

Oxfordshire Maternity and Neonatal Voices Partnership Survey Feedback

Q4 2023 [December]

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 **Q4 2023 = n=87**
- 72% JR, 14% Spires, 5% Home, 2% Horton, 2% Wallingford, 2% Wantage, 1% Cotswold Birthing Centre, 1% Out of area
- 93% identify as heterosexual

**86% White British, 7% Other White Background,
5% Mixed, 1% Asian, 1% Other Ethnic**

100% English primary language

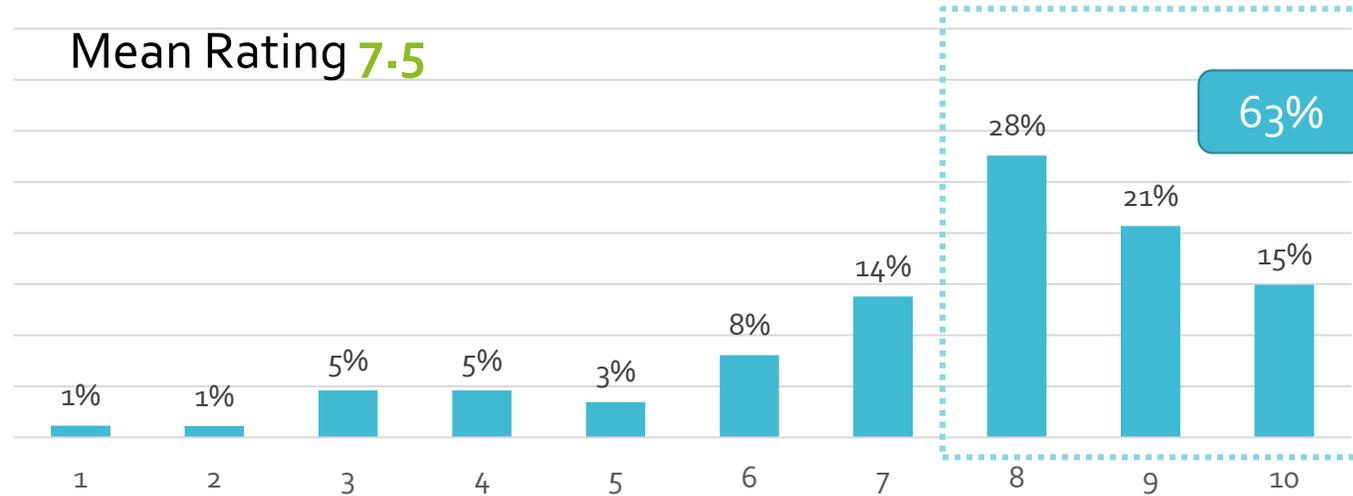


Ratings – Q4 2023

Rating of overall experience of maternity service

- This overall score for the maternity service is reasonably stable this Qtr and as we expect to see;
 - Mean of 7.5-7.6 out of 10 and c. 60% rating their experience as 8+/10 is the typical rating for the maternity service overall

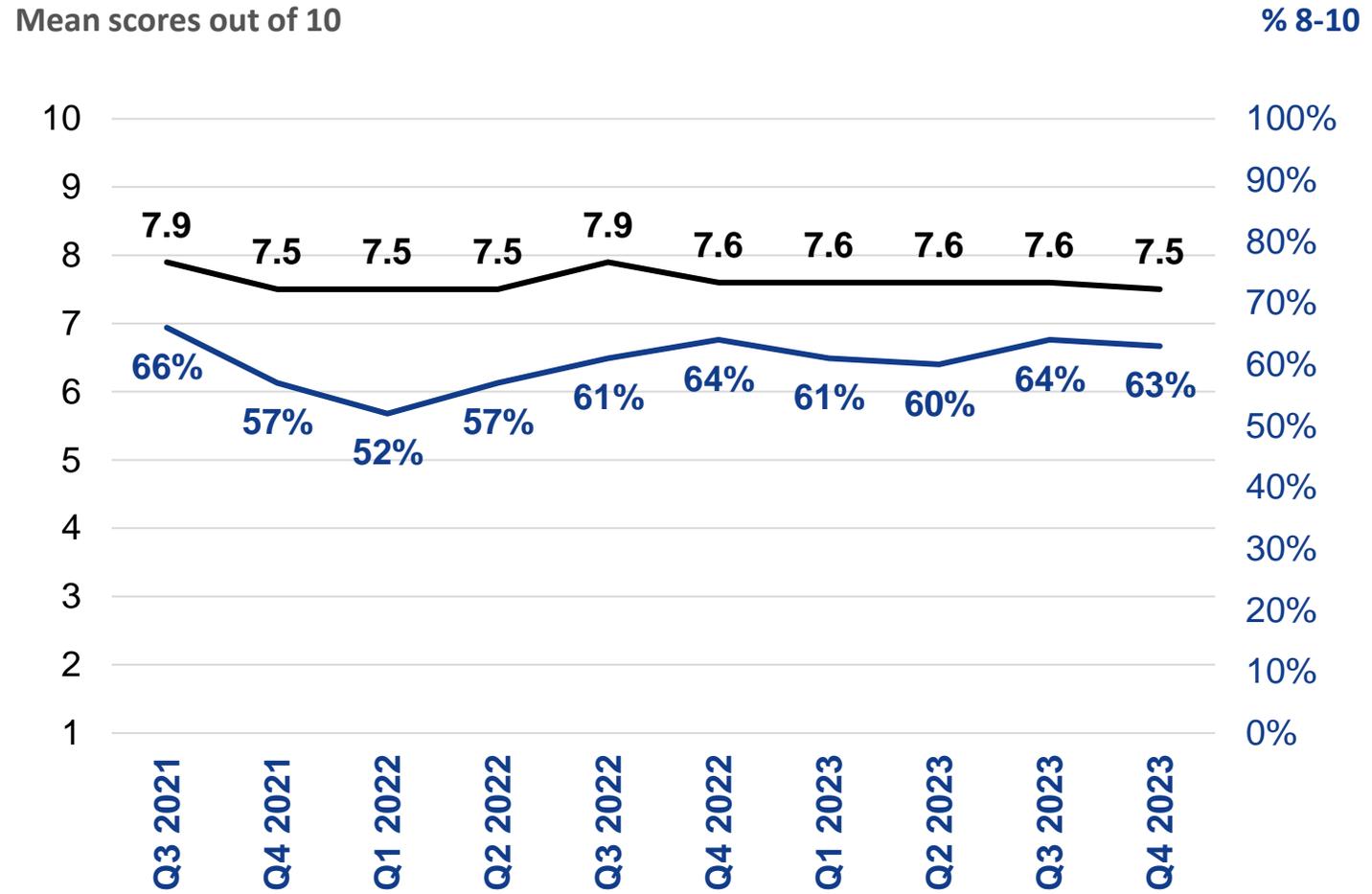
How would you rate the **overall experience** of the maternity service? (n=87)



Time	% rating 8+	Average score
Q4 2023	63%	7.5
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

