



# Maternity and Neonatal Voices Partnership Survey Feedback

Q3 2023 [September]



# Background and Objectives

- Receive feedback from families using the maternity service in the last 6 months to hear their lived experience.
- **Ensure an Action Plan is drawn up following this feedback.**



# Methodology and Sample

- Survey administered electronically via Google forms, open to all those who have had a baby in the last 6 months.
- Total number of responses **Q3 2023 = n=115**
- 65% JR, 21% Spires, 7% Home, 4% Horton, 1% Wallingford, 1% Wantage, 1% Cotswold Birthing Centre

83% White British, 9% Other White Background,  
2% Mixed, 6% Asian, 1% Other Ethnic

97% English primary language

- \* From the BOB LMNS Perinatal Equity Strategy Equity Analysis some useful information on Oxfordshire demographics using the maternity service-17.2% of women booking at OUH are from BAME communities. The ethnic breakdown overall is 81% white, 4% Black or Black British, 9% Asian or Asian British, 3% mixed ethnicity, 3% other ethnic group



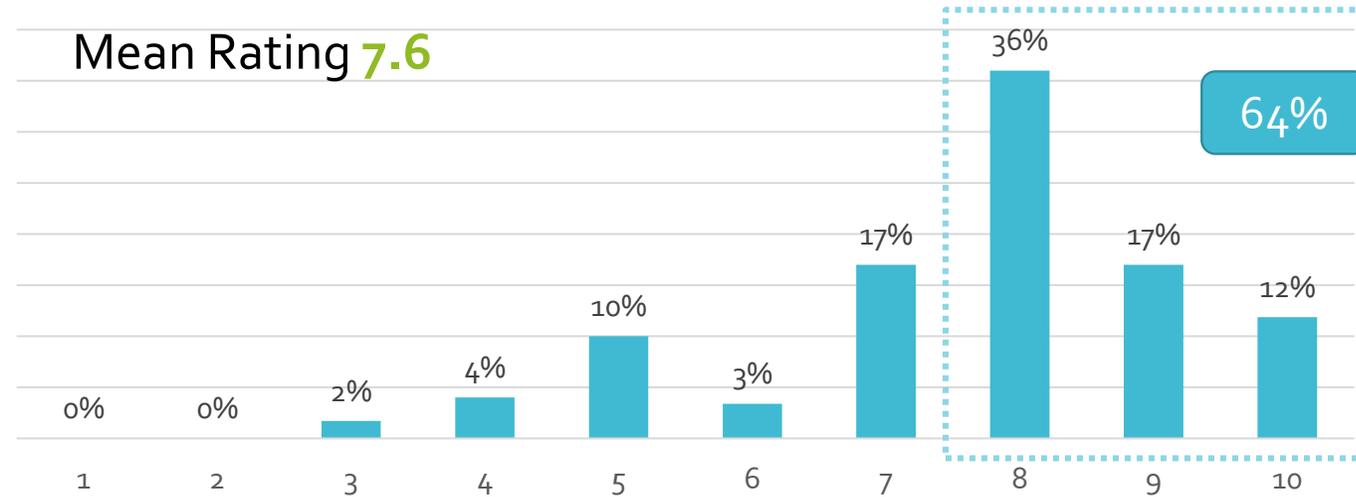
# Ratings – Q3 2023



## Rating of overall experience of maternity service

- Results are stable this wave and are overall what we expect to see – mean of 7.6 / 10 is the typical rating
- 64% rating their experience as 8+ out of 10 is also typical for this survey and is a good result for the maternity service

How would you rate the **overall experience** of the maternity service? (n=115)



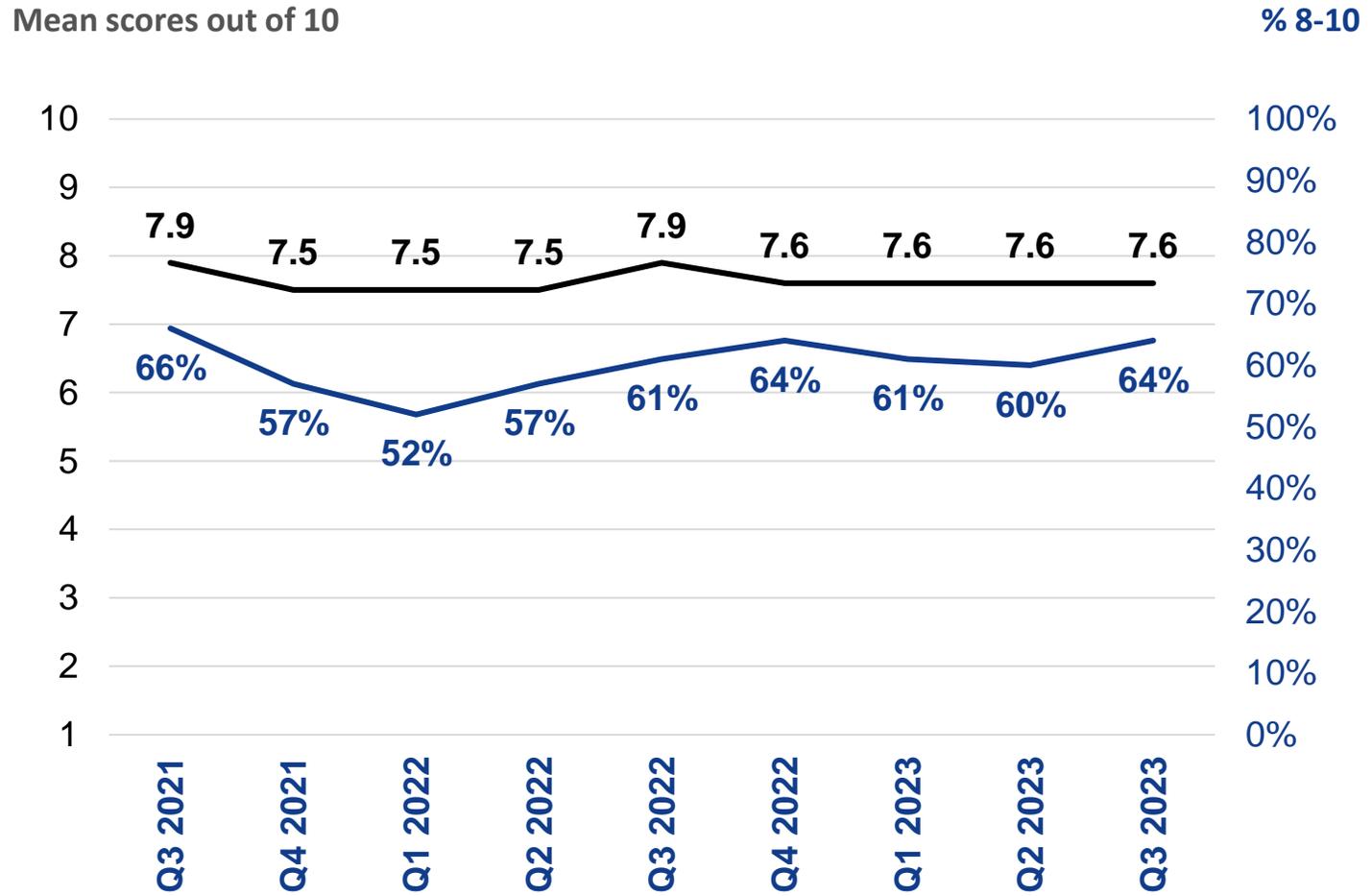
Time	% rating 8+	Average score
Q3 2023	64%	7.6
Q2 2023	60%	7.6 =
Q1 2023	61%	7.6
Q4 2022	64%	7.6
Q3 2022	61%	7.9
Q2 2022	57%	7.5
Q1 2022	52%	7.5
Q4 2021	57%	7.5
Q3 2021	66%	7.9



