

## York and district General Maternity Care Survey 2019

A general survey about maternity services has been used to gain insight into peoples' experiences of maternity care in York and surrounding area. Responses were collected online in September and October 2019 via advertising on social media to local parents who had a baby in 2016-2019. Results are presented from 438 respondents who answered at least some of the questions rating their care, with 302 people answering all questions. All percentages are calculated from the number of people answering that question, not the total overall number of responses.

A copy of the survey can be found in Appendix 1.

### Respondents

The first section of the report outlines information gained about the people responding.

Every respondent was the person who gave birth.

One respondent described their gender as male, one as genderqueer and the remaining 99.5% of respondents described their gender as female.

2.6% of respondents consider themselves to have a disability and/or impairment.

The question regarding ethnicity was open response, leading to a range of responses, summarised in the table below:

#### Ethnicity % of responses (as described by respondents)

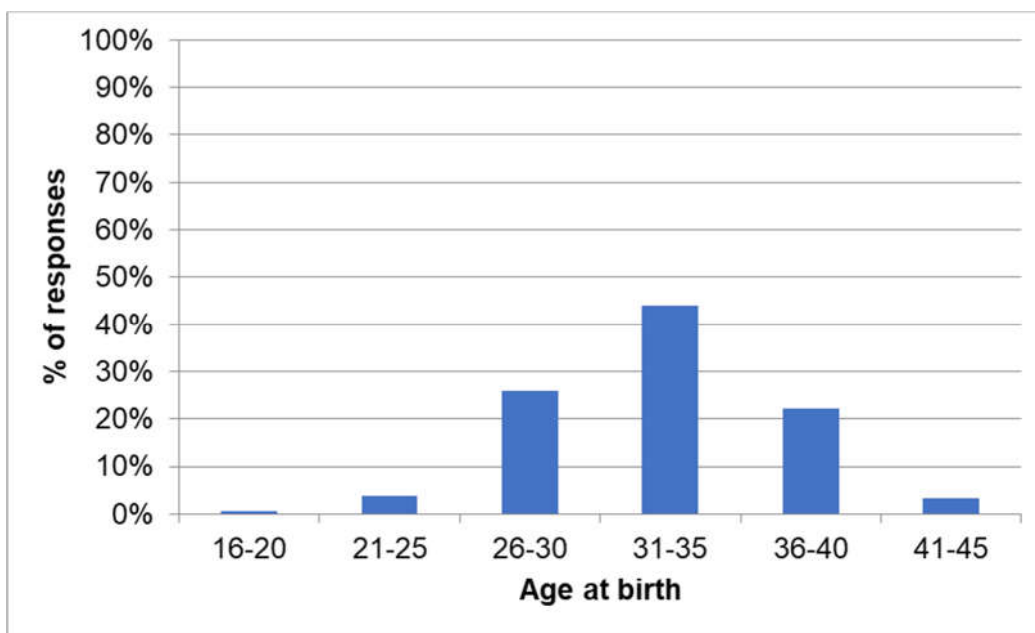
Asian/Asian British	1.4
British	23.4
European	0.9
Mixed	0.6
Other	0.9
Prefers not to say	0.3
White	72.6

Questions were related to the respondent's most recent baby and the most responses were received from people giving birth in 2019.

#### Year of baby's birth

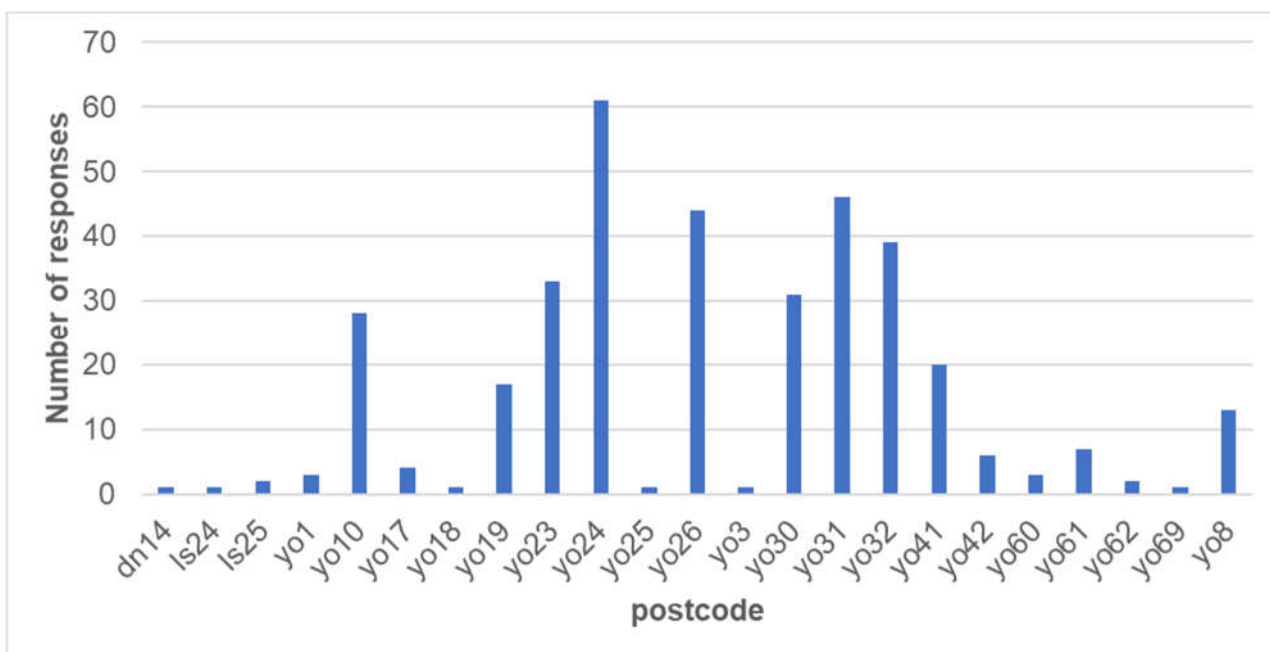
Year of baby's birth	No. of responses	% of responses
2016	57	13
2017	113	26
2018	124	28
2019	144	33
Total	<b>438</b>	

