

A decorative graphic on the left side of the slide featuring several overlapping circles in various colors: a large purple circle, a yellow circle, a small orange circle, a green circle, and a pink circle. Each of these larger circles contains a smaller, solid-colored circle of the same hue.

National Maternity Review Online Survey Analysis

NECS Consultancy Unit

Accessibility



This document supports the report of the National Maternity Review and provides an analysis of the online consultation held as part of the public engagement phase. In support of this a number of charts and diagrams are shown to illustrate findings. If you struggle to view; read, or understand, any of this information please contact england.maternityreview@nhs.net

Contents



Introduction

Methodology

Analysis: Service Users

Analysis: Healthcare Professionals

Analysis: Charities and Representatives

Analysis: Commissioners of Maternity Services

Introduction



The objective of the National Maternity Review was to provide recommendations for the improvement of services for women and their families. As part of the review, an online survey was available between 9th September and 15th November 2015. All comments and answers were treated anonymously and the information will only be used as part of the review.

At the close of the consultation, the number of responses received totalled 5192. To ensure an independent review, NHS England contracted the North of England Commissioning Support Unit (NECS) to analyse the responses and focus on the analysis of the qualitative data from the consultation.

The analysis has broadly followed a content analysis methodology, which centres on the quantification of text; it places significance on the frequency of a phrase or comment to an individual question. This approach enables presentation of results in a format more readily associated to quantitative analysis e.g. graphs and tables based on percentage results.

The table below outlines the process for undertaking content analysis. All analysis was iterative and involved reassessment of both the categories and groups continually throughout the compiling of this report.

Stage	Description
1. Categories	Review all qualitative responses and categorise the different comments within each statement
2. Groups	Combine the initial categories into groups around a similar topic
3. Evaluate sub groups	Additional analysis undertaken on a subset of questions to identify any variation in responses due to age or ethnicity of the respondent
4. Compile report	Provide a transparent report outlining the results of the analysis. This will include both qualitative and quantitative results. Selected comments from the responses will be included to encapsulate the main points raised. The report however will not draw any conclusions or recommendations
5. Quality assurance	Prior to submission to the National Maternity Review Team the report will undergo an internal Quality Assurance process to review the approach and presentation of the results

Methodology – Advantages and Limitations of Approach



By quantification of the text from the online responses, the results of the analysis are able to show how frequently a statement or group is present. This analytical approach rests upon the assumption that the frequency of commentary infers the level of importance or priority in relation to each other.

As with all methodologies for analysis, there are limitations with this approach. As individual responses are broken down and categorised; the original context of the response can be lost or undermined. In particular, the analysis does not take into consideration any implied meaning or tone. Similarly, this approach does not make any adjustment or consideration for preference or priority stated by an individual. For example, if an individual suggests five improvements to their experience during labour, the analysis will weight each the same regardless of whether one was stated as the top priority.

To mitigate the potential for bias based on professional experience, all coding and analysis of the results has been undertaken by individuals not involved in maternity services. Due to the interpretative nature of qualitative analysis, a level of interpretation from those undertaking the analysis may influence the analysis' overall objectivity. To mitigate this as much as possible, the people involved in the data analysis ensured they performed their duties without prejudice or bias based on personal experiences or beliefs.

Due to time restrictions, there are a number of limitations to the analysis undertaken:

- The majority of questions have been analysed independently from each other. This has resulted in no overarching review of the identified groupings. There is also risk that the grouping of certain comments may differ between questions
- Where respondents refer to an answer to a previous question, unless the information is repeated, it is not been captured in the analysis
- No analysis has been undertaken on comments made which do not relate to the question
- Due to grouping of comments, there is an element of generalisation of the findings. A breakdown of the sub groups which make up the top two or three main groupings is provided for each question
- There is no judgement on the transferability of results from the analysis

Restrictions



Due to time restrictions, there are a number of limitations to the analysis undertaken:

- The majority of questions have been analysed independently from each other. This has resulted in no overarching review of the identified groupings. There is also risk that the grouping of certain comments may differ between questions
- Where respondents refer to an answer to a previous question, unless the information is repeated, it is not been captured in the analysis
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- There is no judgement on the transferability of results from the analysis

Overview of Respondents



The National Maternity Survey received approximately 5192 responses.

From the 5192 responses, 141 (3%) did not respond to the question asking which group of respondents they were from or selected 'other'. These responses are not included in the main report, but analysis on these cases is included in the appendix.

5051 (97%) provided information on their most appropriate involvement group; the remainder of this report focuses on these responses.