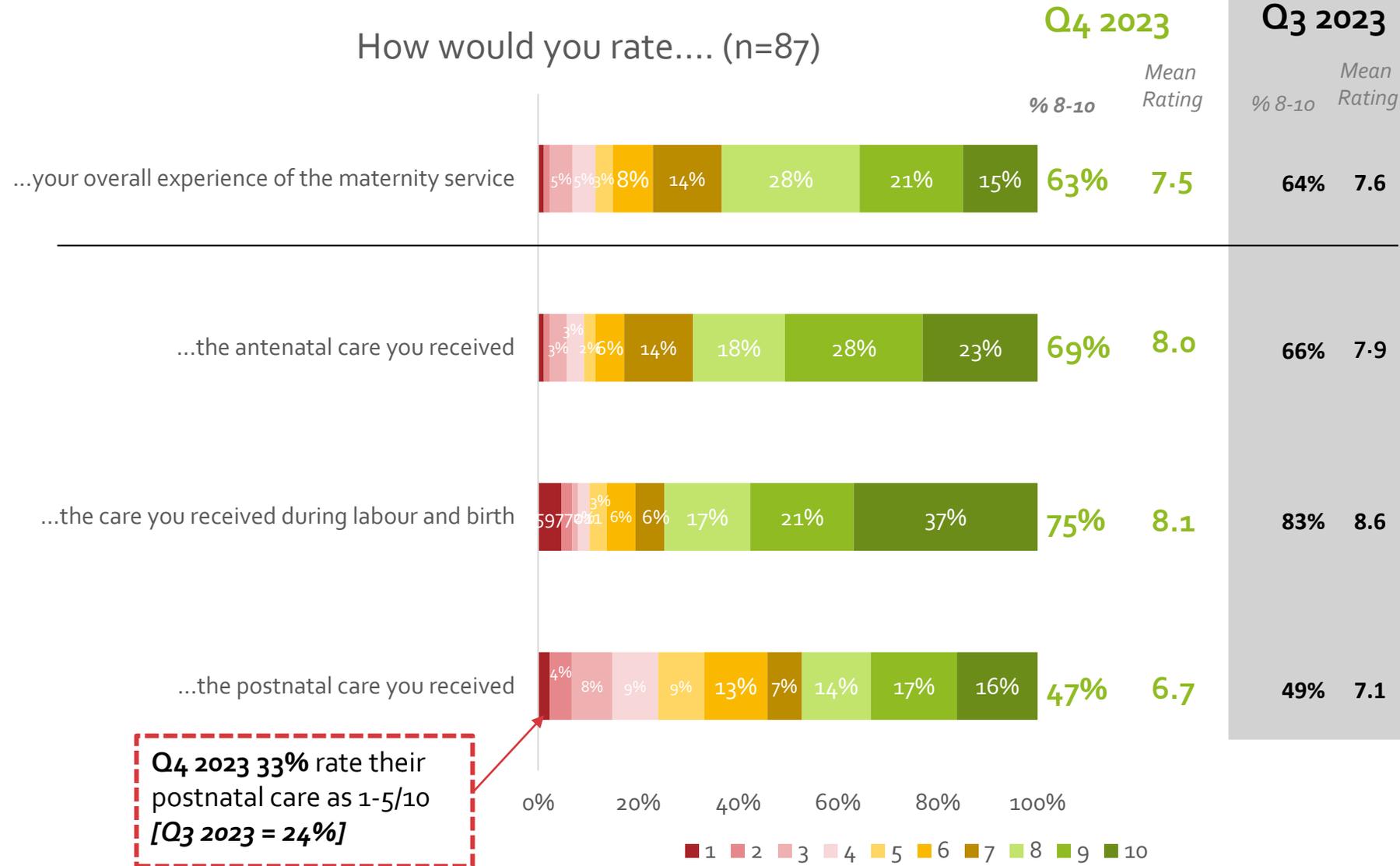
Trend data shows results are very stable overall after the challenges reported in Q1 2022, with now 6 in 10 patients receiving a very good birth experience during 2023

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



Rating of maternity services

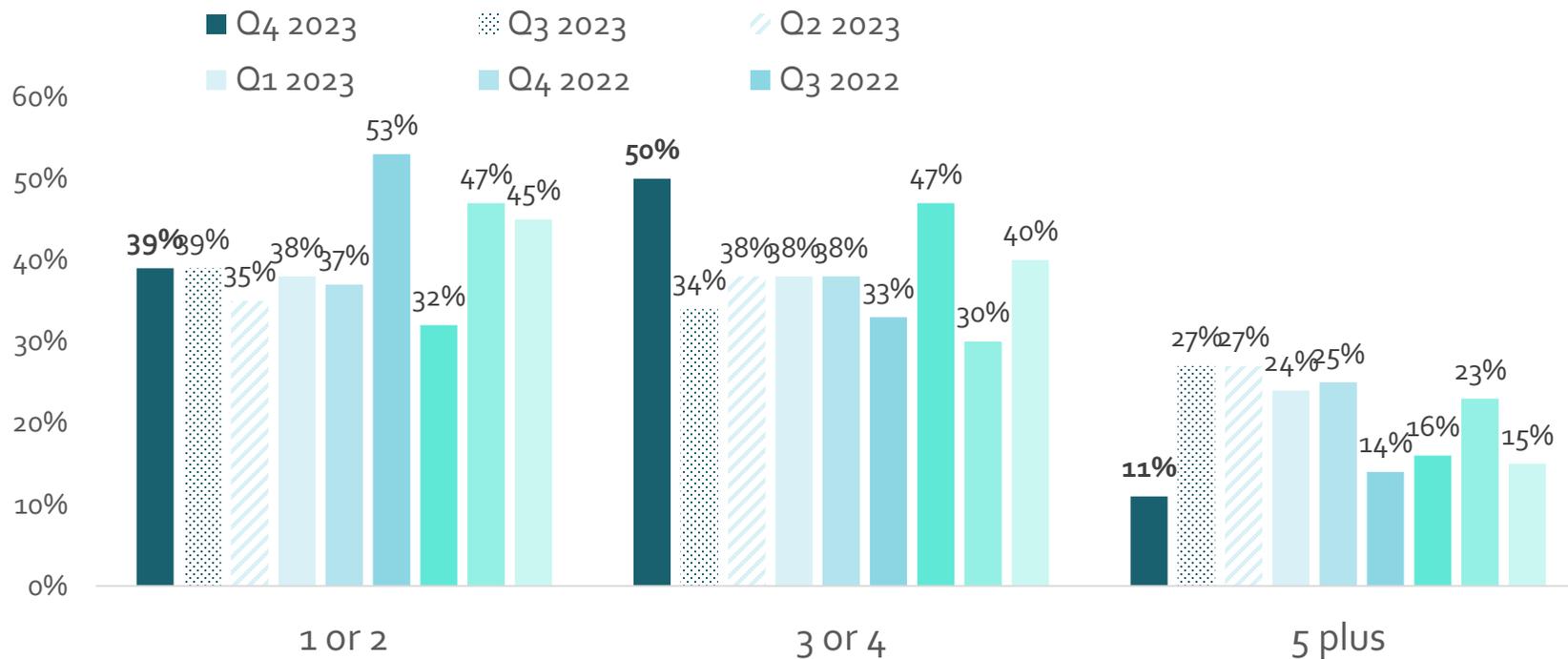
- Satisfaction with antenatal care remains strong, however, there are reductions in satisfaction for Labour & birth and Postnatal care stages vs. last Qtr....
- Overall Labour & birth rating is very strong but concerns have crept in for some patients
- Postnatal care sees a large rise in those rating it 1-5/10, now at one-third of patients