Responses were received from people of a range of ages:



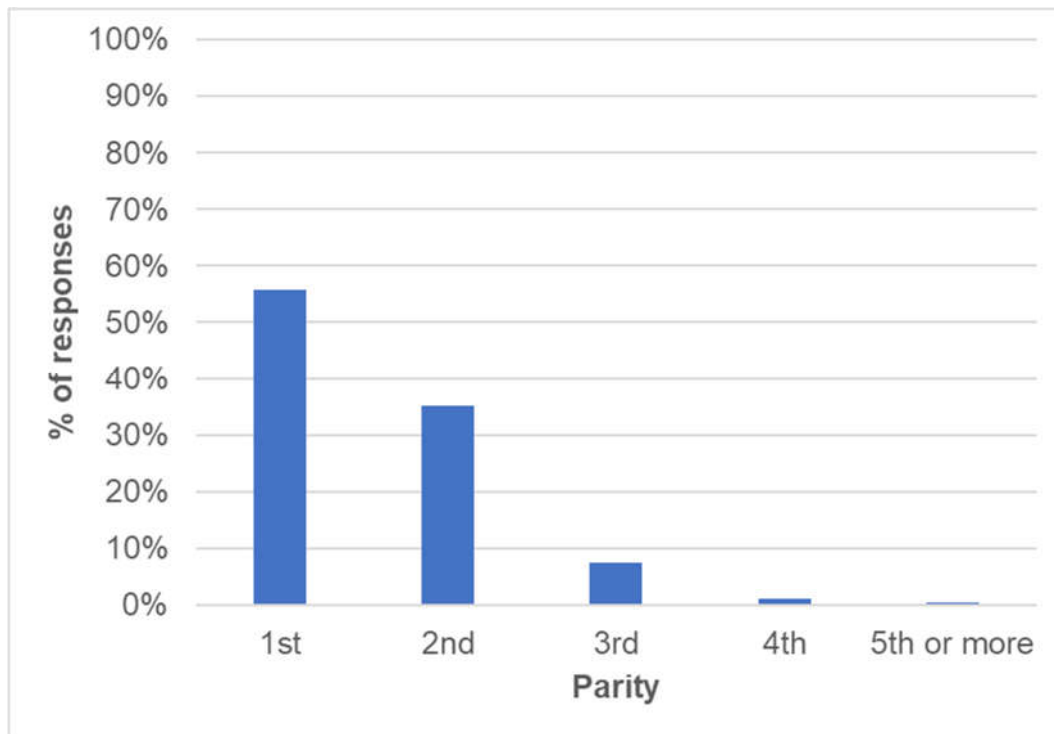
Age at birth

Respondents were asked for the first part of their postcode only, to allow for anonymity but also to identify that responses were received from all parts of the geographical area.



First part of postcode (at time of birth)

Parity at their most recent birth is shown in the graph below.



**Parity at time of birth**

91% of respondents gave birth in York district hospital, 6% at home and the remainder at other locations listed in table below.

**Location of birth**

	No. of responses
York District Hospital	397
Home	28
Attempted home birth then transferred in	3
Scarborough	1
Hull	1
Mid Yorkshire	1
Pontefract midwifery led unit	1
Scunthorpe General Hospital	1
Jessops Wing Sheffield	1

Almost two thirds of respondents gave birth vaginally, with eight mums (1.6%) commenting they had been induced and three mentioned water births in their comments; no questions were specifically asked about induction of labour or water births but these clearly impacted on their experiences. Two of the assisted births also mentioned induction and six people cited failed induction as the reason for their emergency caesarean birth. Babies being in

breech position also impacted on choices prior to birth and type of delivery, with most feedback about experience of care with a baby in breech position being positive.

### **Type of delivery**

Type of delivery	% of responses
Vaginal	63.4
Assisted vaginal (forceps/ventouse)	15.3
Planned caesarean section	7.3
Emergency caesarean section	14.0

Data from the Maternity Services Data Set for age, ethnicity and type of delivery is shown in Appendix 2 and confirms good reach for survey responses.

