

Oxfordshire Maternity and Neonatal Voices Partnership Survey Feedback

Q1 2024 [March]

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 **Q1 2024 = n=123**
- 72% JR, 18% Spires, 8% Home, 2% Wantage, 1% Horton, 1% Cotswold Birthing Centre, 1% In car

85% White British, 10% Other White Background,
3% Mixed, 1% Black/ African/ Caribbean/Black British, 1% Other Ethnic

93% English primary language

Other languages – Hungarian, Portuguese, Italian, French, Spanish, Russian

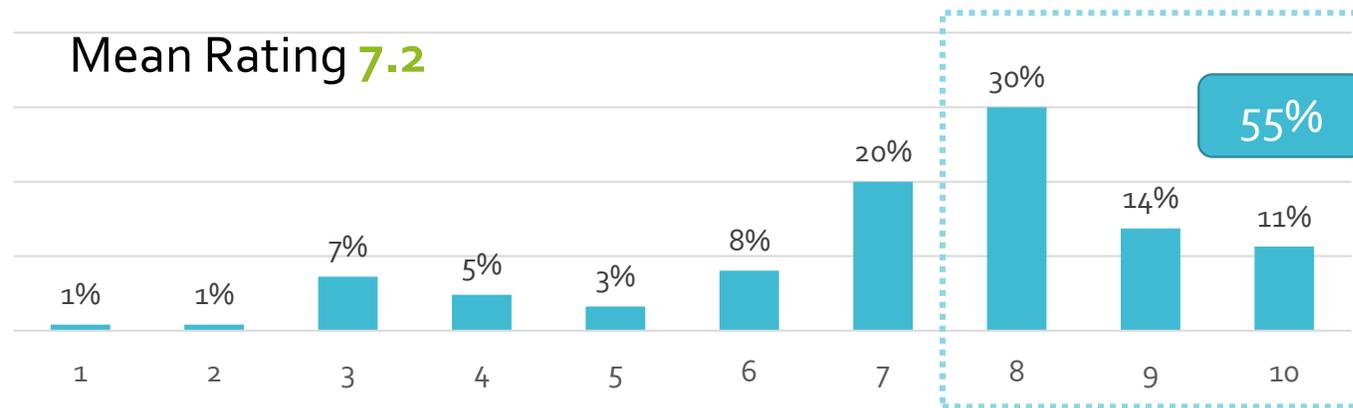


Ratings – Q1 2024

Rating of overall experience of maternity service

- Overall score for the maternity service **reduces** this Qtr
 - This is the lowest average level recorded over 2021-2023
 - Just over half rate the service as 8-10 out of 10 overall, back to end of 2021-beginning of 2022 levels

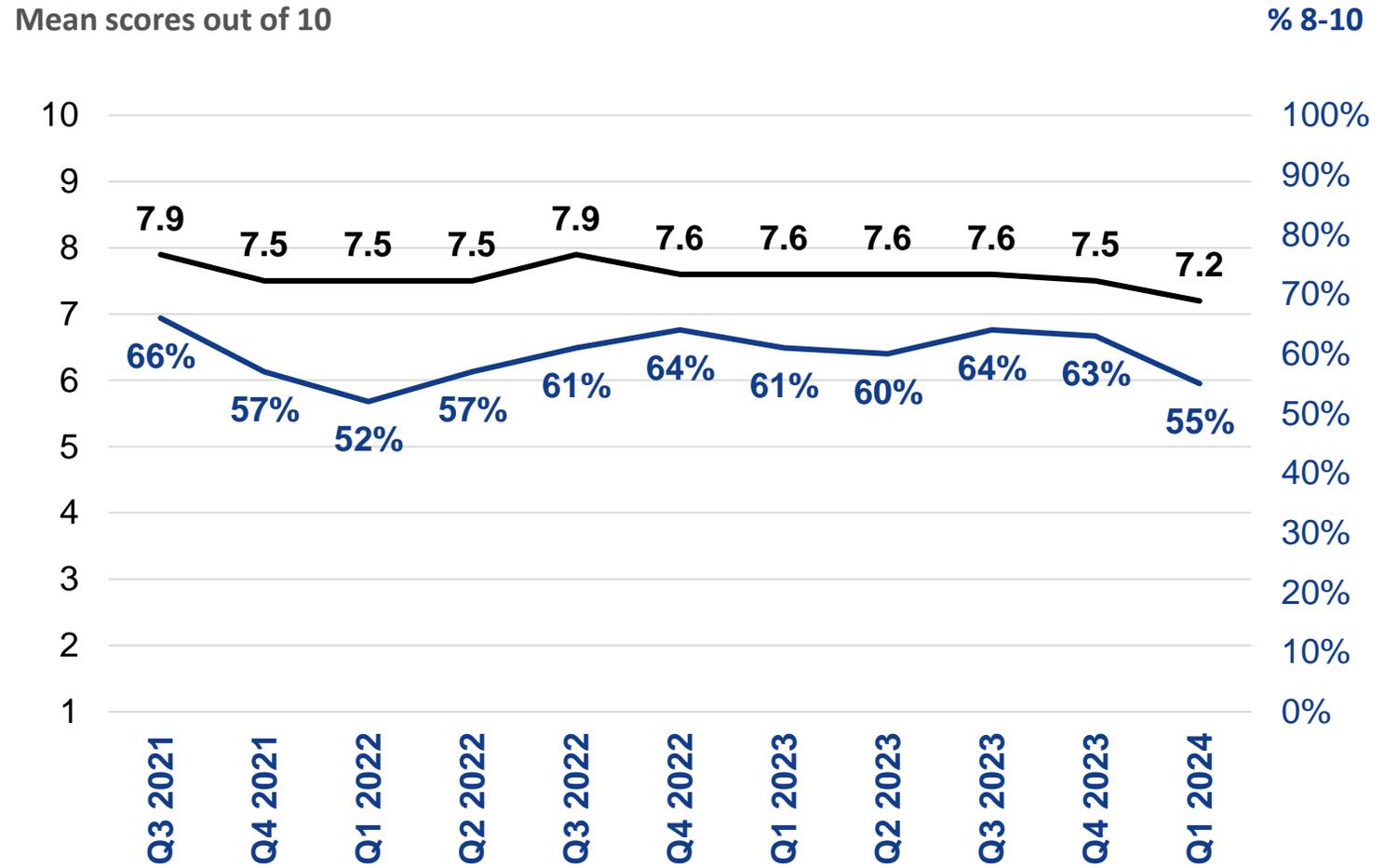
How would you rate the **overall experience** of the maternity service? (n=123)



Time	% rating 8+	Average score
Q1 2024	55%	7.2
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

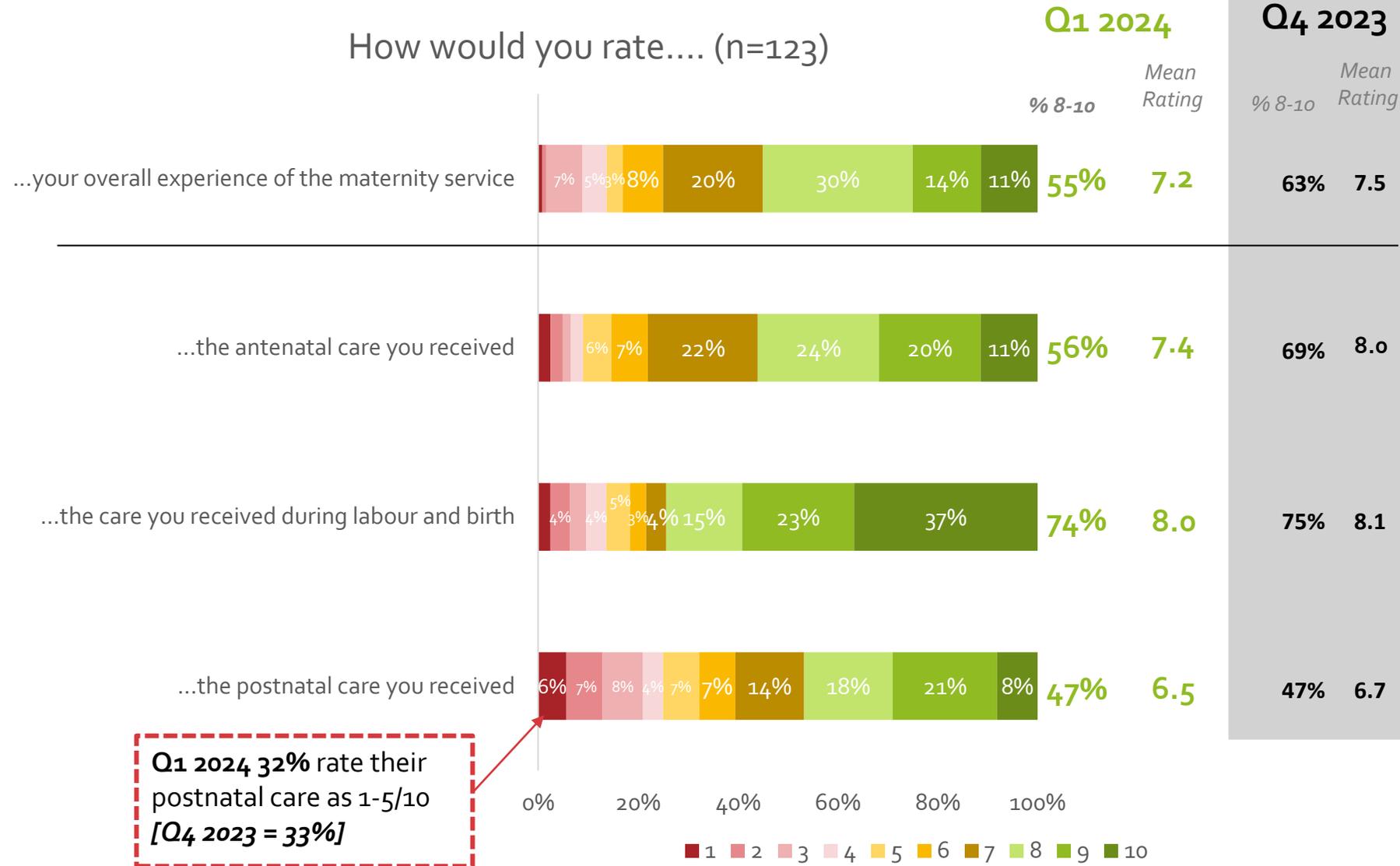
Trend data shows a strong dip after a period of stability