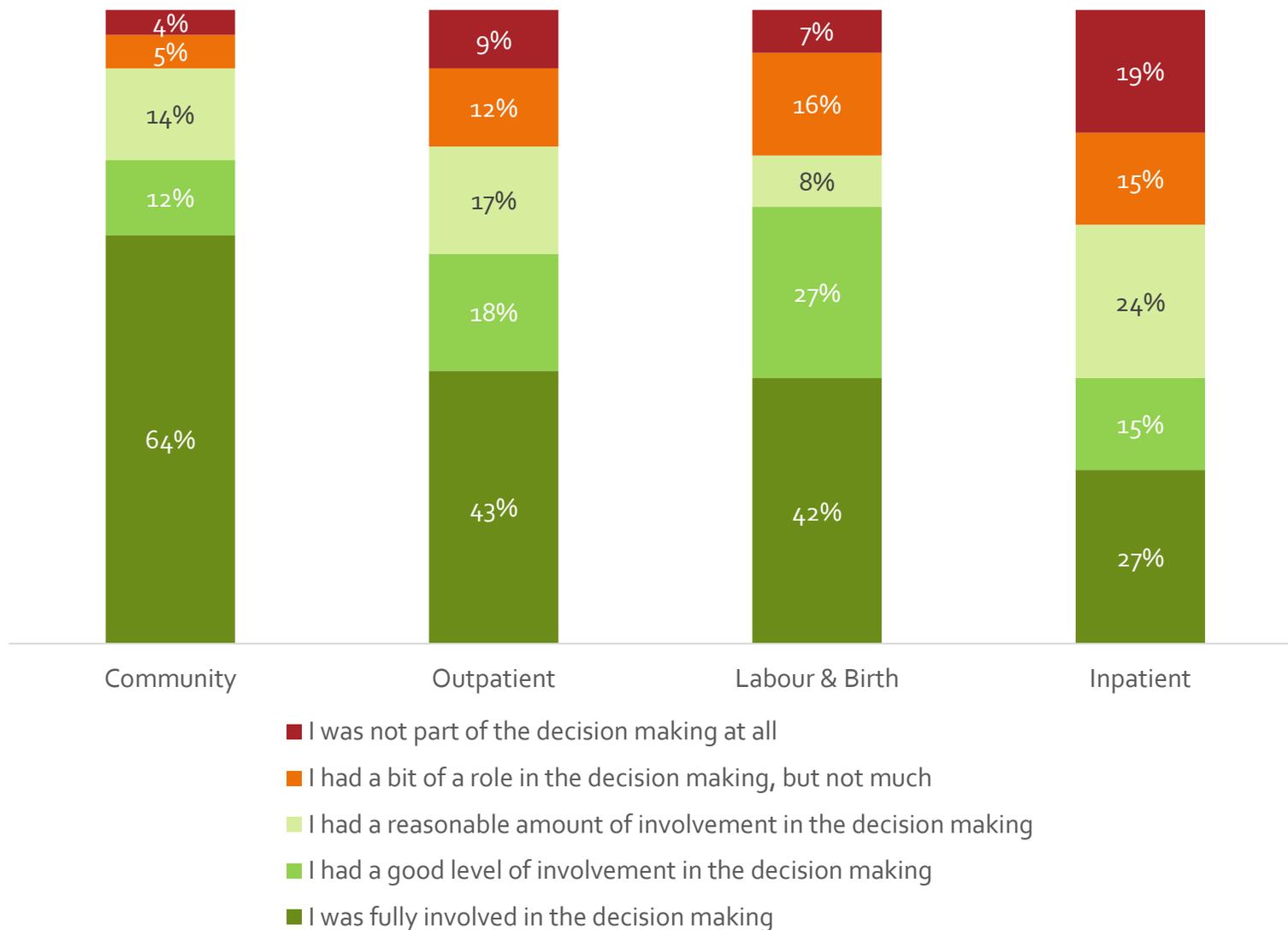
How many community midwives did you see in your pregnancy? (n=87)

Consistency of care

- We have learned from previous Qtrs that the number of midwives seen throughout pregnancy impacts overall satisfaction
- The consistent satisfaction with antenatal this wave will therefore be due in part to retention of 4 in 10 seeing 1-2 midwives, but a strong increase in those seeing 3-4, meaning much fewer are seeing 5+ midwives



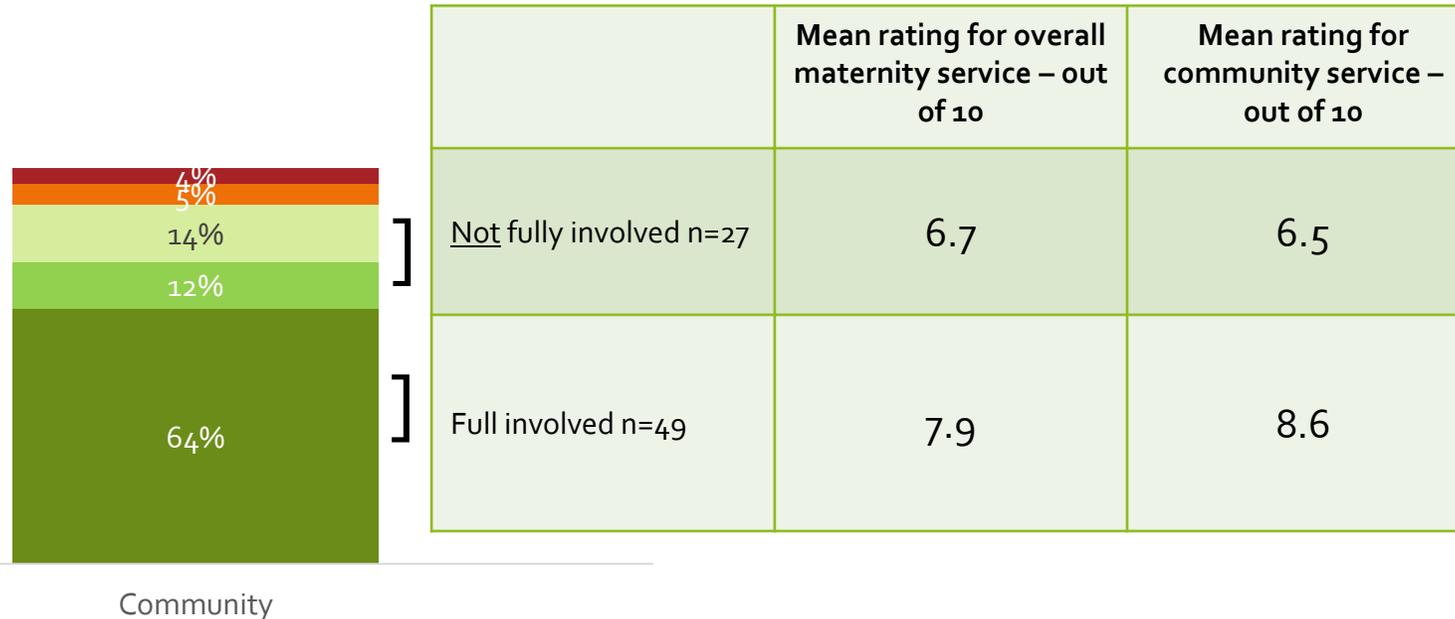
Did you feel a part of the decision making about your care?
Please tell us your opinion for each of these stages (n=variable)



Involvement in care

- Patients feel most involved in decision making in the community
- Outpatient and Labour & Birth involvement levels are similar
- Inpatient involvement is the most different to all other areas, with 2 in 10 feeling they had no part in decision making

Did you feel a part of the decision making about your care?
 Please tell us your opinion for each of these stages -
 community (n=76)