Trend data shows results are very stable overall after the challenges reported in Q1 2022, with now 6 in 10 patients receiving a **very good birth experience** during 2023

The average score this wave is 'typical' and at a good level at 7.6

### How would you rate the **overall experience** of the maternity service? (variable n by quarter)



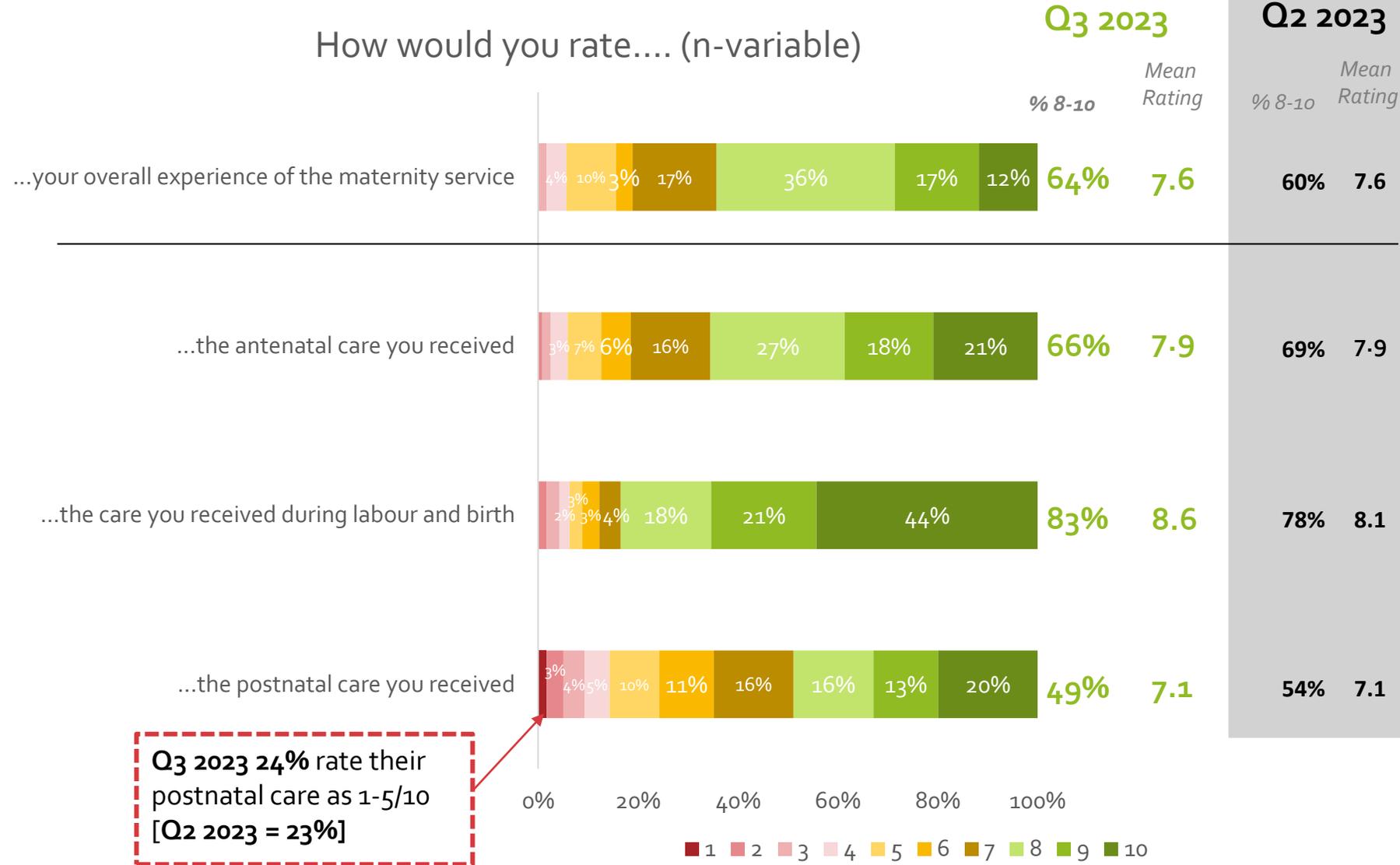
% rating their experience 8-10 / 10 increases very slightly halting the previous slight downward trend



## Rating of maternity services

- Satisfaction with antenatal care remains steady
- Labour & birth care sees a strong increase in service satisfaction levels
- Postnatal care receives the lowest rating and there is a drop in 8-10/10 but 1-5 remains steady indicating that more are rating the service 'in the middle' between 4-7/10

### How would you rate.... (n-variable)





## How many community midwives did you see in your pregnancy? (n=115)

### Consistency of care

- We have learned from previous Qtrs that the number of midwives seen throughout pregnancy impacts overall satisfaction
- It is positive to see a slight increase in patients seeing 1-2 midwives, however, they still represent a minority at 4 in 10



## Mean ratings by location and stage

\*Lower base sizes, results directional only

Location	Overall	Antenatal care	Labour & birth care	Postnatal care
John Radcliffe n=75	7.5	7.8	8.6	6.9
The Spires n=24*	7.5	7.8	8.4	6.7
Rest of Community n=16* (home births n=8, Horton n=5, Wallingford, Wantage, Cotswold n=1)	8.3	8.1	8.9	8.6

### Analysis by birth location

- There is higher satisfaction among those who give birth in the community locations, particularly in post-natal care



#### Rest of community (with hospital experience)

- Read birth plan, wishes listened to
- Full supported



#### Low level complaints (labour/birth, ante/postnatal)

- Hot room, nurse on personal phone call
  - Nothing to improve
- 2 of these wanted home births, couldn't due to staffing*

#### Spires

Seen quickly, friendly, calm staff  
Respect birth plan, listened to  
Caring  
Great room, pool

#### Higher level challenges:

- Difficult to get admitted
- Slow assessment upon arrival
- Errors like wrong notes and with facilities

#### JR

Reassured by staff  
Understand emergency situation  
Cared for, paid attention to birth plan  
Good room