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



Rating of maternity services

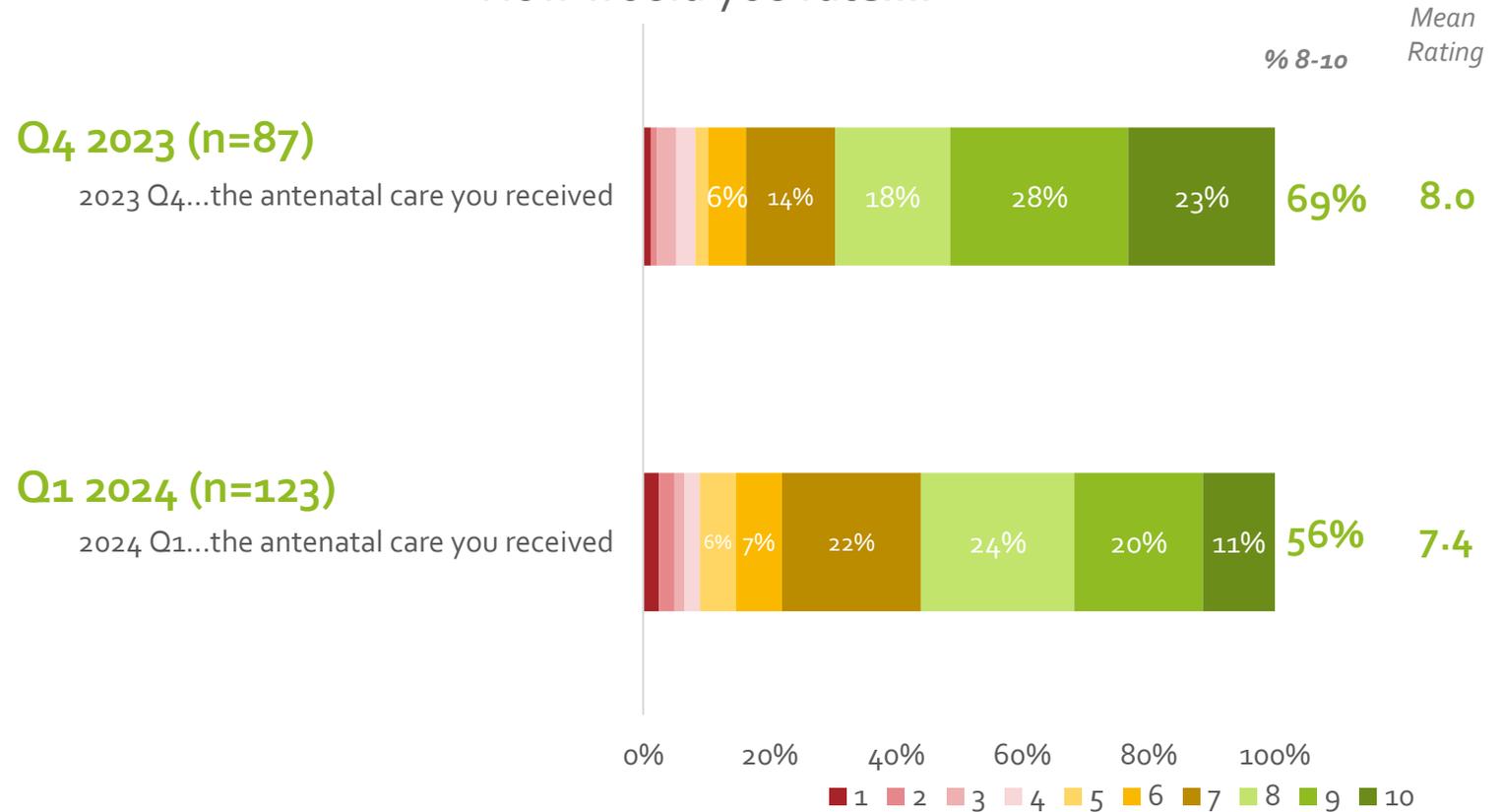
- Labour and birth satisfaction remains stable and high
- Antenatal care satisfaction reduces sharply
 - More rating it 7 rather than 8-10 this Qtr
- Postnatal care results are similar to last Qtr, lower than the other stages, with one-third still highly dissatisfied



Rating of antenatal care

- Comparing last Qtr to this directly, we see a reduction in ratings 8-10 this Qtr and more use of 5-7 indicating a reduction in satisfaction, however it is reassuring that there is no large increase in use of scores 1-4 / 10

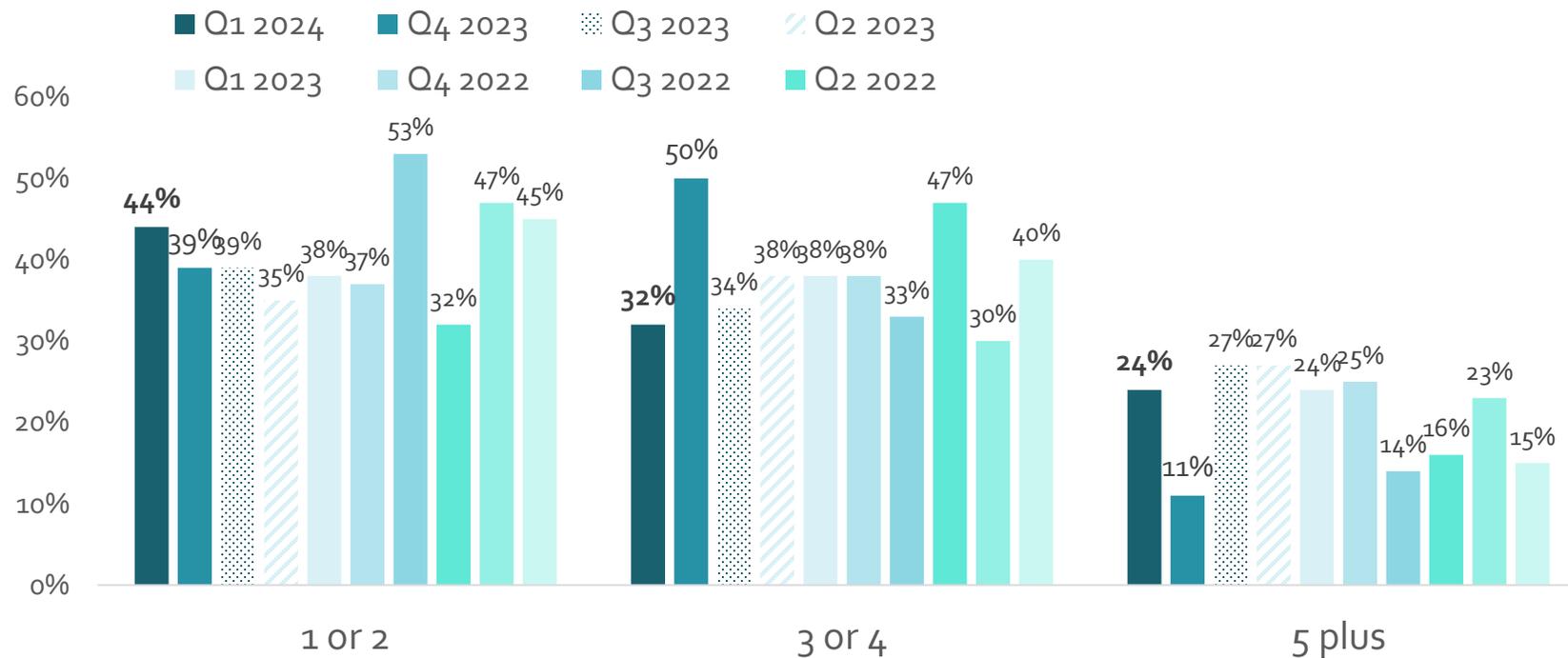
How would you rate....