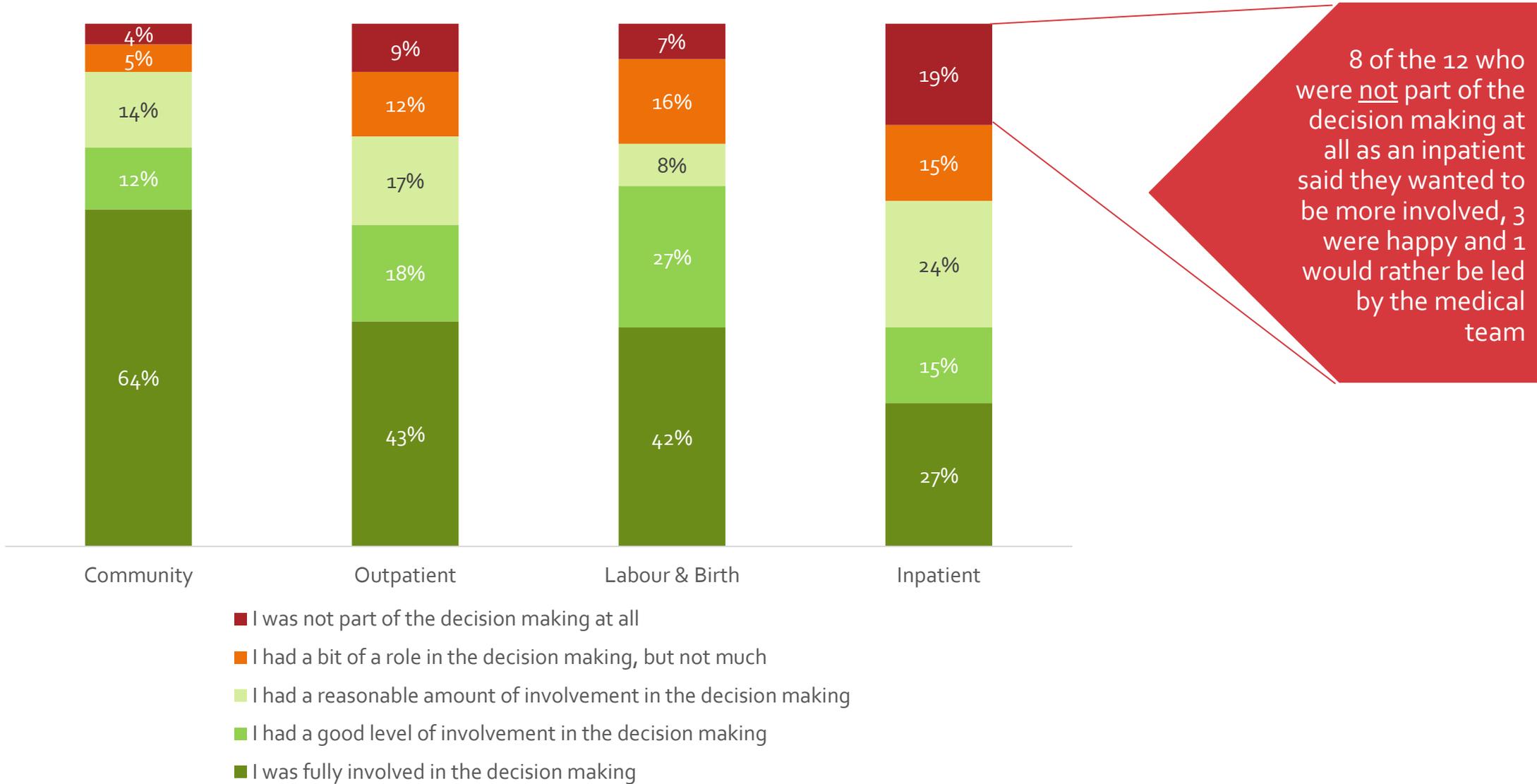


- I was not part of the decision making at all
- I had a bit of a role in the decision making, but not much
- I had a reasonable amount of involvement in the decision making
- I had a good level of involvement in the decision making
- I was fully involved in the decision making

Involvement in care

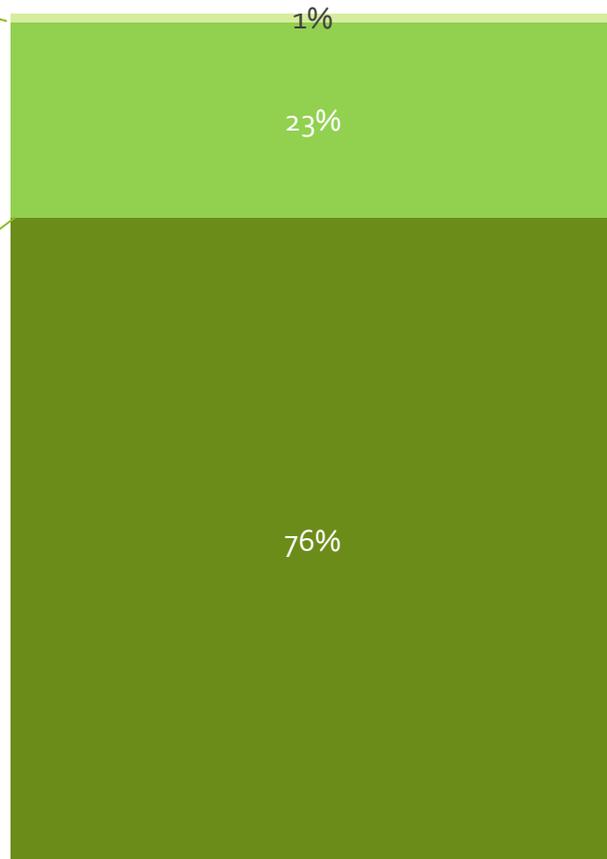
- Those fully involved in community decision making are much more satisfied with the service overall and with the community service specifically, indicating a link between higher involvement and higher satisfaction
- This involvement is helping to drive the higher rating Community receives vs. the other two phases in the maternity journey

Did you feel a part of the decision making about your care? Please tell us your opinion for each of these stages (n=variable)



Thinking about your overall maternity experience, when it comes to decision making about your care which one best describes you? (n=76)

The 17 who said they wanted to be more involved in decision making give a mean rating of 5.8 for their overall experience, a large drop vs. 7.5 overall



Overall satisfaction

- I would rather be led more by the medical team and less involved in actual decision making
- I wanted to be more involved in the decision making
- I was happy with the level of my involvement in decision making

Satisfaction with involvement in decision making

- Three-quarters of patients were happy with their level of involvement in decision making
- For just over 2 in 10, having more involvement could significantly improve their overall experience of the maternity service

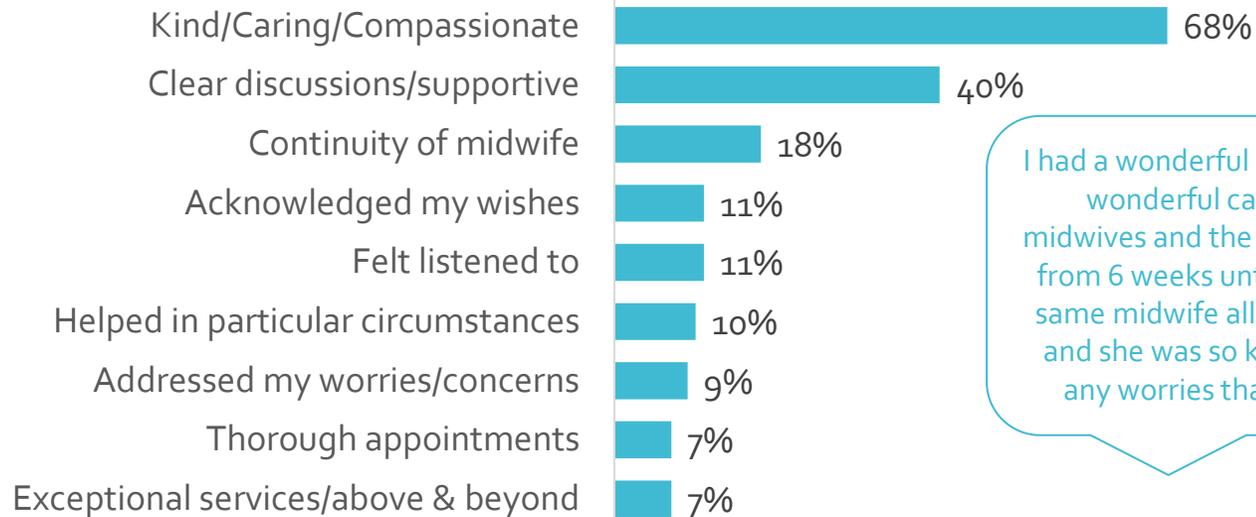
Comments – Q4 2023

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

- The top 3 positives perceived by patients remain the same - that staff care for them, support them with clear information and seeing the same 1 or 2 midwives throughout is important
- Praise is particularly strong when the midwife is named, indicating the positive nature of a more personal relationship and when patients feel the advice is tailored to them



What was **good** about your maternity care experience in the **community**? (n=87)



I had a wonderful experience and received wonderful care from community midwives and the specialist diabetes team from 6 weeks until I gave birth. I had the same midwife all through my pregnancy and she was so kind-hearted and eased any worries that I had from the start

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

Genuinely **caring** and **compassionate** midwives- feel cared for, personalised experience

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

Good **balance** of information shared and **listening to concerns** and questions, answering them clearly and in a relatable way

Following wishes fully means patients' **choices are fulfilled**

Supportive is used a lot in the positives in the context of midwives listening and supporting patients with their worries and individual circumstances & decisions