#### High level challenges

Lack of updates, left alone, lack of comms  
Slow comms between teams  
"Waiting until you are an emergency"  
Not all staff are welcoming  
Post natal lack of staff  
Issues arose from restrictive visiting hours  
Uncomfortable environment, feels clinical



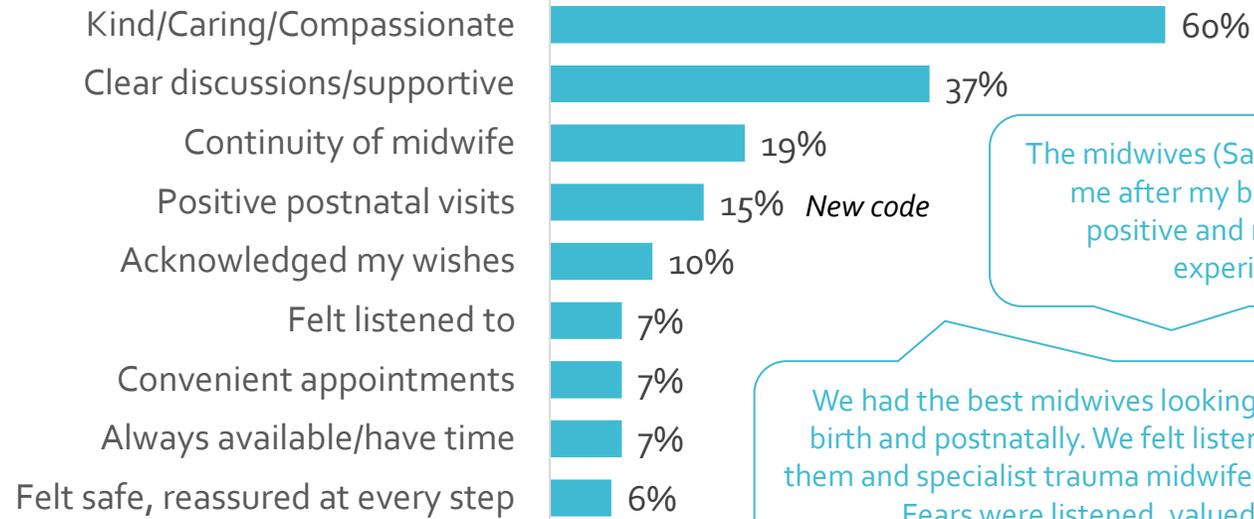
# Comments – Q3 2023

# Positive perceptions of **community** antenatal and postnatal maternity care

- Caring nature is the most positive perception, spontaneously mentioned by a strong level of 6 in 10.
- New this quarter is the specific mention of good postnatal care –timely, positive experiences when it’s needed to support the early days at home.



## What was **good** about your maternity care experience in the **community**? (n=115)



The midwives (Sarah and Izzy) who visited me after my baby was born were so positive and really celebrated my experience with me

We had the best midwives looking after us antenatally, at birth and postnatally. We felt listened to & empowered by them and specialist trauma midwife to support our birth plan. Fears were listened, valued and taken away

The key aspects of a positive **community** experience are:

Genuinely **caring** and **compassionate** midwives- feel cared for, baby & parent are safe

Building **relationship** with **same midwife**, good for consistency and **reducing anxiety**

Can **ask any question** of the midwives without feeling silly. Good **listeners** and **reassured** with answers

Patient case is **understood** with compassion with no need for patient to explain themselves

Midwives are **professional** and **knowledgeable**, feel fully informed and **supported** in your choices

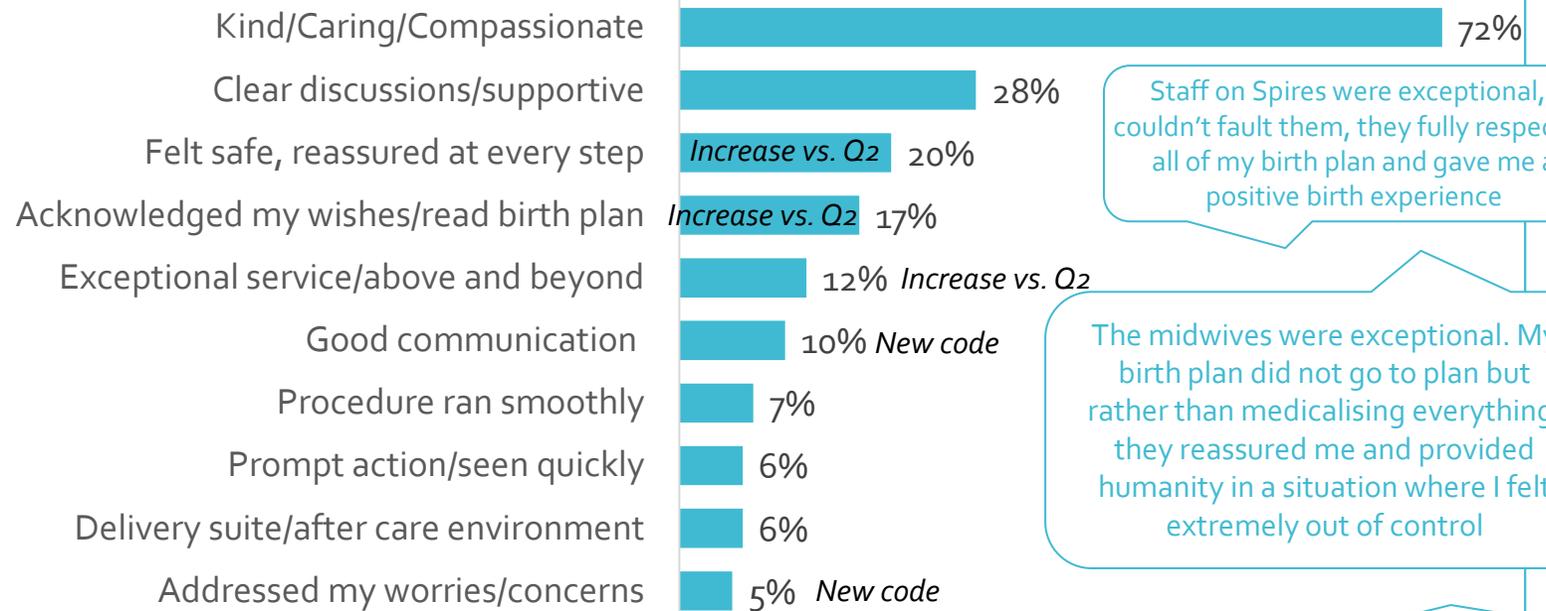
**Appointments** that are easy to access, conveniently located and run (more or less) on time

## Positive perceptions of maternity care experience in hospital

- It is clear to see the importance of a caring, compassionate nature among staff – it is THE key factor driving a positive experience in hospital when patients are birthing.
- Beyond that, receiving clear information that helps the patient feel safe and reassured is very important.
- In addition, an environment where the patient's feels their wishes are followed is a contributing factor driving a positive experiences.