Questionnaire Group	No. of Respondents	%
Service user	3818	76%
Healthcare professional	1122	22%
Charity and representative group	84	2%
Commissioner of maternity services	27	1%
Total	5051	100%

Of the 3818 service user responses, 3723 (98%) were female, 80 (2%) were male, and 15 (<1%) preferred not to say or did not answer. The predominant age group was 31-40, covering approximately two thirds of respondents.

Presentation of Analysis



This report focuses on the presentation of the output from the online consultation analysis. The results are categorised by one of four cohorts that the respondent identified themselves with at the beginning of their submission. These are:

1. **Service user** (Woman or partner who is pregnant or has used maternity service)
2. **Healthcare professional**
3. **Charity or representative group**
4. **Commissioner of maternity services**

For each question, relating to the specific cohort, the following information (where applicable) is presented:

- **The number of responses to each specific question** – since no question was mandatory, the number of respondents varies by question
- **The number of relevant responses** - in all the questions a small number of responses contained the classification of not relevant or containing only comments not directly related to the question
- **The total number of comments** – from the analysis of all relevant responses; the total number of individual comments coded. In all cases the number of comments exceeds the number of relevant responses
- **The total number of comments by header group**: the total number of comments broken down into the different groups identified within that question
- **The total number of comments by a sub group**: within a header group and for each question the top two or three header groups and a breakdown into the smaller sub groups have been provided
- **Representative quotes**: extracts from responses which have been coded against the most commented sub group are included as part of each sub group breakdown

Involvement Group: Service User



Thirteen questions were asked of this cohort. The analysis is presented within three sections, with similar questions grouped together. These are:

Involvement, choice and information

1. How involved did you feel in the decision making around the care you received?
2. What made you feel involved (or not) in the decision making around the care given?
3. What did you think about the information you were given during pregnancy?
4. Choices are important in maternity care. Which of the following choices in relation to your care were you given?
5. Which of the above choices would you like to have received more information on?

Same midwife and time

6. Did you feel that you were given enough time with your midwife or doctor to talk through decisions relating to your maternity care?
7. How important is it for you to be supported by the same midwife before, during and after birth?
8. How important was it for you to have the same obstetrician and/ or midwife throughout the time you gave birth?

What went well and needs to improve

9. In your experience of maternity services provided by the NHS, what do you think went well?
10. What could be done differently to improve your experience of maternity services during pregnancy?
11. What could be done differently to improve your experience during labour and birth?
12. Based on your experiences, what could be done differently to improve postnatal care?
13. If your baby spent time in the neonatal unit, what could be done differently to improve neonatal care?

For questions 9, 10 and 11 a more detailed breakdown has been provided, including variation in responses based on age groups and ethnicity.

Overview of Respondents: Service Users (Age)



From the 3818 service user responses, **3723** (98%) were female, **80** (2%) were male, and **15** (<1%) preferred not to say or did not answer. The predominant age group was 31-40, covering approximately two thirds of respondents. A further breakdown of ethnicity which is shown on slide 10.

Age Group	No. of Respondents	%
13-17	2	<1%
18-24	118	3%
25-30	703	18%
31-35	1500	39%
36-40	975	26%
41-50	424	11%
51-55	43	1%
55+	43	1%
Age not disclosed	10	<1%
Total	3818	100%

Overview of Respondents: Service Users (Access)



From the 3818 responses from service users, **2799** (73%) had used the service in the last five years, **674** (18%) were currently using maternity services.

When did you use maternity services?	No. of Respondents	%
I have used maternity services within the last 5 years	2799	73%
I am pregnant or have given birth within the past six weeks	674	18%
My experience is from 5 or more years ago	336	9%
Did not disclose	9	<1%
Total	3818	100%

No further breakdown of analysis has been undertaken in relation to when service users accessed maternity services.

Overview of Respondents: Service Users (Ethnic Origin)



From the 3818 service users, 3600 (94%) identified themselves as White British, White Irish or White other.

33 (<1%) respondents chose not to disclose their ethnic origin, 185 (5%) respondents identified themselves of a different ethnic origin.

Ethnic Group	No.	%
Asian	76	41%
Asian Indian	33	18%
Asian Pakistani	20	11%
Asian other	17	9%
Asian Bangladeshi	6	3%
Mixed	71	38%
Mixed other	29	16%
Mixed White and Asian	20	11%
Mixed White and Black Caribbean	15	8%
Mixed White and Black African	7	4%
Any other ethnic group	21	11%
Black	17	9%
Black African	10	5%
Black Caribbean	6	3%
Black other	1	1%
Not Disclosed	33	18%
Total BME Respondents	185	100%

Three specific service user questions have been broken down by ethnicity and additional analysis is provided in this report.