### **Maternity journey feedback**

The survey asked service users to rate each stage of their care:

- antenatal
- labour and birth
- postnatal care in hospital (if applicable)
- postnatal care at home by midwives

as

- excellent
- very good
- good
- ok
- mixed – some good/some bad
- bad
- very bad
- awful

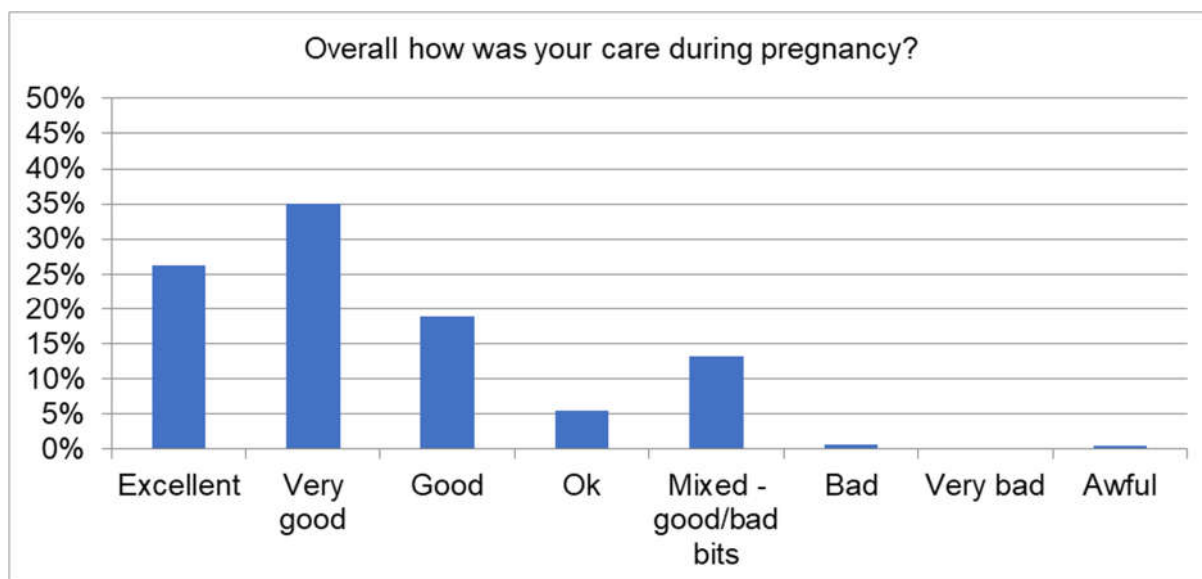
Comments were invited to explain the rating for each stage and key words were counted in each set of comments to identify themes and priorities – what is important to people accessing maternal care at each stage in their journey and what stops their experiences from being positive?

For each stage of the maternity journey, questions were also asked about key measurables including contact time, information received and involvement in care.

*(Direct quotes from survey responses are shown in italics)*

## Antenatal care

Antenatal care was rated as very good or excellent by 61% of respondents and good by 19% of respondents.



The key staff providing antenatal care are the midwives and most feedback related to their care and conduct. Continuity of carer was the single most mentioned reason for people experiencing the best care antenatally.

Overall 50% of respondents stated they had seen just one or two midwives during their antenatal care. 33% of respondents had seen three or four midwives and just 14% had seen five or more. Of those rating their antenatal care as Excellent, 71% had seen just one or two midwives during their pregnancy and of those rating their care as Very Good, 52% had seen one or two midwives.

The similar positive attributes of being friendly, kind, understanding, approachable and helping women feel at ease/comfortable were next most mentioned reason for the best antenatal care. The following were the other top ten comments (most mentioned first) that also contributed to a positive experience:

- Care
- Support
- Enough time/contact
- Listened to
- Good care from specialists
- Information
- Respect
- Helpful
- Good communication
- Good support for mental health

Comments about what was not good about pregnancy care focussed on a lack of consistency/differences in information, advice and people delivering the care as the top issue. Poor communication (of information, advice) and language used (for example,

patronising tone, disinterested, dismissive, lack of empathy) were the next most mentioned, then a lack of information or not feeling informed. Other top comments about what contributed to a negative experience were:

- Poor care from specialists
- Missed measurements/missed diagnosis/gaps in care
- Not listened to/supported/respected/given choice
- Rushed appointments/not enough time
- Lack of support for mental health
- Waiting times
- Issues relating to scans

The following table shows responses to four key measurables during pregnancy:

While you were pregnant...		
	Yes	No
did you have enough appointments with your midwife?	92%	8%
did you have all the information you needed about the maternity services?	83%	17%
did you have all the information you needed about your care?	81%	19%
did you feel involved in decisions about your care?	88%	12%

There were gaps in the information provided about antenatal classes; practical information about the hospital; specialist care and options and choices available.

*It feels like you need to go and find the information yourself, so a midwife would ask you about something (i.e. pain relief, type of birth etc) and expect you to have researched it yourself.*

*I did feel involved in decisions about my care but only because I was able to advocate well for myself*

*I mainly felt involved, except for when it came to my induction- it didn't feel like it was a choice, rather a necessity but looking back I wish I'd have asked why I couldn't wait for natural delivery*

Some of the responses to the key measurable questions related to consultant led care. Of those respondents on this care pathway 77% felt they had enough appointments with the doctors and experiences were mixed, with lack of continuity of carer cited as a barrier to good care. Other key themes in feedback about consultant led care were similar to those for overall rating of antenatal care.