### What was good about your maternity care experience in hospital? (n=115)



Staff on Spires were exceptional, I couldn't fault them, they fully respected all of my birth plan and gave me a positive birth experience

The midwives were exceptional. My birth plan did not go to plan but rather than medicalising everything, they reassured me and provided humanity in a situation where I felt extremely out of control

The midwife on shift at the start of labour reassured me and provided me with all the information I needed to make an informed decision about my care and support

When we had to make a call on an emergency c-section I had everything explained to me and didn't feel pushed into making a decision

The top aspects of a positive hospital experience are:

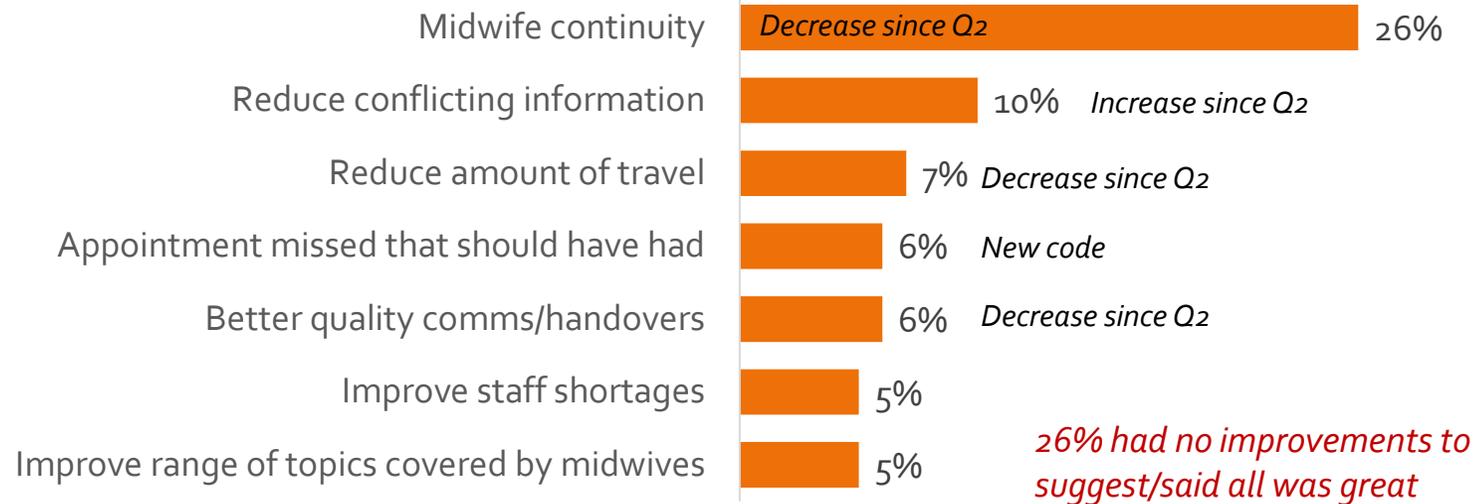
- I. **Kind** team, understanding, put you at **ease**
- II. Clear with **advice** and **calming** influence, give a feeling of **control**
- III. **Following wishes**, wherever possible
- IV. Good **support factors** – proper facilities
- V. Good **handover** of information, everyone is informed

## Perceived areas for improvement in community antenatal and postnatal maternity care

- Positive to see a reduction in those spontaneously commenting that midwife continuity was a concern in their ante and postnatal care. However, among the quarter for whom it is an issue, resulting contradictory information is a key challenge in seeing multiple midwives.



### What could have been improved about your in **community** antenatal and postnatal maternity care experience? (n=115)



#### Key points on community service feedback this Qtr

- **Lack of midwife continuity** is linked to receiving conflicting information across a number of topics
- **Travel issues are better** overall this Qtr
- More patients are finding challenges in **notes being passed between teams** and getting necessary referrals & appointments booked
- A group of parents **do not feel fully prepared** and need a bit more support to help them understand topics and there is a slight increase in requesting that postnatal appointments run for a longer time

#### Smaller themes to be aware of for the future:

More appointments longer into postnatal period (4%), My wishes did not take place (3%), lack of care (3%), need f2f antenatal classes running (3%), Midwives to cover basic information in appointments (3%), Issues related to tongue tie (3%), Breastfeeding challenges (3%), Mental health (3%), Waiting times (3%)



# What could have been improved about your in **community** antenatal and postnatal maternity care experience?

## Perceived areas for improvement in **community** antenatal and postnatal maternity care

I saw a few different midwives and **didn't feel** that my midwife **really knew me or my pregnancy**. I asked at one appointment if I needed to have a gestational diabetes test after my mother's recent diabetes diagnosis and the midwife said she would check, but nothing came back to me, so I **had to follow up myself** at my next appointment where I was told I did need this test.



### Feel disappointed with **midwife changes**

- Led to **conflicting advice**, which reduces trust
- Have to repeat information
- Leads to patient chasing for information
- Do not feel any one person really advocates for you



### Conflicting advice on.....

- Breastfeeding, birthing outside guidelines, additional sweeps, crossed wires re what had/hadn't been discussed, feeding advice at weigh-ins



### Travel creates challenges ante- and post-natal

- Various locations for weigh-ins
- OX11/OX9 postcodes with appts in Wallingford
- Travel to Wantage instead of local GP



### Better quality comms/handovers

- Notes taking months to arrive with team
- Do not feel information is being passed in time/ at all



### Staff shortages

- Cannot give birth at Wallingford due to lack of staff
- Need more services in Banbury (not travel to Oxford)
- Clearly busy, will burn out



### Increase range (and depth) of topics covered by midwives

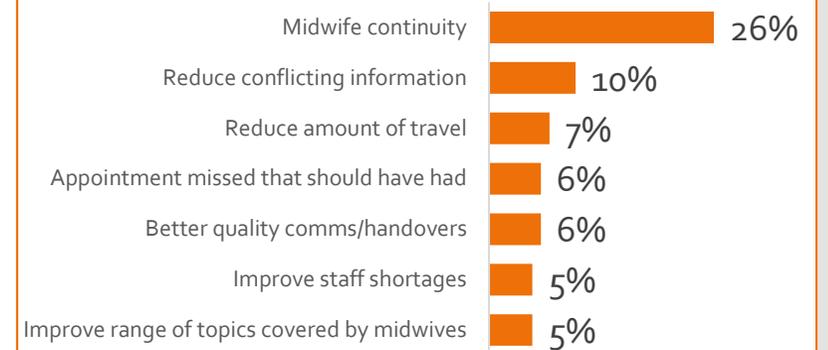
- Include more on feeding, induction, preterm, emergencies



### Appointment missed which should have had

- No appointments until 12 weeks (even if refer self early)
- IPPS referral did not happen, Consultant referral did not happen, Appointments forgotten about

What could have been improved about your in **community** antenatal and postnatal maternity care experience? (n=115)