How many community midwives did you see in your pregnancy? (n=123)

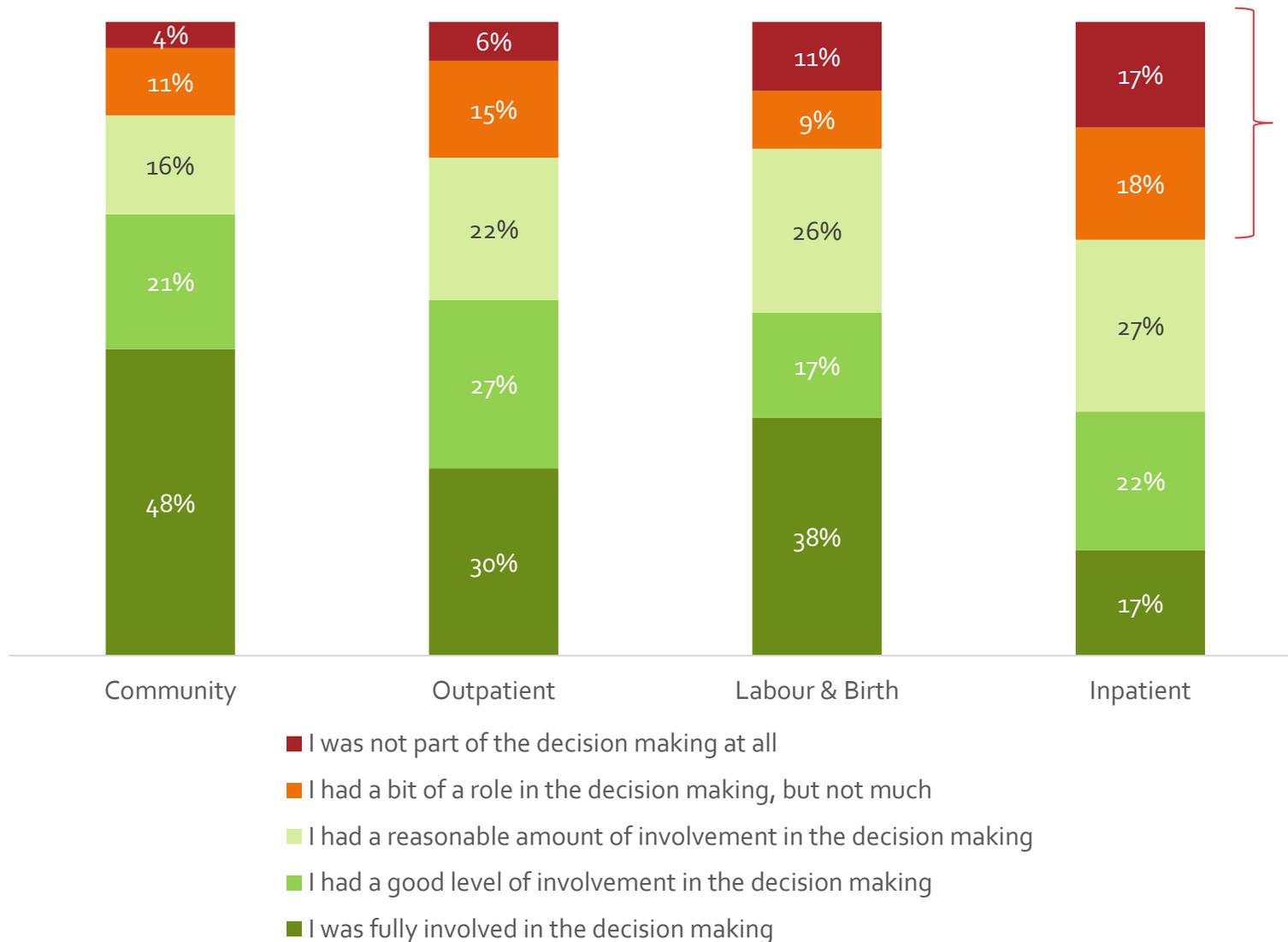
Consistency of care

- We have learned from previous Qtrs that the number of midwives seen throughout pregnancy impacts overall satisfaction
- The increased number of patients seen by 5+ midwives has led to an overall lower mean rating in this Qtr's results



Number of midwives seen	Mean satisfaction with overall maternity service
1 or 2	7.4
3 or 4	7.5
5 plus	6.6

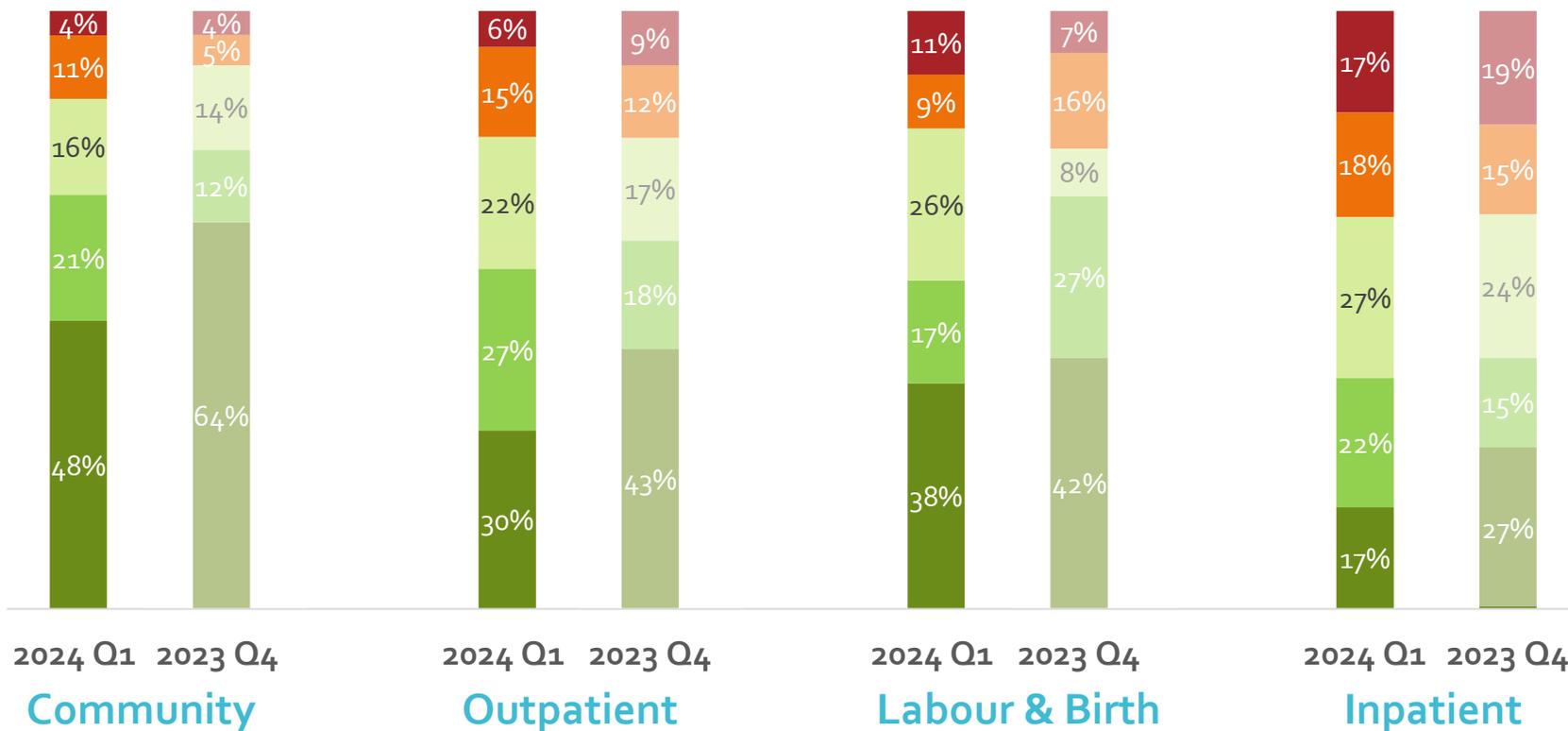
Did you feel a part of the decision making about your care?
Please tell us your opinion for each of these stages (n=variable)



Involvement in care

- Patients feel most involved in decision making in the community
- Outpatient and Labour & Birth involvement levels are similar to each other, with just over half fully involved or having a good level of involvement
- Inpatient involvement is the most different to all other areas with more (one-third) feeling they had no or a small role

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

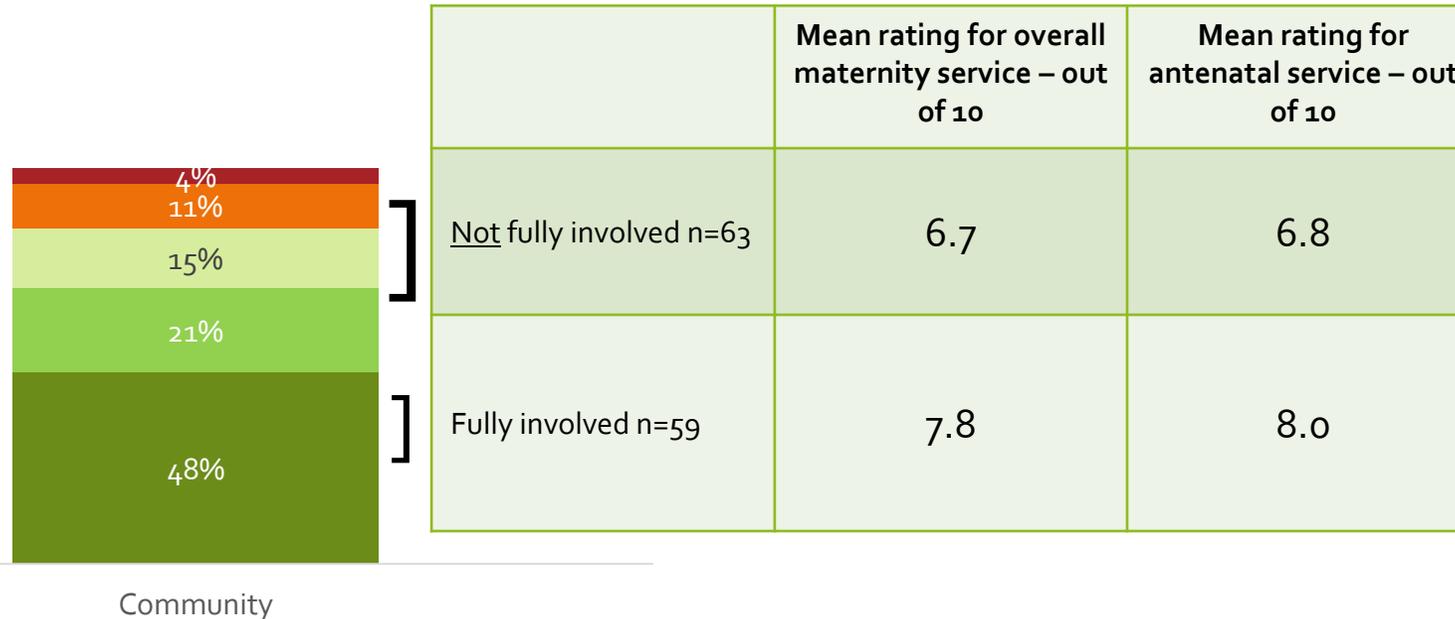


- I was not part of the decision making at all
- I had a bit of a role in the decision making, but not much
- I had a reasonable amount of involvement in the decision making
- I had a good level of involvement in the decision making
- I was fully involved in the decision making