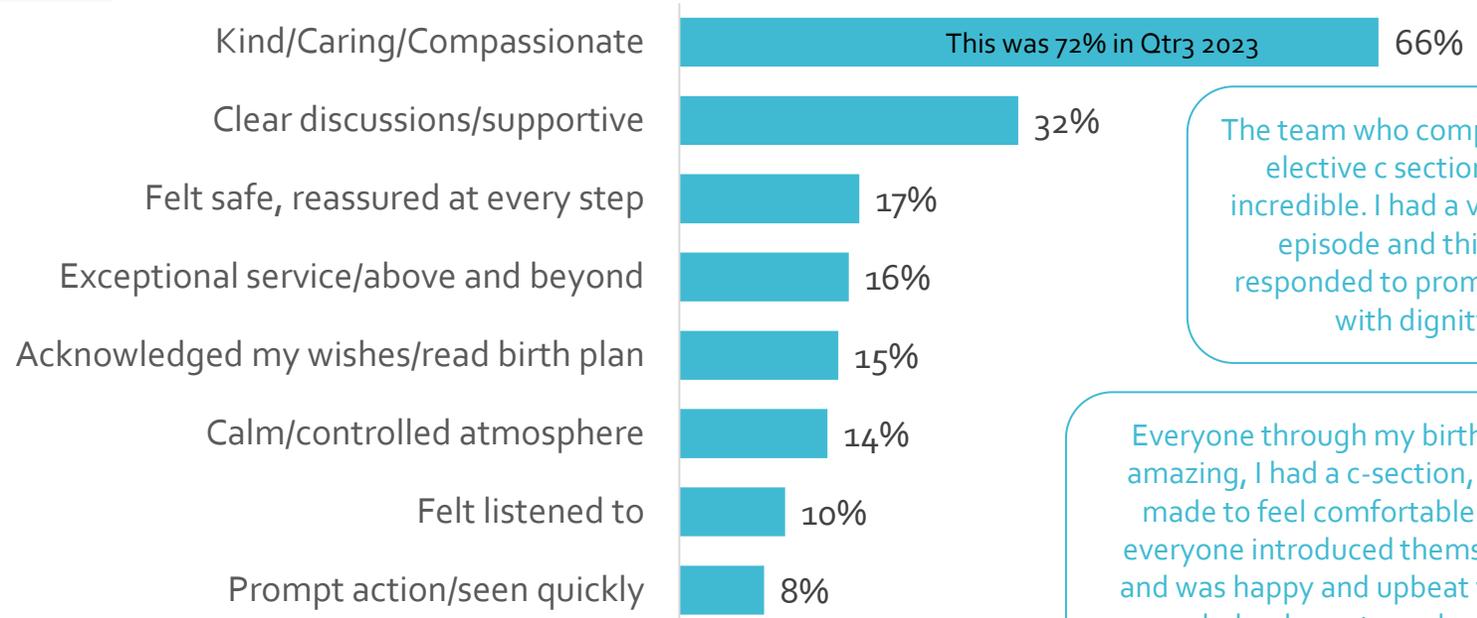
Feeling **listened to** means patients feel respected and feel more at ease

Positive perceptions of maternity care experience in hospital

- There is a reduction in the key positive of caring staff - it is possible that it is not that staff are less caring, but their service has not been received as well
- The top three areas remain the same in driving a positive experience – nursing staff who are kind and care, when the patient feels that processes and procedures are fully discussed with them, leading to feelings of reassurance and safety for them & baby



What was good about your maternity care experience in hospital? (n=87)



The team who completed my elective c section were incredible. I had a vasovagal episode and this was responded to promptly and with dignity

Everyone through my birth was amazing, I had a c-section, I was made to feel comfortable and everyone introduced themselves and was happy and upbeat which helped me stay calm

Delivery suite staff were the absolute best. I was never alone and they were so helpful and kind

Felt looked after and reassured
Amazing, really enjoyed my labour and felt supported and reassured through out

The top aspects of a positive hospital experience are:

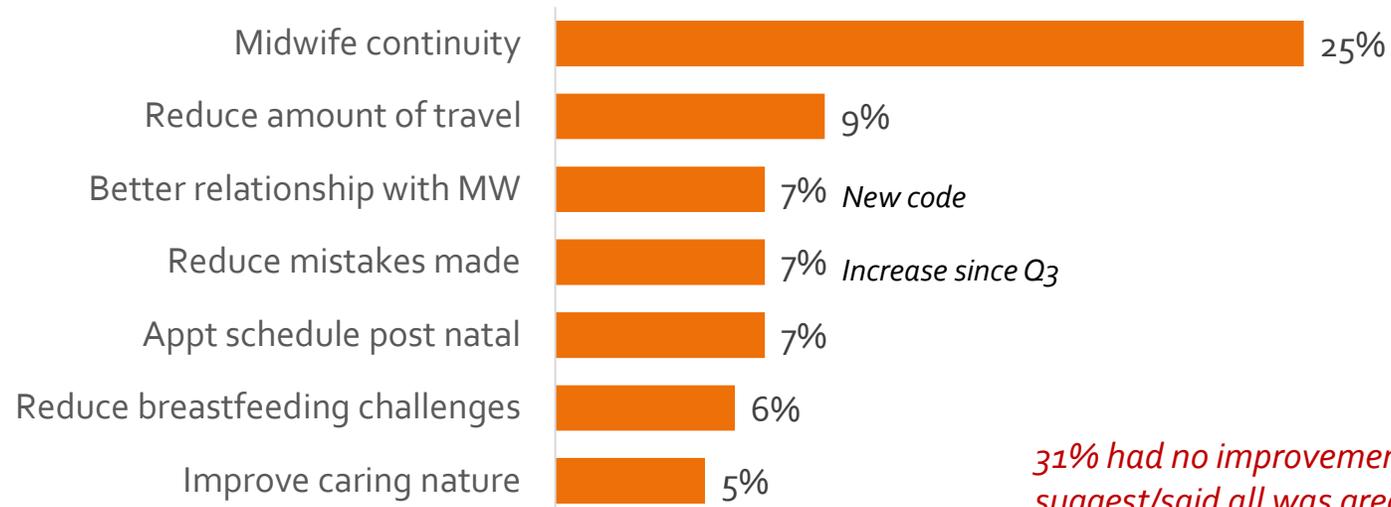
- I. **Kind** team, understanding, put you at **ease**
- II. **Wide** supportive **team** – midwives, anaesthetic, consultant
- III. Attentive, **supportive**, **explain** every stage
- IV. **Following wishes**, wherever possible
- V. Keeping the situation and patient calm, even when complications
- VI. Timely care, seen quickly, room prepped etc.

Perceived areas for improvement in community antenatal and postnatal maternity care

- By far the largest improvement patients wish for is midwife continuity
- Some areas either become large enough to notice or are new – accessing care overall seems to be more of a challenge this Qtr



What could have been improved about your in **community** antenatal and postnatal maternity care experience? (n=87)



31% had no improvements to suggest/said all was great

Key points on community service feedback this Qtr

- **Lack** of midwife **continuity** is linked to not feeling as confident in the service overall
- **Travel** is challenging, both distance and timing (early morning after just coming home from hospital) as well as patients unhappy with the postpartum visit schedule – timing, amount, level of support offered through this
- Patients stating they did not think their midwife was 'good' is a new finding this Qtr
- More mistakes reported this Qtr as well as dissatisfaction with breastfeeding advice

Smaller themes to be aware of for the future:

Listen to parent/take concerns seriously (3%), Conflicting info received (3%), Referral quicker/hasn't happened (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 multiple midwives (maybe 6-7 in total antenatally). A consistent midwife for at least most of the appointments would have been better generally, especially if there was anything that needed further investigation



Feel disappointed with **midwife changes**

- Have to repeat information
- Not feel like receiving best information
- Conflicting information
- Would like one MW advocating for you



Travel creates challenges ante- and post-natal

- Various locations for weigh-ins and checks
- Chipping Norton > Banbury
- MW service in Didcot moved to Wallingford



Want better relationship with MW

- 'Fobbed off' when request additional support
- Tick box, not supportive
- Not connecting and so not getting best answers



Reduce mistakes made

- Not monitoring iron levels when should, not responding to urgent concerns, had to redo blood test & heel pricks, 2 x issues with GTT not booked when should



Appointment schedule post-natal

- Increase opportunities for weigh in/check ins, see baby day after go home, feeding issues without support



Breastfeeding challenges

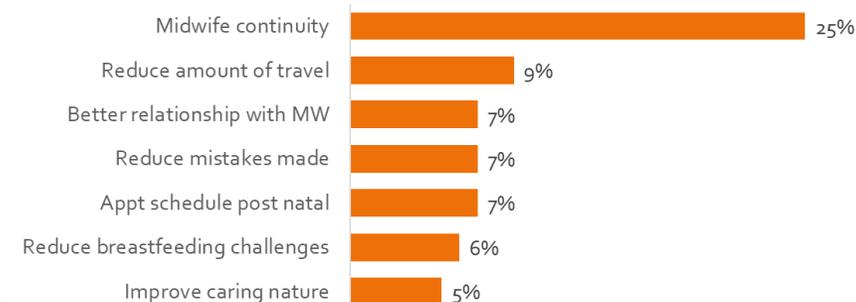
- Not getting support needed, 'just told to keep trying'
- Lack of time and being there 'at the right time'