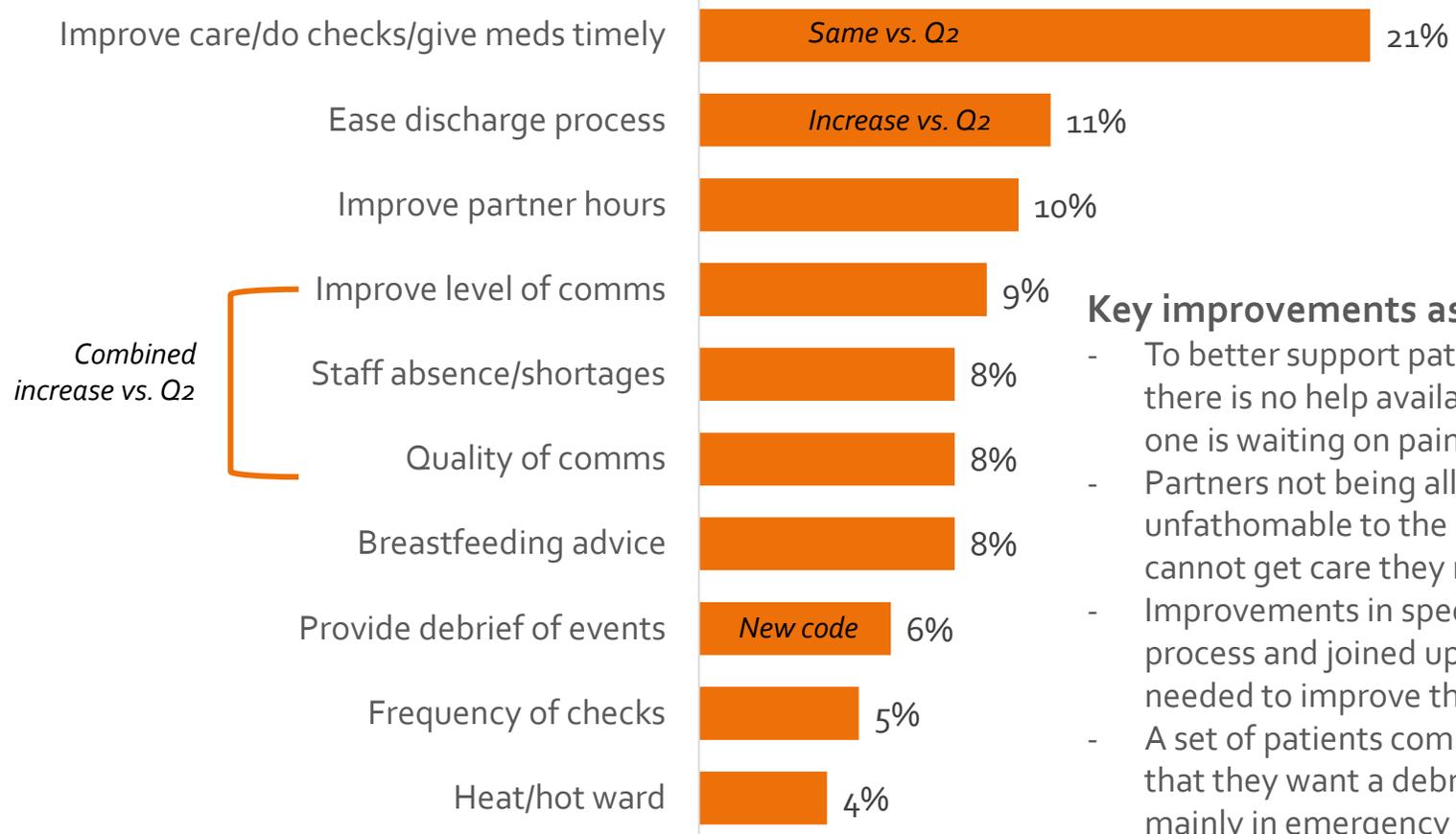
Antenatal was the same midwife but seeing a **different midwife every time postnatally** was difficult when you make a plan with one which the **next one doesn't support**. Also seeing the support workers instead of a midwife didn't sit right with me when concerned about baby

Saw too many midwives antenatally and with a **previous traumatic birth experience** I found it **draining** having to explain my history and preferences for the upcoming birth each time



## What could have been improved about your **inpatient** antenatal and postnatal maternity care experience? (n=115)

40% did not need inpatient care



### Key improvements as an inpatient:

- To better support patients who feel there is no help available and ensure no-one is waiting on pain meds
- Partners not being allowed to stay is unfathomable to the patient when they cannot get care they need from staff
- Improvements in speed of discharge process and joined up comms are needed to improve the experience
- A set of patients comment this wave that they want a debrief of events, mainly in emergency situations

## Perceived areas for improvement in inpatient antenatal and postnatal maternity care

- Positive to see a very low level of complaints about mistakes made or procedures not running smoothly this Qtr.
- However, 5 patients comment they were left without pain relief during the night.
- Improvements in care are the main concern, mainly due to patients feeling forgotten and notes not being passed between shifts.

### Smaller themes to be aware of for the future:

Tongue tie 3%, Too noisy to sleep 3%, Poor food 3%

Mistakes made 2%, procedures not running smoothly 2%, Improvements for family/partner 2%



# What could have been improved about your **inpatient** antenatal and postnatal maternity care experience?

## Perceived areas for improvement in inpatient antenatal and postnatal maternity care

I strongly feel partners should be allowed to stay after the birth of their baby, and I believe that in other local hospitals they are. My partner was told he had to leave at 8pm. I was very upset about how my birth had gone and needed his support.

Postnatal care in the hospital felt a bit less structured. There was quite a lot of time we were left alone and weren't really sure what was going on. When I requested additional examinations, this took a really long time and the doctors who saw me were quite abrupt / unsympathetic



### More timely care/checks & meds

- Felt forgotten about, partic. when partner leaves
- Requests for pain meds forgotten over shift change
- Compassion with every interaction
- Speed up pain meds rx



### Ease discharge process

- Long and patients are not told why
- 1 threatened to self-discharge



### Improve partner hours

- Can support post-birth, current hours do not make sense to patients (partic. if immediately after birth)
- Trauma being left alone



### Level and quality of comms

- Poor or lack of comms on processes taking place
- Need better comms between teams