*I was moved to consultant led care but only ever saw one after a growth scan and I saw several different consultants. It didn't feel like I had a consultant looking after me, it felt like a consultant saw me to explain the results because that was protocol*

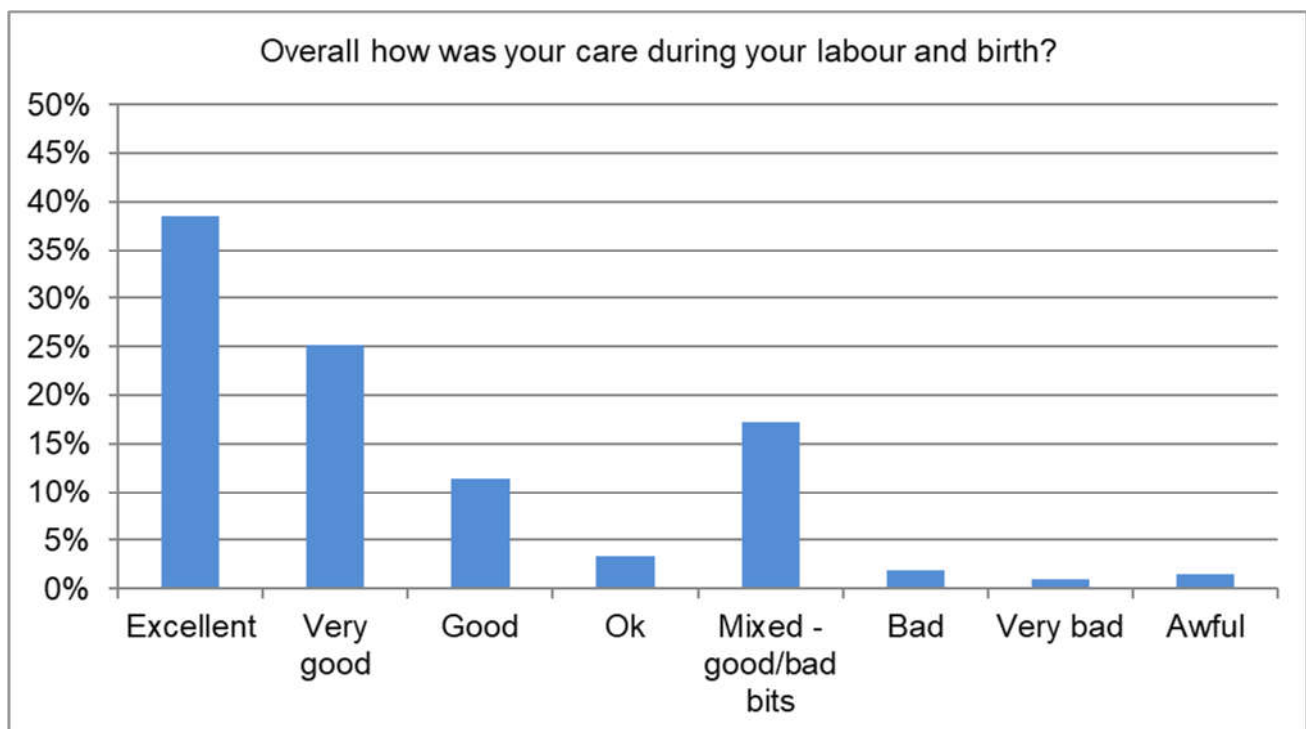
*It didn't matter how many I had when I asked questions or gave views I felt the decisions were already made for me.*

Challenges with travel to appointments in York were mentioned by a few people, particularly those who felt their care hadn't been managed well and the appointments might not have been necessary.

To summarise, during pregnancy, continuity of carer and consistency in information given/care delivered is key to a positive maternity journey. The communication skills and manner of staff, both midwives and specialists, have a huge impact on experiences; feeling informed, supported, respected and listened to are very important, as is enough time to discuss both physical and mental health during pregnancy.

### Care during labour and birth

Intrapartum care was rated as very good or excellent by 64% of respondents and good by 11% of respondents.



Again, it was the midwives who made peoples' experiences so positive. Being caring, helpful, supportive and calm were key attributes. Women valued friendly, kind and lovely staff who offer reassurance and those who felt respected and listened to were happy with their care. Feeling relaxed and at ease was also important, as was feeling safe and informed. Student midwives were highly praised, as were those involved in providing caesarean births (theatre staff, anaesthetists and caesarean section teams).

*My birth was very rushed and hard. My baby came early and I had to have emergency surgery. Everyone was fantastic and super supportive. I was quite worried and the midwife completely calmed me down. The whole surgical team were amazing as well and always told me what was happening so I didn't panic. I honestly can't praise them enough.*

Communication was also a key theme in the feedback about labour and birth. Care during labour and birth was not good when people experienced being talked about not talked to, decisions were made around them without their involvement and staff used poor language (patronising, dismissive, inappropriate phrases). Many of the comments about negative labour and birth experience were from people who did not feel listened to and respected when their labour symptoms or timings were not typical. Some felt pushed into receiving vaginal examinations or treatments during labour. Delays in receiving support and treatment (including induction, assessment in triage, transfer to labour ward and stitching post birth) also contributed to poor experiences.