Involvement in care – Q4 2023 vs. Q1 2024

- Full involvement drops this Qtr in all settings, but least so Labour & Birth
- This is potentially a further source of dissatisfaction which has led to the fall in overall satisfaction

Did you feel a part of the decision making about your care?
Please tell us your opinion for each of these stages -
community (n=122)

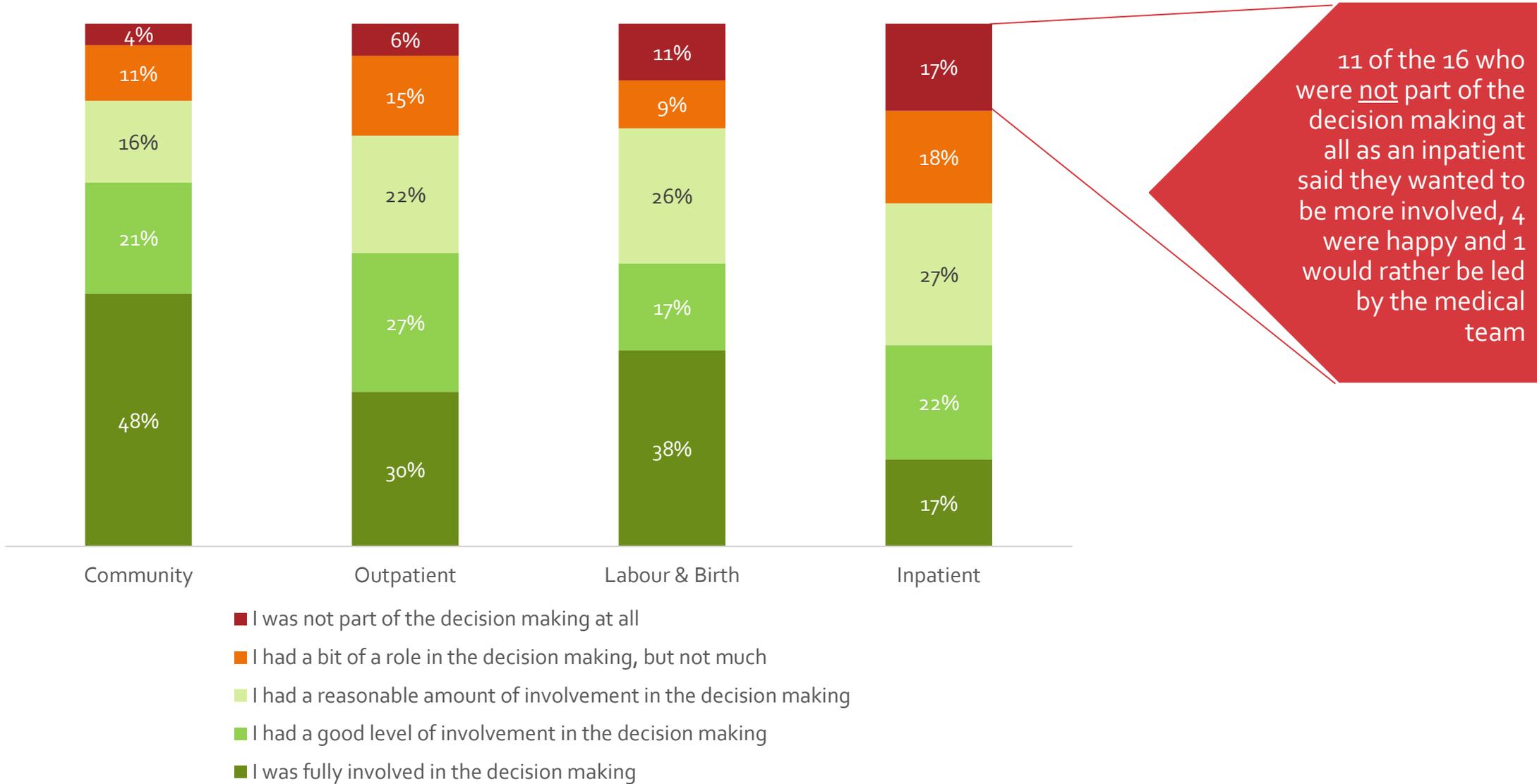


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Involvement in care

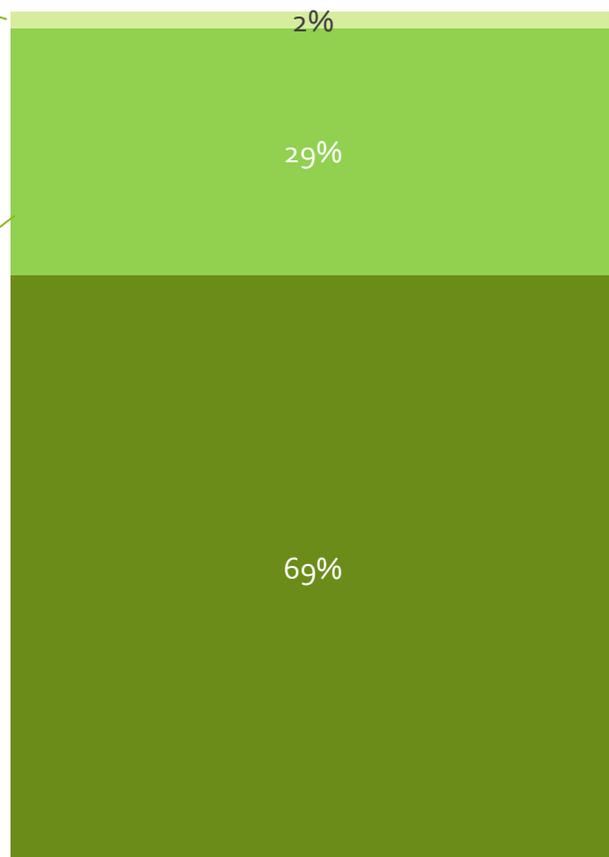
- Results show being fully involved in community decisions leads to higher satisfaction both for the service overall and for the antenatal service
- Fewer patients perceiving full involvement in decision making this Qtr has contributed to lower scores

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=123)

The 36 who said they wanted to be more involved in decision making give a mean rating of 5.5 for their overall experience, a large drop vs. 7.2 overall



Q4 2023

23%

76%

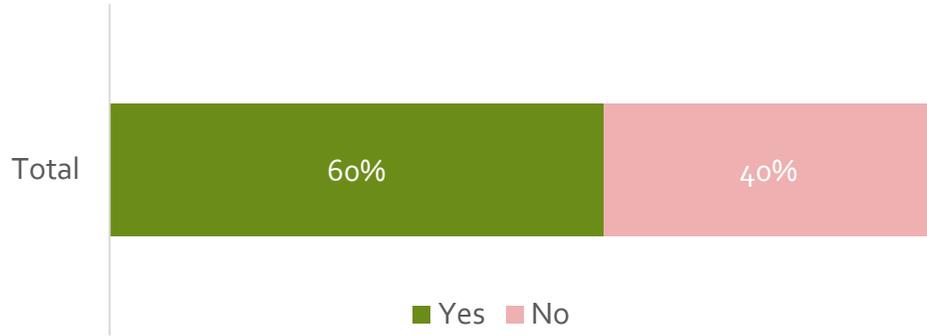
Overall satisfaction

- 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

- 7 in 10 patients were happy with their level of involvement in decision making
- For 3 in 10, having more involvement could significantly improve their overall experience of the maternity service

Were you able to birth your baby in the location you wished to? (n=114)



46 could not give birth where they wished

- Of these, 40 gave birth in JR Delivery Suite, most wanted Spires

All who could not birth where they wished

Induction needed (26%)	Medical issue (41%)	Capacity issue (24%)	Not enough time (9%)
<p>Specific reasons given for needing an induction are ICP, pre-eclampsia</p> <p>Recommended I was induced, which ended up in the delivery suite. Wanted to be in the Spires</p>	<p>A wide range of medical reasons are given for needing to give birth in the Delivery Suite</p> <p>My waters broke and contractions did not start. I originally had planned for a home birth</p> <p>Baby larger than expected, so had to choose the safest option possible</p>	<p>Not enough beds or staff, or pool unavailable</p> <p>Wanted to birth at Spires but no beds available so had to deliver on delivery ward</p> <p>We wanted to give birth at Wantage MLU but there weren't enough staff available</p>	<p>Not enough time (9%)</p> <p>I wasn't admitted to the Spires, because according to the midwife on the phone it was too early! I gave birth in the car</p> <p>Baby was born within half an hour of waters breaking at home</p> <p>We were hoping to deliver on Spires or failing that delivery suite. I ended up giving birth on MAU without assistance and not even any bed sheets</p>