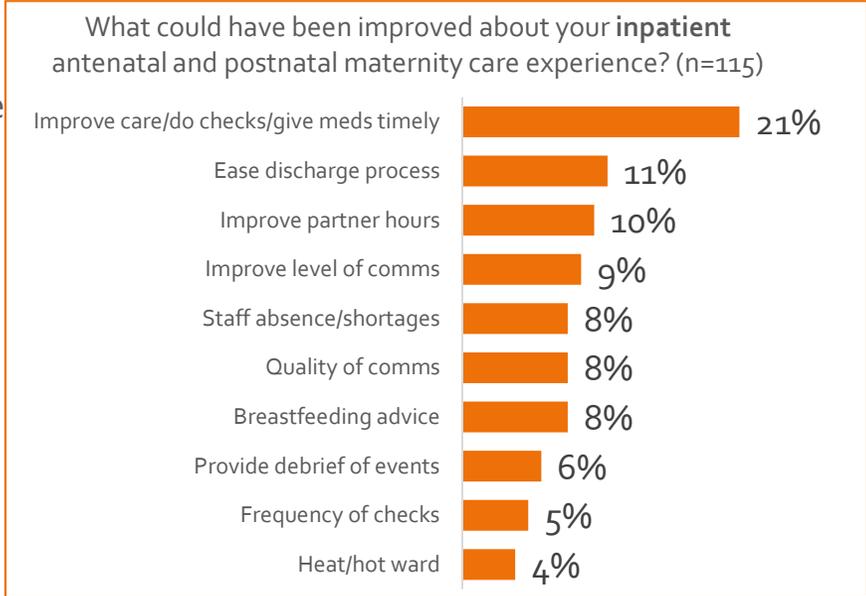
### Staff shortage

- Noticeable, so patients waiting longer and not getting wanted advice



### Breastfeeding advice

- Not consistent enough
- Coupled with tongue tie, which is going unnoticed



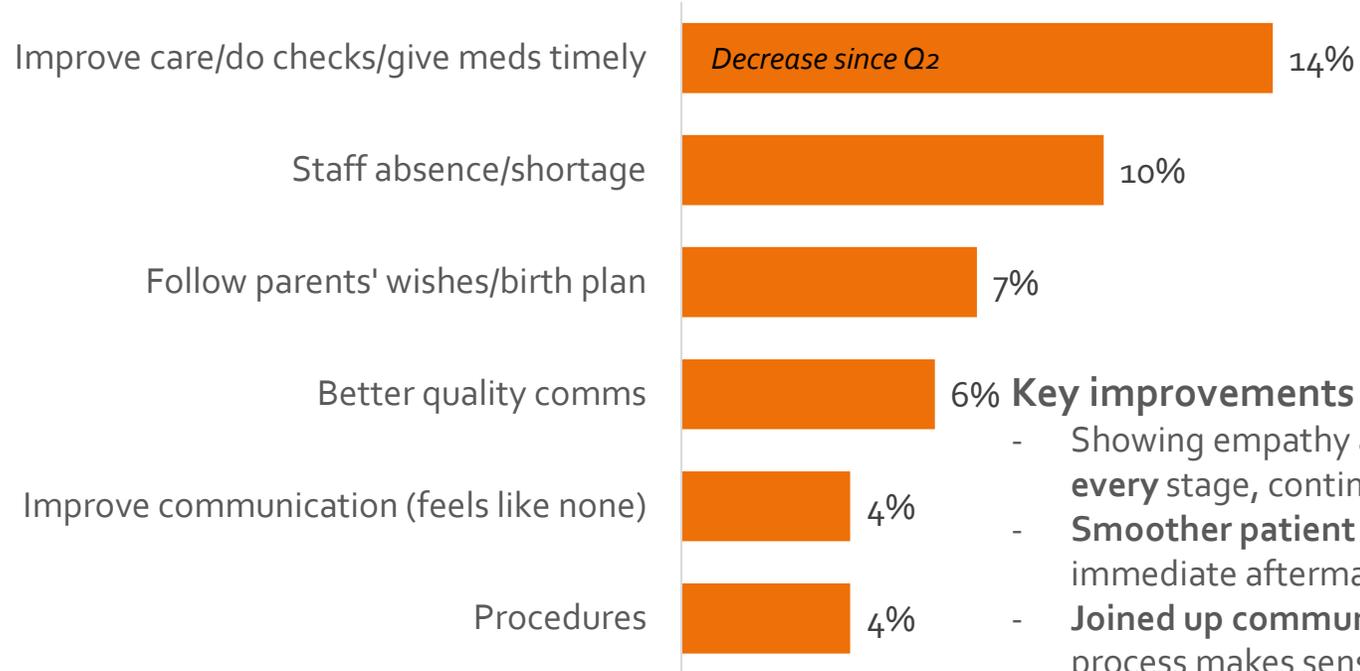
As a first-time mum, it would have been nice to not have been left to deal with my baby after having major surgery from a haemorrhage, which left me numb from the waist down for a few hours with a catheter

The care on the postnatal ward was terrible. I got left alone, with no help even though I asked for some. Midwives on night shift are not happy to help. Even though the birth was only a couple of hours ago and I was in a very bad physical and mental condition. They left me to it. I felt heartbroken and helpless.



## What could have been improved about the care you received during **labour and birth**? (n=115)

*41% had no improvements to suggest/said all was great (higher than Qtr 2)*



### Key improvements in labour/birth are:

- Showing empathy and caring approach at **every** stage, continuous patient check ins
- **Smoother patient transfer** in that immediate aftermath post delivery
- **Joined up communication** so the whole process makes sense
- **Staff shortage** is leading to cancelled home births, manage patient expectations

## Perceived areas for improvement in labour and birth maternity care

- Minimal areas where there are consistent issues this Qtr which is positive to see (4 in 10 had no complaints).
- Many areas where we typically see higher concerns are lower this wave – call bell not answered, breastfeeding challenges, partners staying.
- A new area this wave is 5 parents wishing for home births but could not have them due to low staffing.
- 'Only' n=5 patients stated they didn't get enough pain relief at this stage.

### Smaller themes to be aware of for the future:

Uncomfortable environment 3%, Listen to parents/take their concerns seriously 3%, Information topics not covered by midwives 3%, Sent home/brought back in short space of time 3%, Left too long between checks 3%, Not admitted quickly enough/calls not answered 3%, breastfeed issue 3%, Home births issue 3%, Long time to discharge 3%, partner visiting hours 3%, waiting times, Lack of knowledge (junior employee) 2%, Labouring in MAU 2%, Way decision was made about labour progression 2%, Heat/ward too hot 2%, No beds 2%, Quick birth 2%, Unprofessional behaviour from midwives 2%



## Perceived areas for improvement in labour and birth maternity care

- Keeping parents informed and reassured at critical times.
- Staff shortages impacting experience.
- Lack of joined up organization for patient
- Off-guard comments can make patients anxious

When the emergency bell was pressed during labour and lots of medical professionals entered the room, I was **semi-conscious**. **Nobody explained** to my husband (or me, but I wouldn't have taken much in) what was going on - **he had to actually ask** someone after several minutes, when they completely blocked him out, what was happening which I think is poor

Things didn't go to plan for me, and I found the experience very **traumatic**. I understand the teams were very busy that night, however I felt pressured into things I wasn't **comfortable with or in any fit state to agree to**

I called 3 days in a row to come into Wantage to give birth (it turned out I was in latent labour) and Wantage couldn't take me on any of the 3 days due **to staff shortages and closures** even though I was **strongly encouraged** to choose Wantage to give birth

Student nurse saw me after my waters broke. **No follow up** to book induction 24 hour later with unit lacking any protocol to follow up with me when they explicitly said they would. When they scheduled my induction upon chasing, I was referred to a door which no one answered, and staff were not organised **to expect you or take you for induction**. Total **chaos and disorder**, for a profession who are meant to understand trying to relax a patient for birth they achieve the opposite environment

I was being observed at the JR ahead of being induced and heard a member of staff say "I don't like the look of that" when my baby's heart rate dropped, and the midwife ran out to me. That wasn't reassuring.