*Once in surgery the midwives were talking amongst themselves, sometimes negatively, and didn't focus on the massive event that I was about to experience. This made my experience negative.*

*Not believed when in labour. Sent home, causing more distress. No choice was mine, felt like a puppet*

*Very impersonal. Role of midwife clearly medical and ensuring good outcome, no emotional support possible due to clearly stretched resources*

The following table shows responses to four key measurables during labour:

While you were in labour...		
	Yes	No
did you feel the people caring for you spent enough time with you?	85%	15%
did you feel listened to by the people caring for you?	78%	22%
did you have all the information you needed about your care?	80%	20%
did you feel involved in decisions about your care?	79%	21%

The comments relating to the key measurables were very similar, highlighting the importance of good communication skills and information sharing for a positive experience.

*My labour was very fast at the end and a bit of a blur, but the consultant swiftly explained what they were needing to do when I potentially needed an emergency section then an assisted delivery. There wasn't time for detailed explanations but I was made aware of everything that was happening and they always asked for my consent and I felt confident in their actions.*

*I didn't know why certain interventions were required. At the time you're too in the moment to ask questions. Also I didn't want to lay down for birth but was told I needed to but not why. I was given info for some decisions but not all*

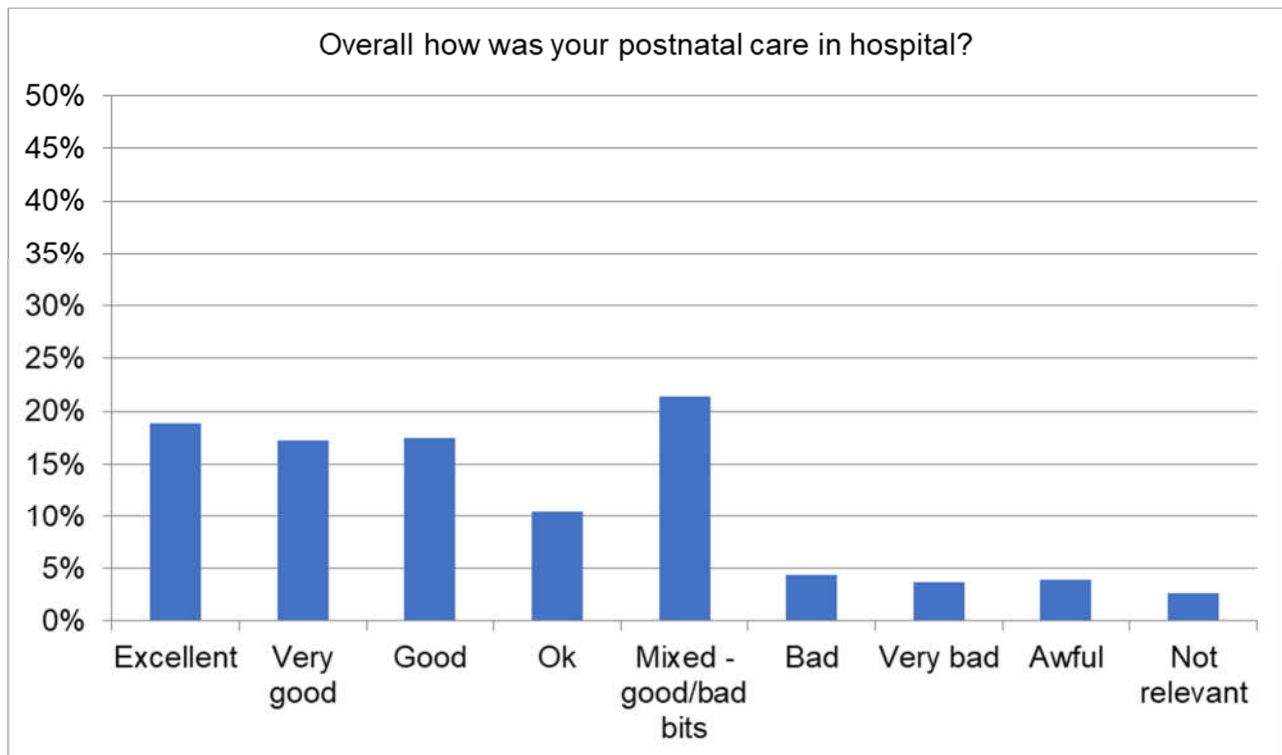
90% of respondents had skin-to-skin contact time with their baby in the first hour after birth.



Of the 28 respondents who gave birth at home, five were cared for during labour/birth by midwives who had cared for them during pregnancy. In total 22 (of 415) respondents to this question received care in labour/birth from midwives who had previously cared for them and several were pleased to have visits on the ward from their community midwife. In some cases the consultant providing antenatal care delivered baby too, a continuity in carer noted positively by mums.

### Postnatal care in hospital

Postnatal care in hospital was the lowest rated experience, with just 36% of respondents rating it as very good or excellent and 17% rating it as good. 21% of respondents had a mixed experience.



Comments about care on the postnatal ward were very mixed, but again the key theme was the conduct of the staff: midwives, nurses and healthcare assistants. Staff who were caring, helpful, kind, supportive and friendly were praised and people appreciated them having enough time to support generally and with breastfeeding. Staff on night shifts were particularly mentioned for their good care, with mums grateful when baby was cared for so they could get sleep for an hour or two!