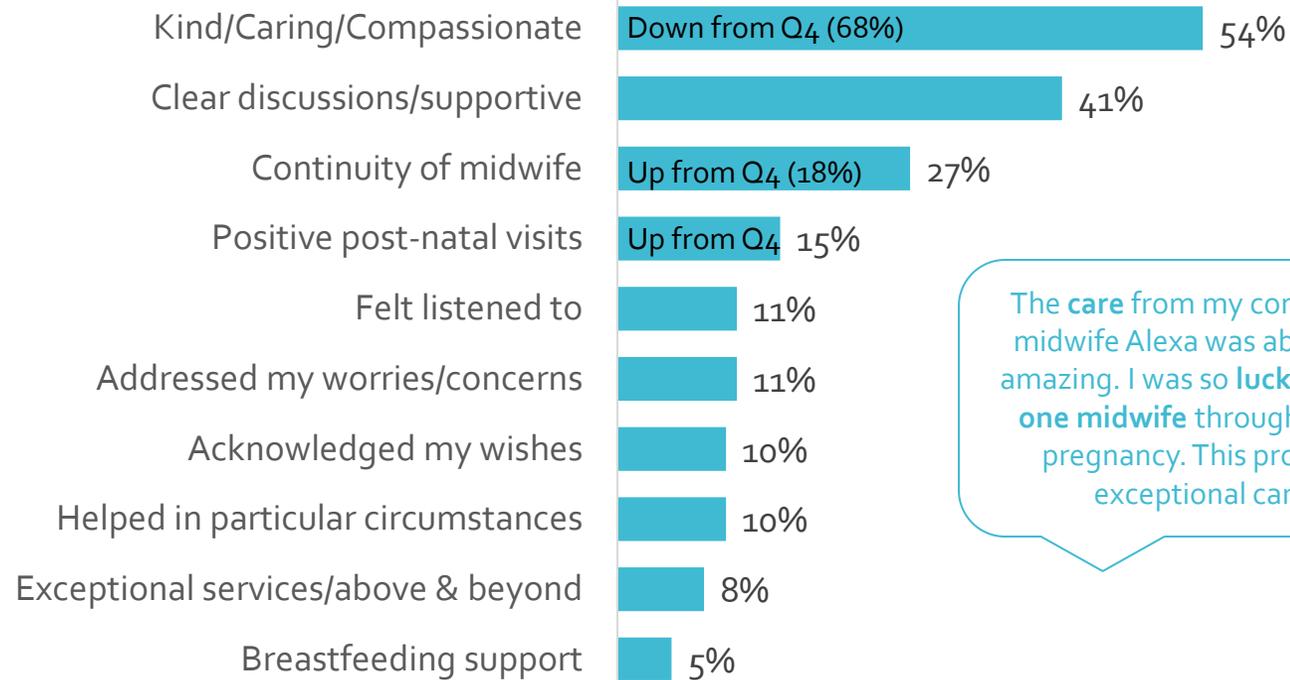
Comments – Q1 2024

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 they see the same 1 or 2 midwives throughout
- There is a reduction in the number of spontaneous comments around kind/caring approach



What was **good** about your maternity care experience in the **community**? (n=123)



The **care** from my community midwife Alexa was absolutely amazing. I was so **lucky** to have **one midwife** throughout my pregnancy. This provided exceptional care.

Easy appointments to access at local Surgery. **Excellent** antenatal care from the **Silver Star** team and the **Birth Choices** clinic. They worked with me to **create a safe birth plan** when I birthed outside guidelines on the Spire

Continuity of care between a small number of midwives was good. Georgie in particular was excellent - **really friendly and personable**, put me at ease, very **knowledgeable** and **remembered things about me as an individual**- didn't feel like just another patient!

Key aspects of a good community experience

- Caring, compassionate
- Experienced, competent
- Informative
- Easy to talk to, ask any question
- Consistent midwife
- Always have time, additional appointments when in need
- Easy to access appointments
- Good number of appointments
- Put you at ease, feel safe – can contact at any time

What was **good** about your maternity care experience in the **community**?

Many patients name team members they are particularly grateful to for their support & care – *there are too many to mention!*

I received **excellent care from Chipping Norton midwives** both antenatally and postnatally. I always saw the same member of staff, if possible, which helped me **form relationships and trust with the care** when I'm anxious about anything medical. The post birth **breastfeeding support** could also not be faulted. I cannot fault the care I receive from Chipping Norton at all

I had a **wonderful** midwife whilst **giving birth at home** who **took control** and did a fantastic job. Postnatally the midwives were all very **supportive and readily available**

Easily contactable if any problems or issues

The community midwife team in Bicester were all **really friendly and kind**. Felt very comfortable in their care

Having the **same midwife antenatally**. **Flexibility** from the midwifery team to be able to respond and meet my needs accordingly

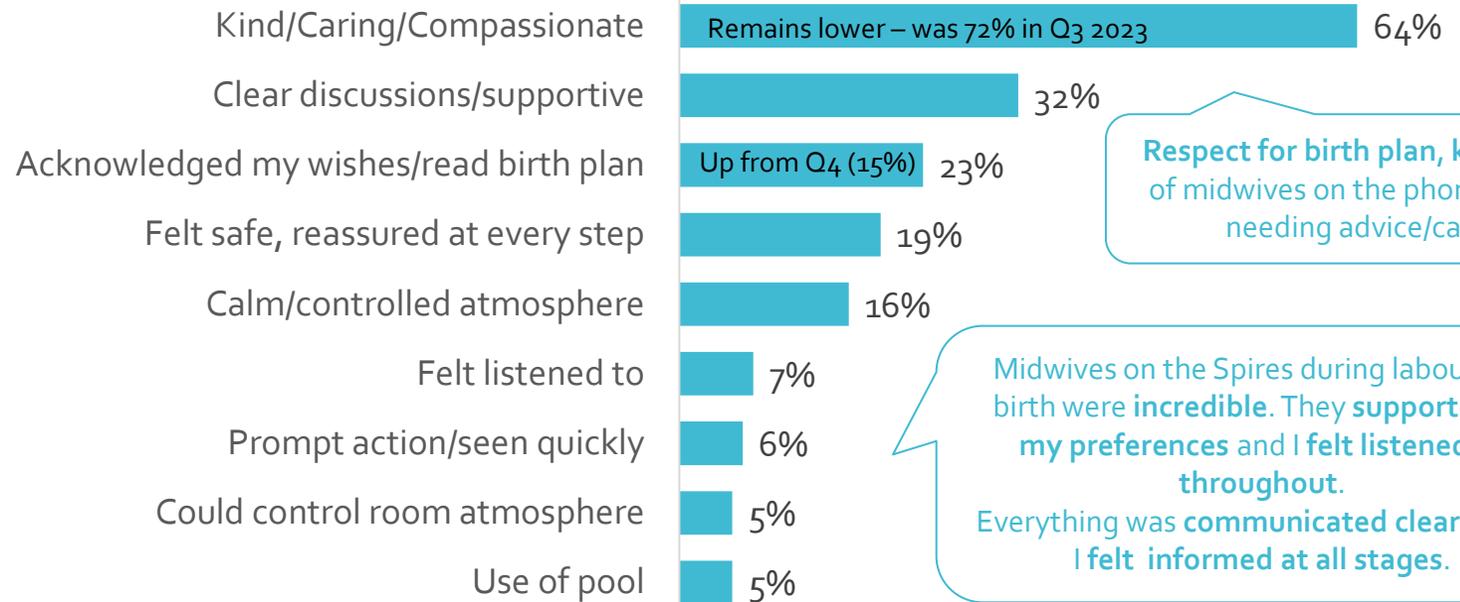
The midwives were great. The two midwives who primarily supported me antenatally were **lovely** and very **competent**. The **mental health midwife** was fantastic

Positive perceptions of maternity care experience in hospital

- Kind/caring feedback stays lower vs. Q3, at similar level to Q4 and fewer state they received 'exceptional service'
- This suggests challenges in demonstrating the key attribute of caring to patients. More insight on this issue should be seen in the 'improvement' comments
- To drive a positive experience, the top areas remain the same
 - Nursing staff who are kind & care
 - Processes and procedures are fully discussed with patients
 - Wishes are followed.....
 - ...leads to feeling safe



What was good about your maternity care experience in hospital? (n=123)



Respect for birth plan, kindness of midwives on the phone when needing advice/care

Midwives on the Spires during labour and birth were **incredible**. They **supported all my preferences** and I felt **listened to throughout**. Everything was **communicated clearly**, and I felt **informed at all stages**.

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.

Amazing midwife (30 years' experience) and apprentice. They were **extremely kind, helpful, made me feel at ease**, confident. I delivered a 99% percentile baby and still managed it with no tears. The team helped me so much with breathing techniques etc

Top 'codes' shown

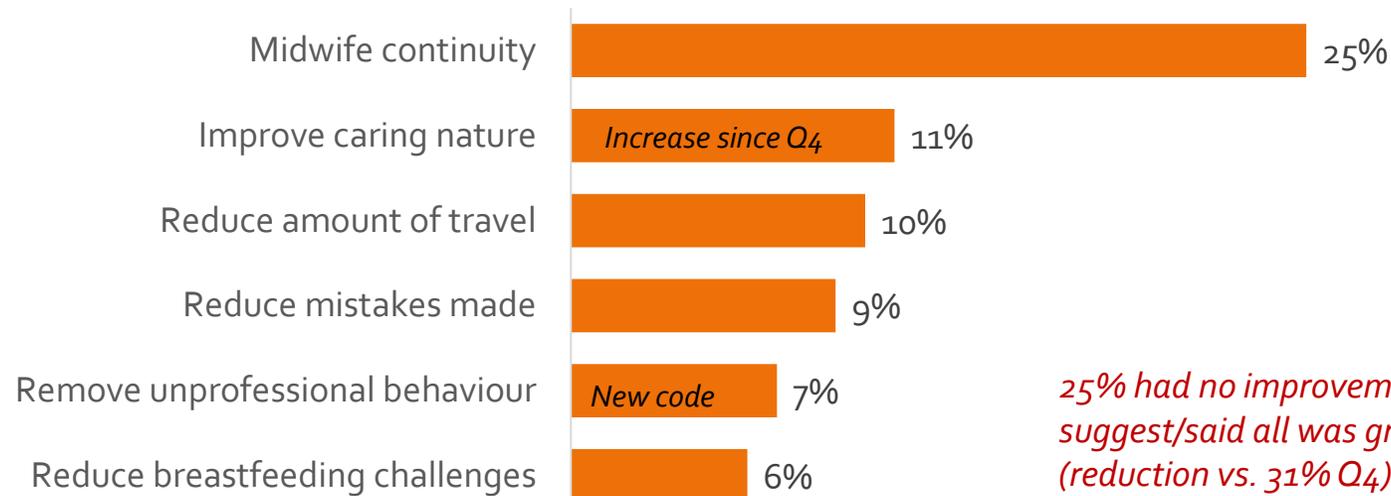
Q4, 16% said exceptional service/above & beyond, just 2% this Qtr

Perceived areas for improvement in community antenatal and postnatal maternity care

- The largest improvement patients wish for is midwife continuity
- The wish for improved caring approach and presence of patients saying they were on the receiving end of unprofessional behaviour demonstrates some challenges in the relationship between nurse and patient



What could have been improved about your in **community** antenatal and postnatal maternity care experience? (n=123)



25% had no improvements to suggest/said all was great (reduction vs. 31% Q4)

Despite a consistent midwife it did feel like I had to often **repeat my history** at each visit and **previous pregnancy loss was forgotten**. She was also a community midwife 2 days a week so on all other days I had to go straight to the hospital triage team or a GP with any concerns. I therefore paid for an independent midwife in addition because I had anxiety from previous losses.