Better care

- For parents post c-section, give health information
- Treat as individuals

What could have been improved about your in **community** antenatal and postnatal maternity care experience? (n=87)



I had no consistency, which gave me a lot of anxiety overall

I feel it's a shame to see so many different midwives in antenatal appointments, rather than seeing the same person every time - because of this I felt I was constantly explaining my situation and details weren't being passed on. I also felt that because it was my second pregnancy it was assumed that I wouldn't need things explaining to me, this led to a mix up with my OGTT



What could have been improved about your **inpatient** antenatal and postnatal maternity care experience? (n=87)

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

- Dissatisfaction with the level of care received and breastfeeding support increase this Qtr
- A further pressure point for patients in this setting is the **level of comfort** they felt during their stay with waiting length, noise issues and partner stays
- The other area where problems are linked is noticeable staff shortages, leading to mistakes and receiving conflicting information from different staff

Improve care/do checks/give meds timely

Increase vs. Q3

38%

Improve breastfeeding service

Increase vs. Q3

16%

Staff absence/shortages

8%

Reduce mistakes made

7%

Improve partner hours

7%

Cannot sleep/too noisy

6%

Waiting times

6%

Avoid conflicting info

5%

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. A simple check in and to ask how patients are
- **Range of breastfeeding challenges** – not enough time given to a baby, conflicting advice or no support at all
- **Noticeable staff shortages** undermines confidence in the service delivery overall and leads to higher wait times
- During this busy period for the hospital, **not being able to sleep** becomes a larger issue

Smaller themes to be aware of for the future:

Not getting along with midwife 3%, Lack of knowledge 3%, Listen to mum/take concerns seriously 3% Better time-keeping/comms on timings 3%, Long time to discharge/over-complicated process 3%, Lack of food/water 3%

45% did not need inpatient care or stated all was fine

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

Complete lack of postnatal care. On the ward for 12 hours and didn't see a midwife until I asked to about 8 hours in, and apparently, I had an allocated midwife for the day. Struggled with latch and babies head was literally just slammed into my breast - not going to achieve a desirable outcome. Not on top of pain relief - what I'd had, when I had it and what I was allowed even. I was told I shouldn't need pain management because I hadn't had a section. Honestly tragic experience and I have birth on the quietest day in June



More timely care/checks & meds

- Limited MW contact
- Cannot get MW attention overnight
- Advice is rushed or conflicting with other information
- Patients struggling post c-section



Breastfeeding advice

- Not regular enough – hit & miss
- Lack of consistent advice
- Not joined up enough to lead to successful outcome



Staff shortage

- Noticeable, patients waiting longer and not getting advice



Mistakes being made

- Errors in calculating weight, didn't receive BP medication, inaccurate blood test info given, incorrect medical info put on notes



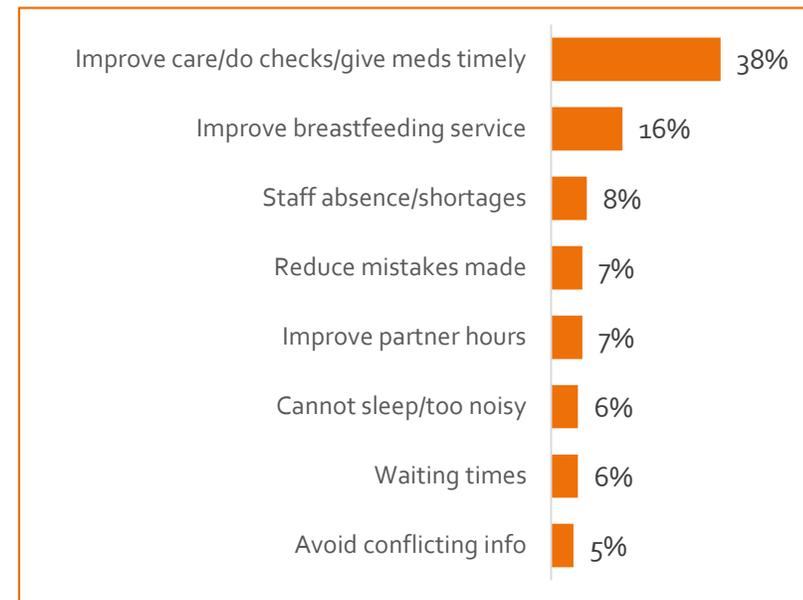
Improve partner hours

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



Noise/cannot sleep

- Noisy patient not asked to reduce level



In hospital we had little support, except 1 hour with a midwife on the second day. Had mixed communication from midwives on how much we should be feeding each session, and we were told we'd get donated breast milk on discharge but then got formula. All very frustrating and inefficient. Could've been avoided from start if we'd had support on the post birth ward

Once out of delivery and on the ward, I did not really see a midwife (**I was in a room**). I was very tired (laboured for several days) and would have appreciated someone checking in on me after the initial conversation on my arrival

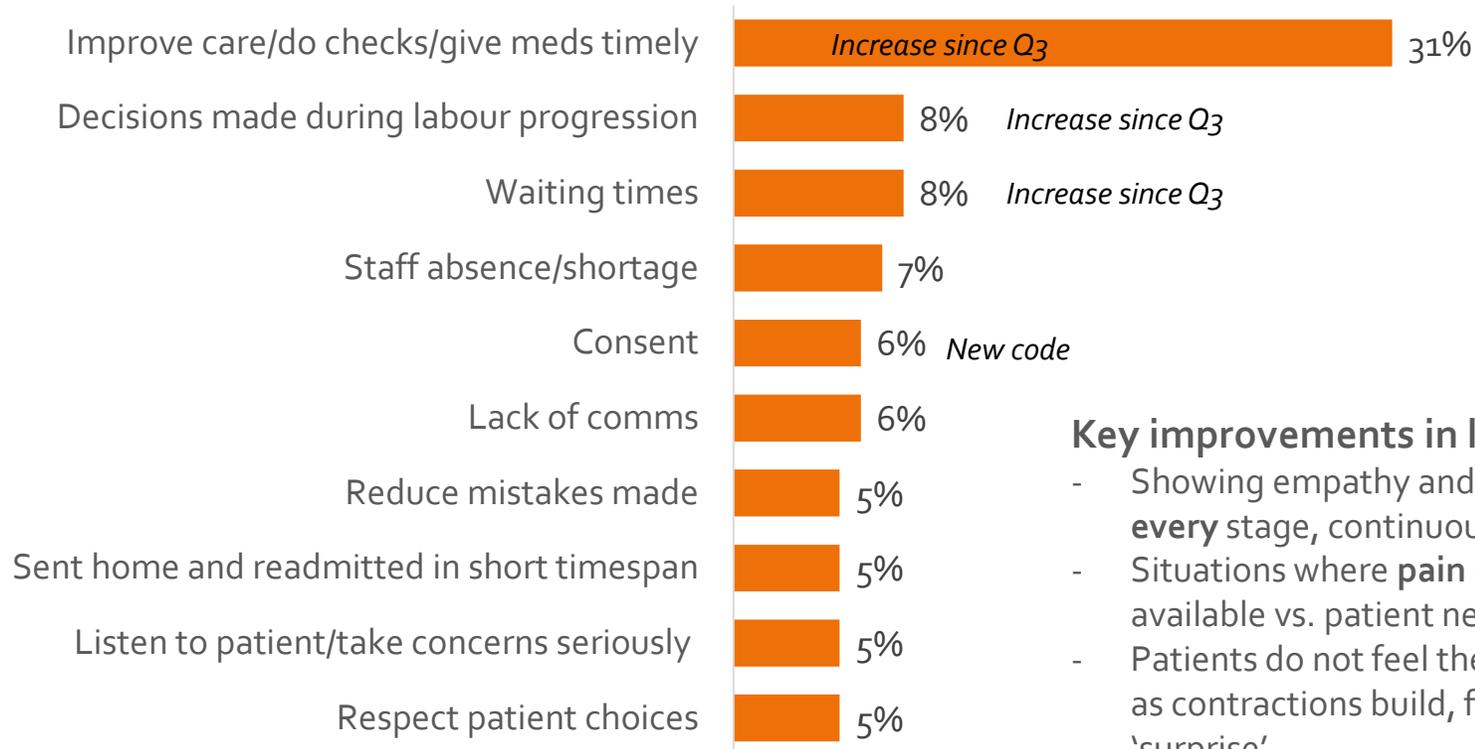


What could have been improved about the care you received during labour and birth? (n=87)