*One midwife was hugely positive and really helped me to keep on with breastfeeding. She came in on her day off to check on our progress and was generally just an absolute rock during a really difficult time. Most of the night staff were also very helpful with supporting my breastfeeding and were a fountain of knowledge*

*The HCAs were wonderful, could not have been more caring. I was given a bed bath when I was ready and the best tea and toast. Sometimes the little things really make a difference*

Tea and toast post birth were welcomed and some felt well fed but a number of people stated problems with accessing food on the postnatal ward. Feeding support was very varied – some stated it was brilliant - with conflicting information and advice, pressure to breastfeed and lack of practical support to feed after assisted/caesarean births stated as problems. The need to feed with observation from a midwife prior to discharge raises challenges, as mums felt pressured to do this at a time convenient to the midwife not when baby wanted to feed. Respondents missed out on meals as they were breastfeeding and no one brought food/drinks to them.

*Too much emphasis on breast feeding. Not enough communication between staff on handover- having to explain about wanting to bottle feed to each midwife. Midwife wanting to see baby being bottle fed and not being available (on numerous occasions). Having to ask for pain relief. Not being told aftercare following emergency c section!!!!*

*Midwives not attentive, had to wait 6 hours for pain meds. Asked for help breastfeeding, they suggested I change my baby's nappy first and get her ready and no one then came back Being told constantly that breakfast/ lunch was ready but clearly not able to get anything as I was breastfeeding! Suggest that if a mum is busy breastfeeding then help her out by getting her breakfast or even a coffee!*

Experience of partners being able to stay over was very mixed, with some respondents having their baby more recently (2019) commenting on the disadvantages of partners not routinely being able to stay over, particularly following a caesarean birth. Some respondents were pleased to have a delayed transfer from the delivery room to give them time to recover and bond with their baby (with partner present); others experienced space, privacy and bonding time by having a private room (in some cases paid for) and still felt well cared for with regular checks and staff there to help when needed. For some mums cared for in private rooms they felt contact was lacking, as they were not checked on regularly. Sharing a room with another mum who had experienced a caesarean birth was seen as a positive by two respondents.

*I was left with a newborn and a c section where I could not physically get out of bed on my own, I would have to buzz for help constantly or simply hold my baby in my arms all night and try not to fall asleep as she wouldn't settle in the cot and I couldn't reach her if she cried. At one point when I needed the toilet i was told they couldn't help me out of bed as they needed 2 people to do that. I was then left for over an hour until I was helped out of bed (I had buzzed 2 more times during this period and 2 more times only 1 person came and I was told they would go get someone else to help) If my husband had been allowed to stay some of these issues would not arise as he would have been able to help. Also the morning after the c-section I was told to go for a shower and remove my dressing on my own. I was terrified and couldn't bring myself to do it and was scolded later for not doing it myself.*

Personalised care with respect to length of stay prior to discharge was welcomed, with some people stating they did not feel rushed to go home and others pleased to have the quick discharge they wanted. Conversely a significant number of people stated they had waited a long time for discharge, being misinformed about when they would be able to leave, and some felt they were discharged before they or their baby were ready.

Experiences of tongue tie diagnosis and treatment seem to have improved from 2016/2017 to 2019, with quick diagnosis and treatment welcomed.

Lack of time and support from staff was a key factor in having a negative experience on the postnatal ward, as was the manner of some midwives and the number of different midwives and doctors seen. Delays in receiving pain relief and only having paracetamol provided were also problems, as was lack of pain relief provided upon discharge (less frequently mentioned). When the wards are busy women find it difficult to rest due to noise and number of visitors and some did not welcome the visits from the Bounty rep.

*No one brought my painkillers for 8 hours and then I was chastised for not asking. Didn't realise I needed to ask and was exhausted so just managed. Ward was very full and no privacy. some patients had 5 visitors and it was noisy. One midwife told me husband and I off for how we were cuddling our baby. It's not my first time as a mum so I knew what I was doing! It was embarrassing to be chastised again so loudly in front of others*

Feedback about baby having care on special care baby unit were limited, but mums struggled with being on the postnatal ward and able to hear/see other babies whilst their child was not with them. Some felt well supported in this situation but others felt their care was lacking.

*While baby was in scbu I remained in G2 in a side room. I was grateful for the side room, but the sound of babies crying as I came back to the ward each time without my baby was hideous. The midwives on scbu and g2 were awesome, but I wanted to be with my baby on the same ward.*

The following table shows responses to five key measurables during postnatal care in hospital:

<b>After you had given birth, while you were still in the hospital...</b>		
	Yes	No
did you feel the people caring for you and your baby spent enough time with you?	54%	38%
did you have enough information about your care after you had given birth?	65%	31%
did you have enough information about your baby's care?	75%	20%
did you feel involved in your care?	69%	25%
did you feel involved in your baby's care?	85%	10%