# What could have been improved about the care you received during labour and birth?

## Perceived areas for improvement in labour and birth maternity care

Horrible obs consultant who was briefly involved. Tried to **frighten me into an intervention**. Referred to me as the patient, refused to talk to my doula and told me my baby was in danger just as I was going into a contraction. Totally ruined the nice birthing environment we had made in the room



### Lack of care includes

- Not always feeling welcomed, brusque nature



### Staff shortages

- Home births not possible
- Not admitting patients in labour
- Cannot give birth in preferred location
- Epidural not possible as anaesthetist unavailable



### Follow patient's individual wishes

- Placenta disposed of when parents stated they wanted to keep it
- 2 comments about scaremongering regarding intervention/emergency c-section



### Better quality communications

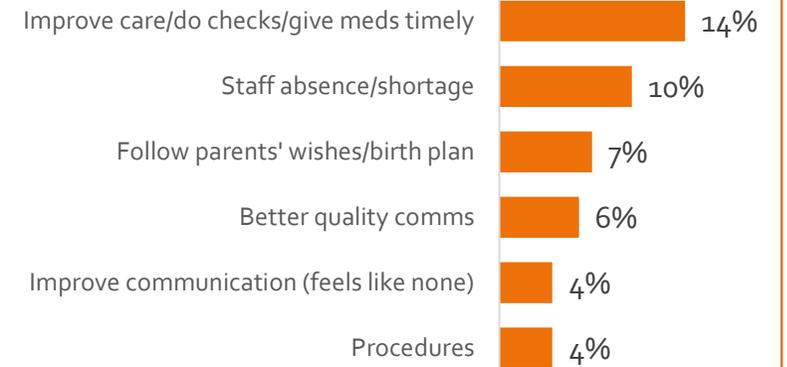
- Mix ups in comms e.g. told to go to Spires and it's closed upon arrival, induction timing agreement between delivery suite and ward, birth plans agreed with Ambra Simioni and not known about
- Give patient updates through birth



### Procedures

- 1 challenge with stitches, catheter removal, a high number of cervical checks and discharge with wrong paperwork

What could have been improved about the care you received during labour and birth? (n=115)



Staff availability at Spires, which is the reason we couldn't give birth there

We couldn't have a homebirth as planned due to staffing

Assessment was slow when we arrived at hospital and no-one really checked in or told us what was going on. This was a little disconcerting when I was in pain and scared. Even for someone to check in and say they were busy would have helped as it felt a bit like we'd been forgotten



# In summary

- The overall experience remains at a **good level**, very similar to last quarter
  - Care and compassion of the nursing team is crucial and best demonstrated when the patient sees fewer midwives.
  - Recommended improvements centre on communication.

- Three-quarters saw **1-2/3-4 midwives** in the **community**, which is positive, but a small group saw a high number and they rate their overall care lower.
- Strong levels of **caring** staff are recorded, with more specific references to being very happy with postnatal community care.
- Labour & birth feedback increases positively with growth in patients stating they were being reassured at every step and their wishes were actioned.
- There is a drop in high levels of satisfaction with inpatient care - staff shortages leading to inadequate comms feeding into the picture.

## Positives

- Friendly / caring
- Knowledgeable, reassuring
- Listened to, support your wishes
- Feel safe and in control - consulted
- Appointments running smoothly
- No query is too little/give impression of having the time to support

## Improvement areas

### Community

- Midwife continuity or handover between staff
- Checks that actions are taking place

### In hospital (inpatient and labour/birth)

- Continue focus on timely patient check-ins and providing pain relief (improvements have been made)
- Improve communications ongoing so patients know timeframes
- Reduce burden around discharge
- Consider hours that partners can be in hospital in the immediate hours after birth

# Ideal maternity journey



## Community

**Midwives demonstrate caring attitude and competence – parents feel safe**

I felt baby was checked thoroughly at every stage, even during the time I had to manage gestational diabetes.

Friendly, made me feel at ease and heard

Caring staff, if I ever had a issue I could call Wantage and there was always someone who would help.

My regular midwife Katie was brilliant, loved the continuity of care seeing her throughout my pregnancy.

Very experienced midwives, positive about my wish for a homebirth, very knowledgeable

My Lotus midwife made the impossible feel possible again after losing our first born son. It took a lot for us to trust the care we were receiving again after receiving sub-standard care during my first pregnancy. Our midwife was patient, supportive and provided personalised care. It's difficult to put into words how much she has done for us.



## Labour/Birth

**In the most challenging time, midwives keep you entirely reassured with clear comms**

Doctors who stopped my bleed after pregnancy, calm and efficient, operation under local for PPH but kept me laughing and at ease.

Care was outstanding. Birth preferences adhered to whilst keeping me and baby safe. Extremely attentive staff. Always responded with kindness and support during the hospital stay. I felt involved in decision making. Joanna and Isobel were faultless in their care. All support workers were knowledgeable and made a huge difference when trying to breastfeed

Delivery team were phenomenal and all lovely! I had a trainee midwife supporting and it was her first birth and she was so fantastic - I wish I got her name to let her know how special she was

I was transferred to the JR after a long labour. The midwife that looked after me ( and student midwife) were fantastic and so supportive. Nothing was to much trouble. I needed a C Section and they talked me through everything that was happening. Even though it wasn't the birth I planned, I was so happy with the care and support I received



## Inpatient

**Support patient recovery and regular baby checks with a caring attitude**

Postnatal care was fantastic. Midwives and maternity support workers were excellent in providing bf support and supporting me as I felt a bit emotional about my birth experience. They listened to my concerns about baby and carried out extra checks.

Supportive mental health midwife. Was great having a private room and my husband being able to stay and support me due to my anxiety

I had been warned to expect waits for support on level 5, but never had any issues with my buzzer not being responded to

My midwife on the postnatal obs ward was very compassionate (after a quick birth)

The care from the doctors and midwives on the postnatal ward was also great and we were discharged quickly even with a new medication dispensed. This is as we had hoped. This made a big difference and it felt good for us all to get settled back at home in the evening and not spend a night in the hospital unless necessary

# Challenging maternity journey



## Community

**Lack of consistency in midwife team and their advice, effort needed to get additional appointments booked**

Midwife appointments were mixed up multiple times

Communication outside of meetings was poor, possibly due to staffing shortage. For example, I called several times and left messages to book vitamin K drop administration and nobody got back to me. Advice differed between midwives and localities, which I found confusing and there was no consistency of approach with health visitors- it didn't feel joined up at all

Seeing the same midwife to save having to repeat same information over and over, and conflicting advice. More support with breastfeeding

Continuity of care antenatally would have made a big difference

I heard the midwives talking about how short staffed they were which was concerning



## Labour/Birth

**Difficulty in being admitted, no regular check-ins and seemingly poor comms (lack of or disjointed)**

I was kept in recovery for over 10 hours with no access to midwives. I was given incorrect feeding advice and over fed my baby formula on this advice.