I was very frustrated to have a constantly dropping ferritin level and it took me **weeks of asking for an iron infusion** before I was able to get one. I qualified for an infusion, but my midwife was **not familiar with the requirements** and so she repeatedly told me it was not possible even though it was not her call to make.

There were more challenges with appointments this Qtr

Hard to book appointments/make contact (4%), More appointments wished for (4%), Want more options for appointments (2%), Mix up in appointments (2%), Didn't get appointment should have had (2%)

Other issues – Not listened to/forceful staff with their opinions 4%, Referral hasn't happened 4%, Area not covered by midwife 4%

Perceived areas for improvement in community antenatal and postnatal maternity care

I didn't get much after care as a surrogate

One of the midwives visiting home after birth was not nice and felt advice was conflicting

I had stitches to my Labia following labour, I had to ask 3 times for them to be checked by midwife, when they were checked the midwife commented "I've never seen stitches like these before so can't tell you if they look OK or not. If you think they are infected go to GP"

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



Feel disappointed with midwife changes

- Have to repeat information, difficult when had traumatic previous experience or makes you feel more nervous about care
- Without good relationship, hold back worries



Improve 'caring' approach

- Request falls on deaf ears
- Insensitive to previous loss
- Unusual cases lacking caring pathway
- Without one person advocating for you, feel ignored



Travel creates challenges ante- and post-natal

- Newborn checks very early morning on day after birth- why not done at hospital before discharge?
- Home visits for regular weigh-ins, when don't drive



Reduce mistakes made

- Recognise jaundice x 2 (led to emergency readmission)
- Ferritin level not managed
- Tests missed – anti-D or lost (showing high risk of pre-eclampsia, blood sugar)



Breastfeeding challenges

- Feeling guilty when it's not working perfectly
- Most often, it's urgent /being there 'at the right time'



You see so many different midwives there isn't really any continuity and for someone that has had a terrible birth experience and problems with their baby, you don't want to keep repeating the same story

Through half of my pregnancy, I had seen 4 different midwives during my antenatal appointments. This made me feel not very safe as I did not know who I could reach to in case I had a question or concern. It felt like I didn't have a friendly face in mind when thinking about who was looking after me and my baby

More understanding of the mental health impacts and physical inconveniences of going to hospital for short checks

What could have been improved about the **community** care you received?

Appointment scheduling is causing more challenges this quarter, which could be contributing to lower satisfaction in this setting



- **Confusion** about dates/when procedure has to be done by - being bounced between different personnel with different opinions
- Confusion about who was **ultimately responsible** for certain aspects of care (consultant or midwife)
- **Lack of choice** of appointment dates
- **Difficult to reschedule appointments** with preferred midwife (exacerbated if midwife works part time)

And specifically postnatal

- Lack of postnatal care **after certain weeks**
- Postnatal care forgotten about/**not enough visits**
- Lack of face-to-face postpartum check with GP (2 x questionnaire only)

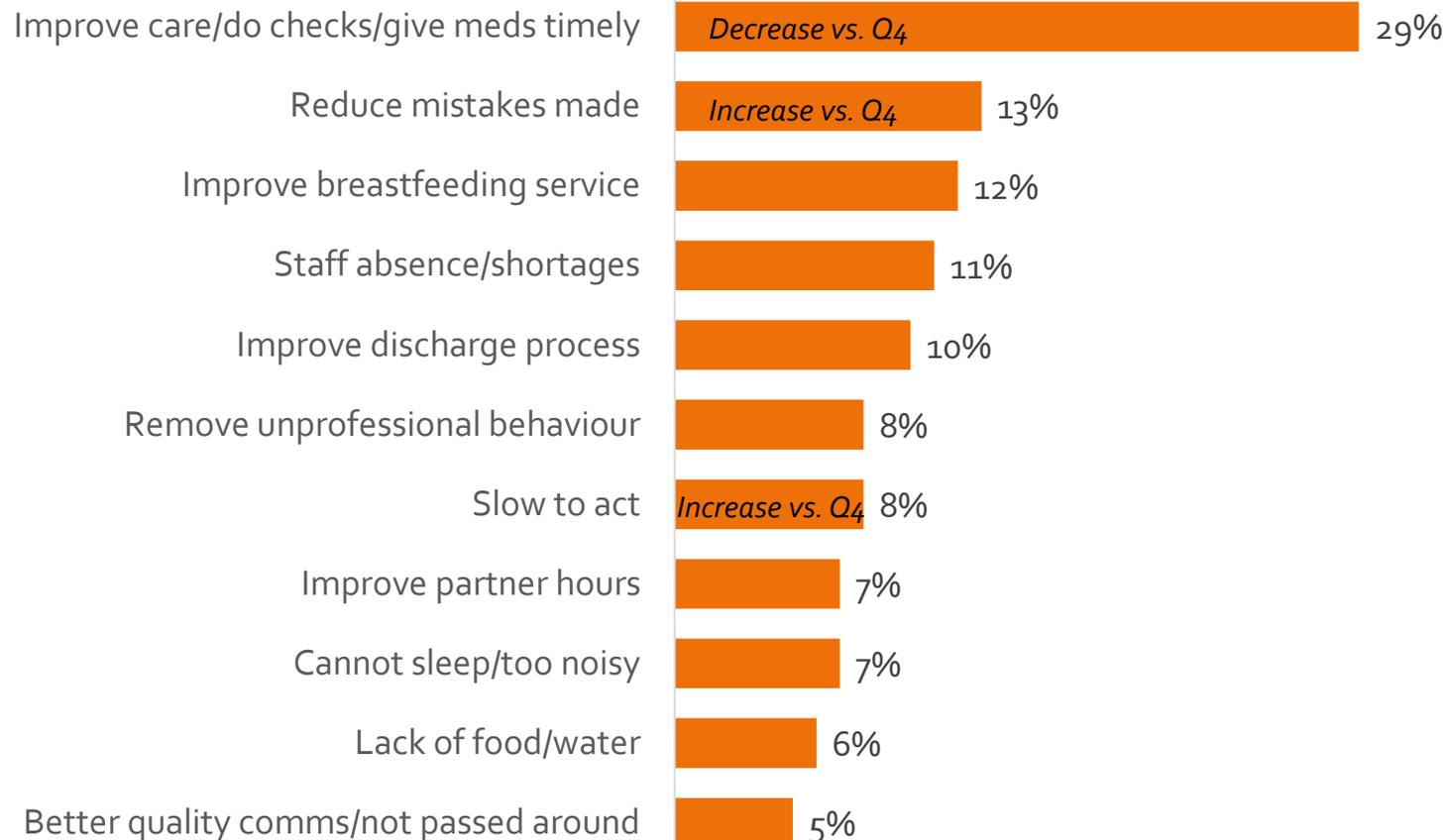
Perceived areas for improvement in inpatient antenatal and postnatal maternity care

- There is growth in the number of improvements required by 5%+ of patients
- Reported mistakes increase, with more challenges of hospital being too noisy and lack of food/water being offered
- Slow to act also grows as a concern, with patients waiting a long time for help when they request it

37% did not need inpatient care or stated all was fine



What could have been improved about your inpatient antenatal and postnatal maternity care experience? (n=123)



Smaller themes to be aware of for the future:

Tongue-tie issue 4%, Left too long between checks 3%

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

Postnatal, I felt I had **no care**, was **abandoned** on the ward with no support post-c section. I had to go to the nurse's station and cry to get seen and explained to what was happening and to be shown where the toilet was!