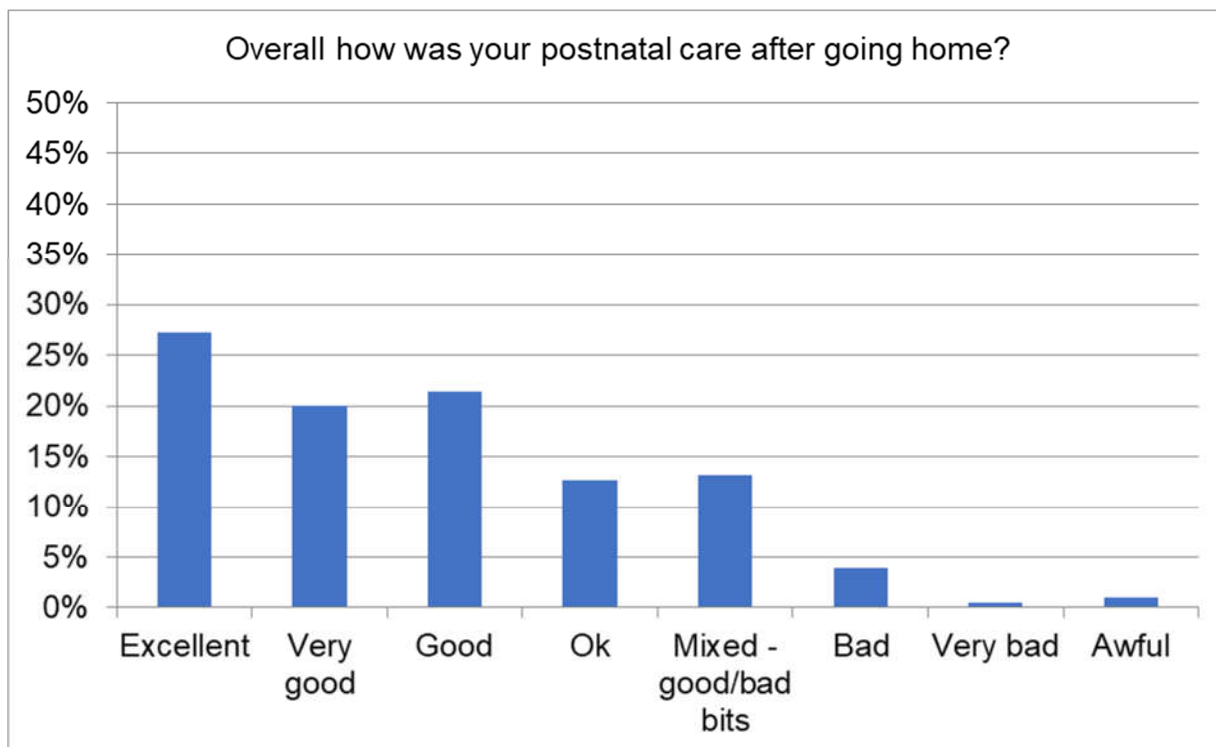
(other respondents answered not applicable to this question)

Comments relating to these questions were very mixed and mainly reiterated the points made above, with staff being busy cited as a reason for lack of sufficient contact time.

*Looking back the care in hospital after birth was much more focused on the baby and mothers were expected to just deal with themselves and somehow know how to manage*

## Postnatal care after going home

Postnatal care after going home was more highly rated, with 47% of respondents rating it as excellent or very good and 21% rating it as good.



Supportive, friendly, helpful, reassuring, encouraging and kind midwives and health visitors provided the best care at this stage in the maternity journey.

Respondents valued continuity of carer ongoing from antenatal care and also when it was provided throughout the postnatal period to discharge, even if it was a different midwife than seen antenatally. Plenty of support (frequency and duration of visits) was also key to a positive experience at this time. This was particularly important to breastfeeding mums, with consistent information from midwives and health visitors critical. People valued support and good advice about how to care for their baby and self care, especially after an assisted or caesarean birth. Some respondents described the benefits of personalised care, with extra and extended home visits after the typical point of discharge really helping them.

*The midwives were always supportive, I struggled with feeding and they kept up their appointments with me and I wasn't discharged until we were both happy I had got the hang of it, so I never felt abandoned to struggle through on my own.*

Support for mental health as well as physical recovery from the birth was really important and valued too. Prompt action from midwives for referrals or prescribing was welcomed.

Comments about what was not good about care after going home highlighted the expectation for new mums to travel, in some cases a significant distance (driving or walking), so soon after birth (from three days postpartum) for appointments with their midwife or health visitor rather than receiving home visits (or being given the option of home

visits). This included attending clinics at different locations, which isn't easy to manage with a newborn baby, and also led to a lack of continuity of carer. This was also a barrier to good care, as people received conflicting/different advice about feeding and baby care and could not form a good relationship with those providing the care. Overall, 59% of respondents stated they received care from midwives postnatally who had cared for them during their pregnancy. By year of birth, this increased from 52% in 2016; 54% in 2017; 56% in 2018 to 64% in 2019.

Some people only received basic information from their midwives and didn't feel informed about groups and overall wellbeing but in some cases health visitors filled these gaps in information sharing.

Pressure to breastfeed successfully and achieve good weight gain was also a factor in a poor experience postnatally for some people; respondents mentioned a lack of knowledge and flexibility in approach for breastfeeding support and the weight rather than overall wellness of baby being the determining factor. Overall, however they chose to feed their baby, 73% of respondents felt they had the information and support they needed to do so. By year of birth, this increased from 68% in 2016; 69% in 2017; 74.5% in 2018 to 77% in 2019.

