that there needs to be better availability of information around the birthing choices that are available, with one mum suggesting that this could be in the form of a handout or leaflet, *“Leaflets are the best ways to promote”*. Two mums suggested having online facilities, with one midwife suggesting that there should be a website or Facebook page with the birthing options available to provide more information, with videos promoting home births, showing the different birthing positions so they can be more prepared.

The consensus from both parents and midwives is that women are happy with the maternity care provided to them in Sunderland, with one mum saying that the midwife listened to her and made her feel valued, *“Fab midwife – really listened and I felt like I was valued”*, with another saying that the student midwife gave her all the options *“Student midwife gave the lady all the options available to her and told her to stand up for herself”*.

However, in terms of continuity of care, there have been both positive and negative comments, with one mum saying that with her third child she had great continuity of care,

*“with her third child she had great continuity of care and felt more involved”*, and another that there needs to be continuity of care with the amount of people involved. On the other hand, one midwife suggests that continuity has decreased due to the logistics of the job, *“Logistics get in the way of continuity – continuity has went down”*.

One area of improvement identified by the midwives would be to make better use of social media, with one saying that some of the younger women feel more comfortable communicating via social media rather than the telephone. Moreover, another suggested that frequently asked questions could be posted on social media, and provide links to further information as this would save resources and the amount of visits to the day units as they would be able to access the information from home without having to get in contact, *“Could be used to answer FAQs and giving information – provide links to more information – would save resources and visits to day units”*.

Similarly, another midwife mentioned that using social media would be beneficial to midwives also as it could help provide guidelines and best practice info, as well as keeping up to date with new info which could be good for student midwives to have access to, *“Social media would be good for midwives too – providing guidelines and best practice information – help with standardisation – information as it comes (i.e. new documents) good for student midwives to access”*.

It was mentioned by two mums that staff had not read their notes with one saying that the doctors didn't take their views into account, *“Doctors expect you to do what they want and it seems they don't look at notes”*.

Also, suggested by two mums was the idea of having a key information sheet attached to the front of the notes which could point out important information such as allergies, *“They should be a key info sheet stapled to the front of notes to point allergies etc.”*, and *“Maybe a crib sheet at the front of your notes”*. A BSL interpreter also proposed that there should be a flag on the notes that the woman is deaf and to not contact by telephone.

More deaf awareness was brought up on the mums table, with one saying that their mum felt that they couldn't go to any groups as she couldn't hear anything, *“Regular deaf awareness training – mum felt like she couldn't go to any groups as she couldn't hear anything”*

Following on, one midwife commented that they support women whether they breast feed or not, and they make sure they get the support *“Whichever they decide we support them either way and make sure they get that support”*. However, a number of mums feel that there is only support for breast feeding mums, with one saying that they don't know where to get support if they're not breast feeding, *“Don't know where to go to get support if not breastfeeding e.g. bosom buddies”* and another saying *“If formula feeding you wouldn't get that support – and you miss out on things such as check for fluctuating weight etc.”* It was pointed out by several midwives 10 days is not enough time for them to assess the mental health of the new mum as they only get to visit them once or twice before

discharge, *“It’s not enough time to assess mental health after 10 days – kicks in after this time and is when they need our help most”*. One midwife suggested that at the midwives’ discretion there could be a check-up at later date to see how things are, *“Midwives discretion – day 15 – 20 for check-up to see how they are and for them to remember we are there”*, and another suggested that the duty of care should be 28 days, and that they can be discharged early if everything is good, *“Duty of care up to 28 days – discharge if everything is okay but women can still call us”*. Similarly, two midwives mentioned that they would like to see midwives and health visitors brought back together, as there is not an adequate handover, *“Would like to see midwives and health visitors together – for HVs to get a better background on women – need face-to-face communication (paper VAC form not suitable for handover)”*.

One midwife suggested collaborative working between midwives, health visitors and social workers as a solution, this way they would have the opportunity to meet and discuss cases which can help with the continuity of care, *“London Community hubs – midwives, HVs, social workers etc. together and follow families all the way through”*.

One student midwife suggested that it was not possible to swap birthing partners during labour, and that this question came up a lot, however, most of the student midwives at the table disagreed with this statement, and said that women are allowed to swap birthing partners during labour.

Finally, there were three comments from the mums that expressed concern over postnatal depression awareness and help, with one mum saying that it needs tackling, and another suggesting that women should not be discriminated against because of it, *“Post-natal depression needs to be tackled”* and *“Can’t exclude women who bottle feed – post natal depression – shouldn’t discriminate”* respectively.

## **Appendix 1 – Copy of event evaluation form**



Evaluation form and  
data monitoring - Matr