I was literally **dumped** in a shaded ward at 5am without my husband and with a brand-new baby and left on my own for 3 hours without any nurse/doctor talking to me about what was happening or giving me any advice on how to care/feed my baby. I was in tears and had to ask for help on multiple occasions. I was spoken to very rudely by one member of staff who basically wanted to fob me off when I tried to explain that no one had spoken to me since I'd been brought to the ward



More timely care/checks & meds

- Pain management – having to ask several times
- Support for c-section patients
- Want introductions and then regular checks when moved into ward
- Long time to get help



Mistakes being made

- Brought incorrect meds or meds late
- Miscommunication about tests & discharge time
- Not reading the situation well, giving poor advice
- Taking BP incorrectly
- Baby bruised by nurse's thermometer use



Breastfeeding advice

- Timely support, from birth
- Not seeing a poor latch / tongue-tie in time
- Limited support, have to constantly ask



Staff shortage

- Noticeable to some that staff were overwhelmed, wards were busy
- Checks being done throughout the night, to the point of regularly being disturbed



Improve discharge process

- Poor communication, lengthy process



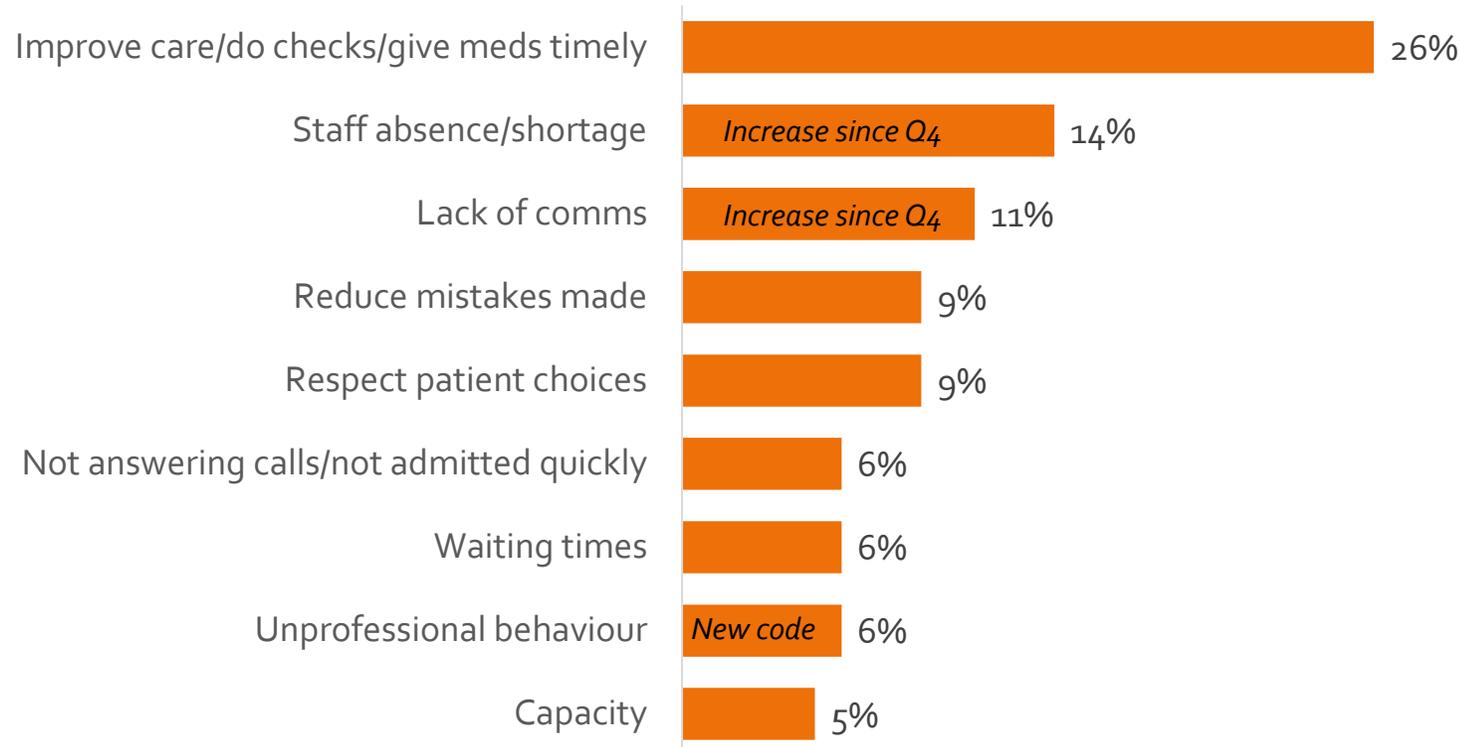
I was **left on my own for 6 hours** after my c-section, got myself out of bed with no help to go visit my son in NICU. had bled on my bed and asked for my sheets to be changed (as I'd been sat there for so long unable to put pads on myself..), went to NICU for 4 hours and came back to dirty sheets still yet the other beds changed and clean. took the sheets off myself in the end

The **discharge process seemed unnecessarily long**, I was told at 12 that I was ready to go and didn't get discharged until gone 6pm. I was waiting for medication which I had been told were in stock on the level, there was no reason given other than my papers not being organised. It took me standing at the front desk at 6pm with packed bags to get out, despite me telling numerous people we needed to leave for childcare reasons. I understand things can be slow but can't understand why it took 6hrs



What could have been improved about the care you received during labour and birth? (n=123)

31% had no improvements to suggest/said all was great (lower than Q4 – 39%)



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
- It is more concerning to patients that their birth experience feels understaffed and that communication on what's happening has not been reassuring enough
- Reports of unprofessional behaviour grow in this setting too

It is positive to note that consent (6% last Qtr) has not been raised at all this Qtr

Smaller themes to be aware of for the future:

Better comms on timings 4%, Sent home/return in short space of time 4%, Uncomfortable environment 4%, Take mums concerns seriously 3%, Long process to discharge 3%, Shift change noticeably left along 3%

Perceived areas for improvement in labour and birth maternity care

- The common theme is a lack of communication with patients unsure of the steps they would go through, who was responsible and the timescales involved

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

I felt that while I was in the hospital during the induction, I was given **very limited information** as to what was next and who I should expect to speak to

My midwife kept leaving the room and even though I kept expressing I'm in labour very quickly. She left the room when I was 6cm and returned when I was ready to push. Her absence made me feel **like I had to hold the baby in**

More anaesthetists available so **decisions weren't rushed in the moment**

It would have been better to **feel more cared for as soon as I arrived at the MAU**. I was having quite frequent contractions and was waiting to get a blood test to check my platelet levels and was left in a room for a while by myself and my partner. With no idea who and when someone was coming to check on us and what was happening. There was a midwife coming to check on us every now and then, but it felt like she was busy with other patients and couldn't give her full attention to us

We were admitted to MAU because there were **no beds in the Spires**, we were told multiple times "**there are no midwives or beds available so you will have to wait until handover**" during this time I was in active labour. I was checked and was 3cm so was sent home at 2am returning 2 hours later to MAU in agony to be welcomed by discharging midwife who proclaimed I was a "drama queen" and there was "no way I had dilated more in such short time". I was then assessed again, and my waters broke, and I was 6cm dilated, it was **only then when I was offered any pain relief**. We had to wait in a bay in MAU until handover for me to be transferred to delivery to deliver my baby. This whole experience was **incredibly distressing for both me and my partner**

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

Perceived areas for improvement in labour and birth maternity care

Team in the JR were not **very understanding** and asked me to go for a walk round the park to continue with labour. It was 1am in the morning

I asked for the **epidural twice** during my labour. The first time I was offered the morphine injection instead. After that I only received gas and air for pain relief as the epidural didn't arrive in time



Lack of care

- Not attended to upon arrival in good time
- Unsupportive comments/suggestions
- Pain relief not ready in time



Staff shortages

- Clearly have too many patients to attend to, leaving patients alone for some time
- At shift change, there was a time when patients didn't know who was in charge



Lack of communications

- Not being updated at every stage, about waiting times, procedures etc.
- **This is particularly true for those having inductions**



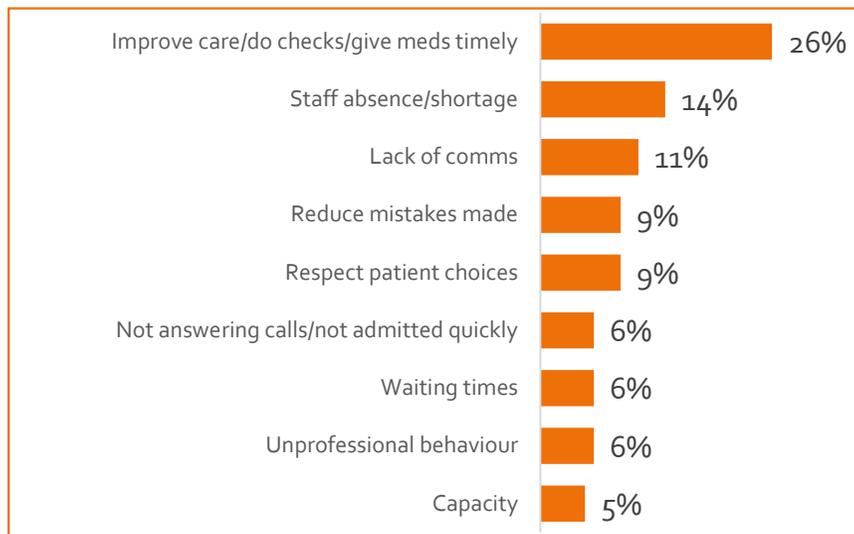
Reduce mistakes made (4 making complaints)

- C-section, but spinal block not working 100%
- Given 4 epidurals – kept failing
- Painful physical exam
- Late transfer led to rushed birth



Respect patient choices

- Be aware of notes/history
- Birth choices taken away by not having additional monitoring or induction at earlier point
- Having to strongly advocate for self against induction



I **felt unprepared for the induction** and didn't feel the team explained the steps to me fully or managed my expectations

We were **forgotten about/ignored** on the induction ward numerous times. The maternity department was on red alert for staff shortages. Our consultant told us it wasn't a safe place to give birth, then told us our induction would start that day

Long labour was made longer by **waiting times without gas & air**. Aware there were probably bigger emergencies to deal with at that time. However, 4 hours waiting with 2-minute-long contractions with no pain relief felt very long

Induction feedback

Perceived areas for improvement in labour and birth maternity care

A range of concerns were raised about inductions this quarter

- Provide a **balanced discussion** about induction (benefits vs. risk factors) – feels ‘forcefully put upon’ – 3 patients recorded this concern
- **Consistent information** between departments on benefits of induction in specific cases and if timeframe advised, keep to that timeframe
- Case of **started induction** with gel but it could not be continued due to staff shortage
- **Patients feel unprepared** - steps not explained to manage expectations
- **Comms on wait time** for induction
- **Regular monitoring** during induction – patients feel ignored/forgotten
- In the **community**, induction needs to have a suitable amount of time spent on it
- Clear advice on **food** before induction, to ensure enough energy throughout the process
- **Partner policy**