The following table shows responses to four key measurables for postnatal care after going home:

After you had given birth and gone home...		
	Yes	No
did you have enough visits from/ appointments with your midwife?	87%	13%
did you have information about who to contact if you needed support?	89%	11%
did you have information about the Afterthoughts* service?	15%	85%
did you have enough information about the groups/support/services available for new parents?	71%	29%

\*please note, Afterthoughts is a particular name for the debriefing service offered in a neighbouring Trust, but included in the comments was a lack of awareness of any post-birth debriefing service in the York area.

The comments in relation to these questions reiterated that some respondents were not happy with the low number of home visits offered postnatally. Treasure Chest was stated as an excellent source of support for new mums. Information about groups from neighbouring areas would be welcomed by families who live on the edge of the area. A number of people stated the information had come from health visitors rather than midwives, or that they had been directed to get information from their health visitor.

## Themes for MVP in 2020

In addition to the feedback about care experiences, three questions in the survey asked what aspects of maternity care service users want York and district MVP to focus on.

When given the topics listed in the table below and asked which **one** should be the priority, 29% stated care after birth in hospital and 25% infant feeding support.

	% of responses
Care after birth in the hospital	29
Infant Feeding Support	25
Care during labour	13
Mental Health Support	10
Care after birth at home	9
Consistency of information	8
Information while pregnant	4
Other	3
Help to stop smoking while pregnant	0.3

Areas of care to prioritise listed in the comments (other) were:

- Promotion of home birth
- Care after six weeks post birth
- Trust induction for big baby policy
- Premature birth
- Hyperemesis
- Links between mental health and parenting/breastfeeding/sleep deprivation
- Early contact, booking and early ultrasound
- Continuity of carer (mentioned three times)
- Tongue tie (mentioned twice)
- Pregnancy care in the community
- Training for staff to enable mums to discuss difficult topics honestly (feeding/mental health)
- Information available during pregnancy
- Awareness of bereavement support
- Antenatal classes
- Opportunity to feedback/debrief about care

The themes from the two open text questions about areas needing improvement were similar to those listed above:

- postnatal care in hospital (particularly support during first 12 hours, personalised)
- breastfeeding support (initiation and beyond, long term, tongue tie, combi feeding)
- more than one postnatal home visit offered to all
- partner able to stay over

- continuity of carer (mentioned more for responses pre 2019)
- consistency (carer, care, information)
- communication – sharing of information; involvement in care; language, tone and manner of staff
- holistic care, particularly postnatal
- more information, various topics including what to expect after birth, the ifs and maybes of labour and birth, support available, mental health support, tour of hospital

Many respondents felt the care they had received throughout their maternity journey was excellent and this is reflected in the survey results.

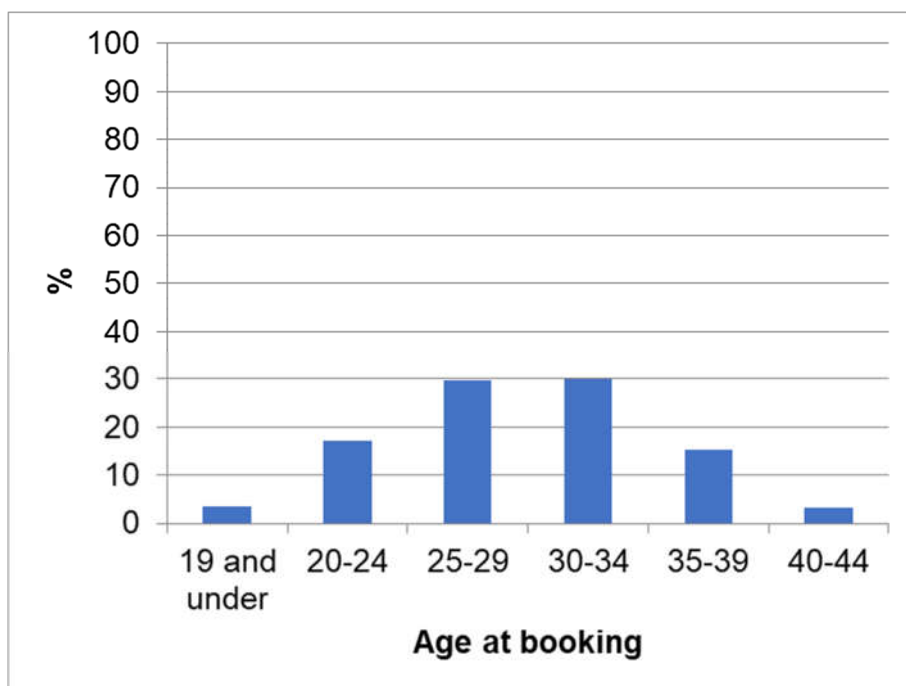
Key areas where improvements could be made are also highlighted, both in the feedback and suggestions for change and this information will give the MVP good steer for their collaborative work in 2020.

## Appendix 2

For comparison, data from the Maternity Services Data Set is shown below averaged for January – March 2019.

### Ethnicity (%)

Asian/Asian British	2.3
Black/Black British	0.3
Other	2
White	94



### Age at booking

### Type of delivery

Type of delivery	%
Vaginal	62
Assisted vaginal (forceps/ventouse)	16
Planned caesarean section	9
Emergency caesarean section	13