Better consideration from the Dr on duty who I found brusque and rude. I was in a situations I didn't want to be in and was scared and in pain. The Dr was unsympathetic, and I felt I was a burden or irritation to her. Breaking my waters was extremely invasive and uncomfortable.

I arrived at hospital (3rd baby, history of very rapid progression) at 3cm stretching to 5 and was examined about 9pm on Friday. Was told I couldn't be admitted, and the suggestion was to "walk to a cafe in Headington"

When I arrived at the MAU after being asked to come in due to my waters breaking and being yellow in colour, I was waiting for a very long time to be assessed (over 1.5 hours) and in a lot of pain with no pain relief offered

Being able to have a home birth as no midwives were available



## Inpatient

**Lack of support during 'recovery'**

There were barely any staff on the postnatal ward which meant I was barely seen and had to regularly request help and told that there were no midwives available. During the night it took over 2 hours and 3 presses of my buzzer to get some paracetamol for the pain post-op (I was in hosp 2 nights after birth)

Allow my boyfriend to stay! After forceps I had the shakes and couldn't hold my baby. He had been awake for hours and yet was told to drive home. Not safe or supportive for any of us, especially after a horrible labour

Quicker discharge or more information about how long discharge will take.

Better handovers between midwives. I occasionally requested pain meds after my c section and the person would change shift and not pass the message on. It would have been great for my husband to be able to stay overnight. He had to leave 3 hours after our son was born and I'd had a c section.



# Areas to focus improvement

## Always remember the basics

- Care and compassion with every interaction
- Listen to the family's preferences and demonstrate knowledge of their birth plan
- See patients in a 'good' timeframe and communicate about wait times
- Timely pain relief, checking patients are comfortable

## Staffing

- Ideal is 1-2 midwives per case in the community, if not possible, full handover and notes clearly marked with important case details
- In hospital, what can be done so patients are checked at more regular intervals?
- Continue with frequency of postnatal visits

## Information

- Check in on confidence with topics antenatally – confidence can be low and patients feeling overwhelmed

## Environment

- Sympathise and explain to families the need to attend centres away from home
- Pre-warning of visiting hours and rules for partners during overnight births

## Breast feeding support

- Providing frequent and meaningful visits to patients. Focused, expert support needed for new parents to feel they can attempt and establish breast feeding
- Better escalation in cases of tongue tie





# Appendix



## Requests made

A number of suggestions are seen in the open comments to improve certain aspects for families

### **Community**

- Meeting all the midwives on Lotus.... "for previous pregnancies they would run a coffee morning and some antenatal classes to give this opportunity"
- If parents state they do not want to consider induction until 42 weeks, add to notes so not asked at each appointment
- Birth plans discussed earlier, in case baby is pre-term

### **Inpatient – suggestions for personalisation**

- Staffing board for transparency, parents can see when midwives will leave shift
- Midwives to introduce themselves fully, helps to build quicker relationship with parents
- Recovery information about c-section in a leaflet, better digested when reading
- Plug to charge phone
- Provide pillows/cushions for comfortable breast-feeding position
- In-room guide to answer some questions, would ring the bell for nurse support less

### **Labour and birth**

- Clear screens to be used during c-section
- Male toilet in delivery suite so partners don't need to be buzzed in again
- Improve signage outside MAU to clarify what to do out of hours



# Background Information





## Appendix; Community Team

### What Community Team did you receive your care from? (n=115)

Community Team	#
South (Wallingford / Didcot)	31
Vale (Wantage/Abingdon)	20
Banbury	16
Bicester	13
Isis	9
Witney	10
Blenheim	7
Out of area	5
Chipping Norton/Cotswold Birth Centre	4
Lotus	2

N=2 stated two community teams, so sum is 117



## Appendix; Specialist Teams

### Were you cared for by any specialist teams? (n=115)

N=48 were cared for by a specialist team (42%),  
Includes 5 cared for by 2 teams, 4 cared for by 3 teams

Specialist Team	#
Fetal Medicine	14
Silver Star	11
A perinatal Mental Health Service	10
Diabetes	9
Breech	8

1 mention for:

Ashfield team, Children's hospital, Consultant led, Late pregnancy team, Specialist trauma midwife Ambra Simioni, Recurrent miscarriage, Obstetric, Rainbow, Haemophilia



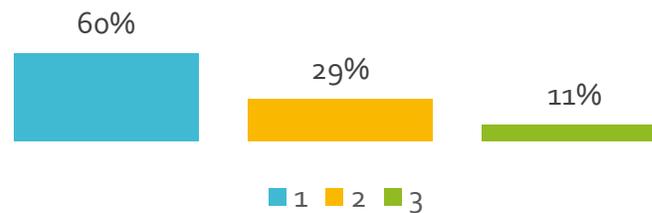
## Have you accessed any of the videos we have made available? (n=115)

N=65 (57% of total) have accessed 1 or more videos (higher than Q2 2023 – 48%)

# Appendix; Video Access

Videos accessed	# (% of 115)
Ask the Midwife Facebook lives	39 (34%)
Infant Feeding Team facebook lives	44 (38%)
Antenatal or postnatal education videos on our YouTube channel	15 (13%)

How many videos were accessed (n=65)





# Appendix; Mental Health Services Access

## If you accessed Perinatal mental health services, which services did you have contact with? (n=115)

N=19 (17% of total) accessed Perinatal mental health services (similar to last quarter)

Services accessed	#
Talking Space Plus	5
OXPIP	4
Perinatal CMHT	4
IPPS	3
Private Practitioner	2
Petals	2
Birth Afterthoughts, Mind, Samaritans	1

Positive assessment of the services from n=5:

Got a diagnosis and the mental health birth plan turned out to be hugely helpful

**Waiting time** was a challenge for n=5

OXPIP called so late my baby was already born and the IPPS referral was never made

Other **dissatisfaction** with the service n=4

- Basic offer
- Felt unwanted
- Previous maternity notes sent late
- Overwhelming group (noise from children)

Talking space made me feel very unwanted when my mental health deteriorated, particularly after their practitioner had been ill for a month 3 sessions into me starting



## Appendix; Antenatal Information Sources

### Where else, if anywhere, did you receive antenatal information? (n=115)

n=14 (12% of total) recall receiving no antenatal information (similar to last quarter)

Antenatal information sources	#	% (of 115)
Friends and Family	63	55%
NCT	54	47%
Oxford University Hospital Trust Website	44	38%
Hypnobirthing books	44	38%
NHS Choices Website	41	36%
Facebook	31	27%
Private Antenatal Education Company / Doula	19	17%
Maternity Voices Partnership website/social media pages/YouTube channel	2	2%
None	14	12%