39% had no improvements to suggest/said all was great (similar to Qtr 3)

Perceived areas for improvement in labour and birth maternity care

- The largest concern by far is a perceived feeling of a lack of care given by staff
- All other areas where issues were felt impacted a small minority but build to give an overall picture of staff shortages leading to noticeable wait times and 'slow' reaction to increasing labour
- There are a larger number of issues with consent this Qtr vs. in the past



Key improvements in labour/birth are:

- Showing empathy and caring approach at **every** stage, continuous patient check ins
- Situations where **pain relief** is not as readily available vs. patient needs
- Patients do not feel they are being **believed** as contractions build, fast labour is a 'surprise'
- **Staff shortage** leads to wait times, mis-communication and also to cancelled home births which is upsetting for those patients

Smaller themes to be aware of for the future:

Home births issue 3%, Mental health 3%, Information topics not covered by midwives 3%, Length of time partners can stay out of hours/when first arrive on ward 3%, Uncomfortable environment 3%,

Perceived areas for improvement in labour and birth maternity care

- There is a common theme in the feedback that patients who were dissatisfied with the service in some way do not feel they were heard or treated with the utmost dignity at all stages

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

Less of a wait to go to delivery suite for c section after failed induction

Some staff were **not pleasant to my mum** while she waited. They also left her to wait on a corridor during my 21-hour labour, despite us being the only couple in the Spires

Support and information sharing when I was taken to theatre as he didn't know what was going on

Labour progressed exceptionally quickly and **MW did not believe me**. Consistently told me my contractions were not long or strong or regular enough whilst I felt like I was experiencing them back-to-back. Not encouraging at all. Dr on duty who gave me an episiotomy did not look for my consent to do so. Very blunt, rude and felt very patronised by her

The midwives **made a lot of assumptions** around the fact I was calm and in control and therefore couldn't possibly be as far into labour as I was...this was frustrating as my birth partner and I had to advocate heavily for getting them to listen to me

No one in my delivery team told me I had birthed my baby's head - when it happened it made me very scared and confused, and I panicked that something had gone wrong

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

Perceived areas for improvement in labour and birth maternity care

I was sent to floor 6 and no one would check my dilation, despite repeat requests and knowing I filled the contraction rate criteria required. This meant I got to active labour (10 cm and actively pushing) and had no access to pain relief or any midwives monitoring me and I had to labour on a quiet ward where people were sleeping. I would have liked the midwives to listen and check my labour progression. My whole labour was very fast which surprised them I think



Lack of care

- Dismissive of patient's experience
- Lack of care in vulnerable situations
- Needing to ask for pain meds, not offered



Labour progress decisions

- Not believed re contractions
- Slow move to delivery room



Wait times

- For stitches post birth
- 2 day wait for induction
- Wait for delivery suite post failed induction
- Wait to be checked on hospital arrival in labour (n=2)



Staff shortages

- Don't feel you can ask for things, incl. pain relief
- Mis-communication happens as a result
- No MW for home birth assessment



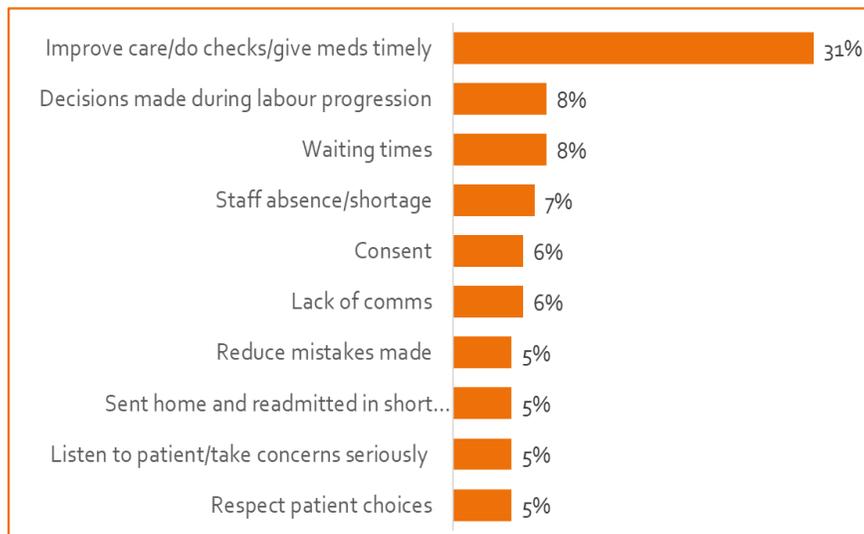
Consent not given for

- Work experience student observing (n=2)
- Meds provided w/o full SEs communicated
- Episiotomy



Lack of communications

- Updating patient at every stage, about waiting times, procedures etc.



Ward seemed very under-staffed and I felt a bit sorry for the midwives/ nurses. Lots of miscommunication about what medication I have had, things not written on charts and once they lost my chart too

There only being one anaesthetist available overnight meant I was prepped for my manual placenta removal and then had to leave theatre abruptly when another emergency came in. That was a bit scary

In summary

- The overall experience remains at a **good level**, very similar to last quarter
 - However, there are some **concerns** among users **creeping in** that need addressing to ensure improvements for the future

- **9 in 10** saw **1-2/3-4 midwives** in the **community**, a positive improvement.
- Labour/birth and post-natal care satisfaction levels dip this wave, with new concerns of not being happy with MW overall, consent and increased perception of a low level of care and breastfeeding support all play a role in this.
- Most are happy with their involvement in decision making but improvement could be made with remaining c. one-quarter, as it is demonstrated that having the right level of involvement improves the service satisfaction level.

Positives

- Friendly / caring
- Knowledgeable, ask any question
- Listened to, support your wishes
- Helped with specific circumstances through correct referral and support
- Thorough appointments make patients feel reassured
- Exceptional service recognised in many cases

Improvement areas

Community

- Midwife continuity
- Travel level with new baby

In hospital (inpatient and labour/birth)

- Timely patient check-ins, with pain relief (improvements have been made)
- Waiting times – keep patients informed
- Review breastfeeding provision at the busiest times, how can new parents be seen regularly?
- Review consent guidelines, ensure all staff are up to date
- Review practices when patient believes they are in quick labour – so they feel heard



Community

Midwives demonstrate caring attitude and competence – parents feel heard as individuals

Lovely midwife, felt really cared for and supported.

I managed to have the **same midwife** throughout and she was absolutely fantastic (Fran), I was due to give birth at Wantage but had to go to hospital and she **stayed with me throughout**.

Could not fault the community care I received from the midwives at the Horton. They were all very **caring**, did not only care for your **physical and medical needs** but also your **mental needs**. I always felt listened to and taken seriously.

Lots of information delivered but chance to ask questions. My main midwife shared a couple of things she had personally experienced in her pregnancies and that made her very **relatable** and made it feel much more **tailored to my concerns/situation**



Labour/Birth

Midwives make you feel safe, supportive of choices and keep you well-informed

Midwives were **listening** to me & were **accommodating** to my needs.

The MAU were **efficient and supportive**. Our first midwife (of 3) was outstanding, supportive of my birth plan and making useful suggestions. My mum (2nd birth partner) was generally well looked after by staff as she waited outside the room (as per my birth plan)

They midwives were amazing during labour. Really **listened to want I wanted** during labour and the support was unreal

I was **well informed** about what was happening when I got to hospital (transferred from Cotswold birth centre). The midwives were reassuring throughout the whole labour and delivery.



Inpatient

Support patient recovery and regular baby checks with a caring attitude

The postnatal ward **responded quickly** when I needed **pain relief** and got **milk** for my baby in a timely manner.