I found it **uncomfortable to discuss my options** with the obstetrician when I went over EDD by 2 weeks. Having declined induction before 42 weeks, I was referred to the obstetrician to discuss options. I found the obstetrician’s approach in this discussion **alarmist and interrogative**. It caused me to **feel fearful** (not good for oxytocin production needed for labour). I understood that she wanted my baby to be safe. **However, both her and the consultant used recent anecdotes with negative outcomes to encourage my consent to induction**, in addition to statistics, which was unhelpful and not appropriate. Also, the **obstetrician was dismissive of the risks of induction**, and only focused on the risks of not inducing. This made for an unbalanced discussion where I was presenting the counter arguments to going ahead with induction

When I **attended for my booked induction** at 41 weeks which was **strongly recommended** by the registrar to **reduce the risk of still birth** (I was a VBAC) there were **no trained staff** available to do the mechanical rod induction technique as per recommendation and I was told I **would have to wait up to 5 days** to be called by delivery suite to have my waters broken. Luckily after a stretch and sweep I went into spontaneous labour a few hours later

Partners should always be allowed to stay for inductions of labour, it's horrendous this cannot be guaranteed

I felt that while I was in the hospital during the induction, I was **given very limited information as to what was next and who I should expect to speak to**

Epidural feedback

Perceived areas for improvement in labour and birth maternity care

5 cases of issues with epidurals not arriving in time

- Not working
- Length of time waiting/not in time
- Unprofessional wording

It's a shame that I couldn't be assessed in the Spires. It did take a long time to get an epidural so I **would have appreciated it earlier**, as I was almost fully dilated by the time I had it

I **asked for the epidural twice** during my labour. The first time I was offered the morphine injection instead. After that I **only received gas and air** for pain relief as the **epidural didn't arrive in time**

I would have like to know more of the **timeline for getting an epidural** (I asked for one early, but nothing was done for a while which meant it was **eventually too late**, though this was also due to concerns about baby's heart rate

I had 4 epidurals fail

The anaesthetist who gave me my epidural - if I would have had the energy, I would have made a formal complaint then and there, I had been in labour for two days and vomiting not being able to keep food down or water and she had the nerve to say; "it's a bit early for an epidural isn't it"! This sort of **behaviour and comments are unnecessary and disheartening to the mother and are not taking into account patient needs and emotions**

Requests made

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

Community

- Rainbow support made available before 24 weeks
- Add sticker to notes to indicate previous pregnancy loss, to reduce number of times need to tell staff (e.g. sonographers etc)
- More support for bottle feeding parents
- Book patients in automatically for postnatal mental health support if had it antenatal
- Provide a contact in antenatal clinic for follow up queries after birth (example, “they referred me for a liver scan but the date I was given was after delivery and I didn’t really know whether I still needed to attend or not, and the community midwife was unsure too and didn’t know who I should contact”)
- Automatically cancel ante-natal appointments when you give birth (otherwise time is spent by NHS chasing patient for not attending)
- Ensure whooping cough information covered during subsequent pregnancies
- Advise on differences with second birth, e.g. speed of labour progression
- Part time midwives to be clearer in answerphone messages about when next working

Inpatient – suggestions for personalisation

- Combine mother and baby checks so not being woken up for both
- Cribs with drop down sides for c-section parents
- Orientation introduction when arrive on Level 5

Labour and birth

- Want Wallingford open 24/7
- Midwives need to be more knowledgeable of postnatal allergies
- Encouragement to move into different birthing positions
- Language use during rainbow birth
- Staff to introduce themselves by name, to make processes feel more human

In summary

- The overall experience is less satisfactory, with actions needed to improve
 - Either improve case numbers of patients seeing 1-2 consistent midwives or check-in with those seeing multiple midwives to reassure
 - How can midwives improve perception of being involved in decision making?
 - In the community specifically, remember to aim for empathy in every interaction

- **Three-quarters** saw **1-2/3-4 midwives** in the **community**, down from 9/10 last Qtr, contributing to a lower evaluation of service received.
- Maternity service score reduces, with fewer very satisfied. Lower satisfaction is particularly evident in; antenatal care, when patients see 5+ community midwives and when patients don't feel fully involved in decision.
- There are more comments about unprofessional behaviour, less caring attitude, slow response to needs and increase in mistakes all contributing to lower satisfaction among service users.

Positives

- Caring / compassionate, listened to
- Supportive / competent to answer questions
- Good support in postnatal visits
- Address worries / concerns
- Acknowledge individual wishes and support individual circumstances

Improvement areas

Community

- Midwife continuity
- Travel level with new baby, time of appts

In hospital (inpatient and labour/birth)

- Timely patient check-ins, with pain relief
- Keep patients informed on timings
- Updates during procedures
- Review breastfeeding provision at the busiest times, how can new parents be seen regularly?
- Discharge process to be reviewed

Both

- Dignity for patient in all interactions

Areas to focus improvement

Always remember the basics

- Care and compassion with every exchange
- Building rapport quickly with patients, 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 upon first arrival and in hours post-birth

Staffing

- Ideal is 1-2 midwives per case in the community, if not possible, consider how to build personal service across staff
- In hospital, what can be done so patients are able to access staff time overnight?
- How can staff 'know' a patient's history, so avoid 'speaking out of turn'
- 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 post-natal appointment schedule, are patients being seen when they most need it?

Involvement in decisions

- Review how patients can be further integrated to be involved in all possible decisions about their care
- How to remove that 'panic' element when timing is short

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

Background Information

Appendix; Community Team

What Community Team did you receive your care from? (n=123)

Community Team	#
Vale (Wantage/Abingdon)	35
South (Wallingford / Didcot)	15
Witney	15
Banbury	15
Bicester	14
Blenheim	10
Isis	10
Chipping Norton/Cotswold Birth Centre	8
Out of area (Berks/Bucks)	3
Lotus	1

N=3 stated two community teams, so sum is 126

Appendix; Specialist Teams

Were you cared for by any specialist teams? (n=123)

N=45 were cared for by a specialist team (37%)

69 teams mentioned equal to 1.5 teams per patient, which is higher than in previous Qtrs

Specialist Team	#
Fetal Medicine	20
A perinatal Mental Health Service	13
Silver Star	12
Diabetes	7
Breech	4
Rainbow	4
Recurrent miscarriage	2

1 mention for:

Consultant led (high Doppler), Antenatal clinic, Due to a test being missed, bereavement midwife, Mr Impey's team for VBAC, low platelets, trauma midwife

Have you accessed any of the videos we have made available? (n=123)

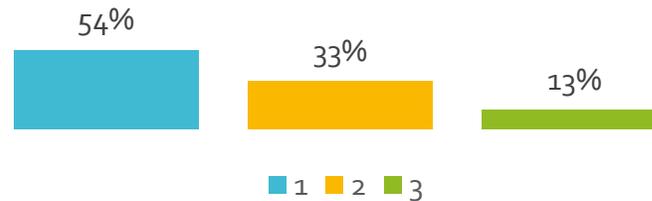
N=52 (42% of total) have accessed 1 or more videos (improved vs. Q4 2023 – 36%)

Videos accessed	# (% of 123)
Ask the Midwife Facebook lives	34 (28%)
Infant Feeding Team facebook lives	31 (25%)
Antenatal or postnatal education videos on our YouTube channel	18 (15%)

Some uplift seen in use of all 3 videos

Appendix; Video Access

How many videos were accessed (n=52)



If you accessed Perinatal mental health services, which services did you have contact with? (n=123)

N=21 (17% of total) accessed Perinatal mental health services (higher vs. last Qtr at 11%)

Services accessed	#
Talking Space Plus	6
Perinatal CMHT	4
Oxpip	4
Mental health midwife	4
IPPS	2
Private Practitioner	1

Positive assessment of CMHT from all n=4:

Excellent care

Just amazing

See notes pane for more detailed positive feedback

IPPS were negatively reviewed by n=2

I ended up discharging myself at 4 months PP because I felt more stress trying to arrange childcare and get to the appointment

Bad - huge waiting list. Signed onto it at 8 weeks and wasn't seen until after my baby was born

Waiting list issue at Oxpip for n=3:

Took too long to be seen so sought private counselling instead and only had one session with OXPIP after started seeing private counsellor

Didn't contact me until after I gave birth

...and n=1 dissatisfied with Oxpip:

I was disappointed with the support from OXPIP. I felt my anxieties were belittled and there was little support offered

...Disappointing feedback for Talking Space Plus:

Them not taking me on because my baby had died. Kick me while I'm down

Making the appointments with a newborn is unrealistic

Positive review for mental health midwife/talking therapies:

She came to see me in triage very last minute and while I was in a complete mess regarding changes in choices. She was brilliant at making me feel listened to and validated and offered a huge amount of emotional support when I needed it most. She offered a voice and helped me to come to terms with everything that was going to happen. I'm really not sure I could have done it without her

Appendix; Antenatal Information Sources

Where else, if anywhere, did you receive antenatal information? (n=123)

All patients received antenatal information

Antenatal information sources	#	% (of 123)
Friends and Family	64	52%
Oxford University Hospital Trust Website	50	40%
NHS Choices Website	41	33%
Hypnobirthing books	56	45%*
NCT – paid for privately	36	29%*
Facebook	27	22%
Private Antenatal Education Company / Doula	27	22%*
Classes offered free through the OUH maternity service- facilitated by NCT	21	17%*
NCT	3	2%
No antenatal information	0	-

* Higher than last Qtr

None used MNVP website/SM/youtube