The aftercare was also **exceptional**, the ward staff were so **kind** and although I know they are under so much pressure **nothing seemed too much for them**

Went to hospital for an iron infusion antenatally. Staff all **kind, caring and happy** to answer any questions I had.

I visited the hospital a number of times with bleeding and the **doctors always took this seriously**

I had one amazing nurse in the JR, Blessy, as baby was in NICU I was off the ward for over 8 hours a day, Blessy **helped me** on the first night empty my catheter bag as I wasn't sure how to, she **comforted me** when I cried over my son and **moved me** to a room without other babies in. She was the highlight of my hospital time, absolutely amazing lady



Community

Less joined up thinking across multiple MW's seen and postnatal is lacking in comprehensive support

Communication between different aspects of care was terrible and contradictory

On some occasions I did feel I was not **completely informed about upcoming appointments** / what to expect (being a 1st-time mum this was a little unnerving), my main midwife was almost too laid back and I felt sometimes missed information that would have been useful.

I never really had an official sign off and didn't see my midwife at all during my postnatal period.

Perhaps after a c-section **midwives come to you for appointments** to stop you needing to get in a car with a seatbelt.

More **input** from midwives postnatally/more options to weight baby/check in.

I **struggled to breast feed** and every time I asked for help the midwives/nurses just told me to '**keep trying**'. Breast feeding didn't work in the end.



Labour/Birth

When you do not feel you are in control or the situation starts to feel unsafe as you cannot get support

Responder on the Banbury out of hours phone could have been **more supportive** whilst I was in labour. (Giving advice/next steps).

More time when initial admitted to understand or explore risks to pregnancy. We **were rushed into c section**.

Went to hospital in early stages of labour, was told to **go home** as it was probably Braxton hicks. Did not feel very reassured and felt rushed out the door.

I was supposed to **deliver at home** but it was too **busy** and **understaffed** so I had to go to the JR

I did feel as a first-time mum that when I spoke to the midwife to say I was in labour I was **discouraged from coming in** to the MLU - we had to push to go in at 1am, having phoned at midnight, and my baby was born at 2.30. I feel if I'd listened to the suggestion and waited an hour, he could have accidentally been born at home!

There was a **lack of communication** from staff at the hospital and we waited 2 days for induction due to understaffing



Inpatient

Lack of support during 'recovery'

I was moved by the recovery nurses as my block was wearing off to start feeding baby but I was on **ALOT of pain**. I obviously couldn't move myself therefore was assisted by 2 staff, I cried throughout due to pain but it didn't feel acknowledged. **Pain measures** should be considered at this stage

Being listened to. For **mental health** to be taken seriously. To have some sort of communication with medical/midwifery team whilst waiting for an induction on the ward for days

Let the **dad stay** with the mum and baby overnight

Post natal care in hospital very **threadbare**, baby born on the busiest day of the month for births, this was evidence in the post-natal wards. **Cranky stressed mid wives, unfriendly staff** generally. **No support for getting breast feeding** going specifically apart from 1 hour in the recovery ward (not post natal) where 1 mid wife helped me fill 1 syringe and this really affected my mental health and breastfeeding experience back at home

Areas to focus improvement

Always remember the basics

- Care and compassion with every interaction
- Building some rapport with the patient and individualise conversations & care around their needs when required
- See patients in a 'good' timeframe and communicate about wait times
- In hospital timely pain relief, checking patients are comfortable partic immediately post-birth and onto postnatal ward

Staffing

- Ideal is 1-2 midwives per case in the community, if not possible, consider the impact of conflicting info across staff
- In hospital, what can be done so patients are able to access staff time overnight?
- When wards are short staffed, how can comms be effectively shared on an on-going basis between staff who are there

Post-natal visits

- Review the post-natal appointment schedule, are patients being seen when they will most need it?

Involvement in decisions

- Review how patients can be further integrated so they are involved in all possible decisions about their care
- Is consent protocol working optimally?

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

- How can breastfeeding post hospital stay in those early days be best supported by HV

Appendix

Requests made

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

Community

- Offering colostrum harvesting syringes at the 36 week appointment
- Would be helpful if midwife doing the first day post discharge checks could have a TBR machine as it would avoid mums who have only just given birth having to go to the JR or Wallingford just for a jaundice check
- More advice and information about pelvic floor exercises and health
- **A booklet or a checklist so there's no chance of missing out important information**
- A **printed time-line** of things to do over the next 6 weeks would be helpful (as I was told what to do with appointments etc over this time but with the medication and new born I did have to keep asking as it's all a little hazy)

Inpatient – suggestions for personalisation

- Partner was not involved in midwife discussions after birth - involving partners would help signal that responsibility for the baby is not only the mother's role and would help identify situations where the mother isn't getting support
- On the postnatal ward being told about things like where to get water and where the shower etc is
- Have break out rooms for quiet, to get away from noisy ward
- A counter-top for patients to be able to make snacks

Labour and birth

- Advise of changes, would have brought own oil diffuser if known they are no longer available
- Better protocol for post birth if you have a tear

Background Information

Appendix; Community Team

What Community Team did you receive your care from? (n=87)

Community Team	#
South (Wallingford / Didcot)	26
Vale (Wantage/Abingdon)	18
Witney	14
Banbury	9
Isis	8
Blenheim	5
Chipping Norton/Cotswold Birth Centre	5
Bicester	4
Out of area	2
Lotus	1

N=5 stated two community teams, so sum is 92

Appendix; Specialist Teams

Were you cared for by any specialist teams? (n=87)

N=33 were cared for by a specialist team (38%)

Includes 5 cared for by 2 teams, 1 cared for by 3 teams, 1 cared for by 4 teams

Specialist Team	#
Fetal Medicine	10
Silver Star	14
A perinatal Mental Health Service	4
Diabetes	4
Breech	2
Specialist trauma midwife/Ambra Simioni	2

1 mention for:

Recurrent miscarriage, Birth choice after caesarean, Twin consultant, Consultant led,

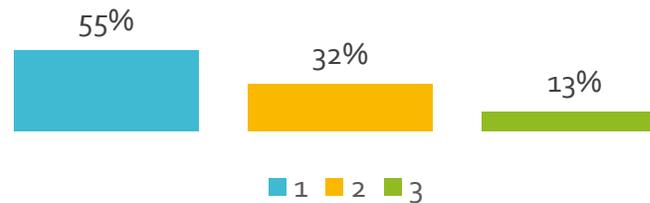
Appendix; Video Access

Have you accessed any of the videos we have made available? (n=87)

N=31 (36% of total) have accessed 1 or more videos (much lower than Q3 2023 – 57%)

Videos accessed	# (% of 87)
Ask the Midwife Facebook lives	20 (23%)
Infant Feeding Team facebook lives	18 (21%)
Antenatal or postnatal education videos on our YouTube channel	11 (13%)

How many videos were accessed (n=31)



Appendix; Mental Health Services Access

If you accessed Perinatal mental health services, which services did you have contact with? (n=87)

N=10 (11% of total) accessed Perinatal mental health services (lower vs. last quarter at 17%)

Services accessed	#
Perinatal CMHT	4
Mind	2
Petals, Private Practitioner, Pelvic physio, Talking Space Plus	1

Positive assessment of the services from n=5:

Perinatal CMHT

1-1 sessions on a weekly basis throughout pregnancy and postnatally for four weeks were exceptional. Natasha went above and beyond and supported my birth planning alongside Ambra, my doula and husband as well as my midwife and Claire Litchfield

Waiting time was a challenge for n=1

The level of support was good but waiting time was difficult (Perinatal CMHT)

Only n=1 other dissatisfaction on format

It was ok, **telephone support** is not right for all (Talking Space Plus)

Appendix; Antenatal Information Sources

Where else, if anywhere, did you receive antenatal information? (n=87)

n=2 (1% of total) recall receiving no antenatal information (lower than last quarter)

Antenatal information sources	#	% (of 87)
Friends and Family	45	52%
Oxford University Hospital Trust Website	38	44%
NHS Choices Website	32	37%
Hypnobirthing books	27	31%
NCT – paid for privately	19	22%
Facebook	16	18%
Private Antenatal Education Company / Doula	13	15%
Classes offered free through the OUH maternity service- facilitated by NCT	9	10%
NCT	7	8%
None	2	1%