Service User: Involvement, Choice and Information



This section covers the results of the following five questions:

1. How involved did you feel in the decision making around the care you received?
2. What did you think about the information you were given during pregnancy?
3. What made you feel involved (or not) in the decision making around the care given?
4. Choices are important in maternity care. Which of the following choices in relation to your care were you given?
5. Which of the above choices would you like to have received more information on?

1. How involved did you feel in the decision making around the care you received?



The answer to this question was limited to a 'tick box' list. **3805** (97%) of the 3818 respondents answered. Respondents had options from which to choose. The table below shows a breakdown of the results:

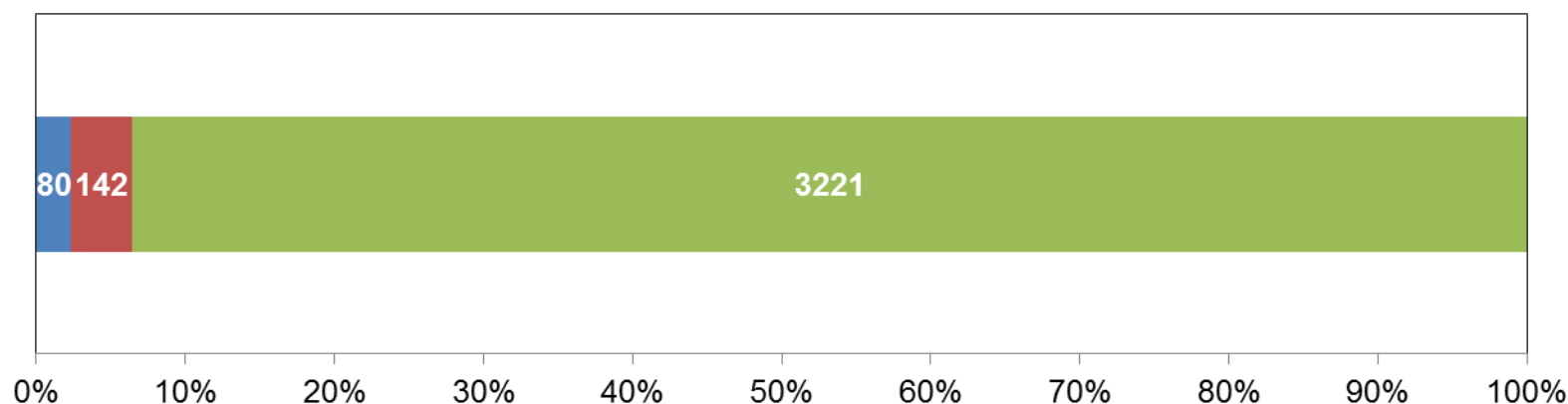
Response Options	No. of Respondents	%
A bit	1705	45%
Very	1681	44%
Not at all	409	11%
Too much	10	<1%
Total	3805	100%

To quantify, **3386** (89%) of the respondents responded with a bit or very involved, **10** (<1%) responded with involved and **409** (11%) did not feel involved at all.

2. What made you feel involved (or not) in the decision making around the care given?



From the 3443 responses **3221** (94%) contained comments on their feeling of involvement. **142** (4%) comments stated involvement in decision making was limited by the complexity of the pregnancy or birth. **80** (2%) comments stated that the question was not applicable to them.



Group	Description
Relevant responses	Comments received identified inadequate involvement = 3221
Complexity mitigation	Comments received acknowledging decision making limited due to complexity = 142
Not applicable	N/A entered into field, or response not relevant = 82

2. What made you feel involved (or not): Involved Group



From the 3443 responses, 2183 reported a sense of involvement in the decision making process. These 2183 comments were then categorised and grouped into six groups. The most common group was service delivery with 662 (30%) individual comments.

Service delivery

- “All options were discussed and advice given without bias.”
- “I was given options by my consultant and my MW* referred me to a specialist in MH** and wrote a care plan for me with me.”

* Midwife **Mental Health

Group	No.	%	Description
Service delivery	662	30%	The way in which the service was delivered made people feel involved particularly when they received choice, options and support from clinical staff
Communication	584	27%	These issues were around opportunities to discuss concerns and be kept up to date, including the provision of antenatal classes to enable individuals to learn more
Staff attitude	390	18%	The staff related issues that made people feel involved including the use of independent representatives and having access to kind and compassionate staff who listened
Person centred care	353	16%	Individuals felt involved when they were at the centre of their care and able to make the final decision without pressure
Independent research	190	9%	Undertook own research in relation to decisions available
Staff continuity	4	<1%	Individuals felt involved in the decision making due to the continuity of staff during their care

2. What made you feel involved (or not): Not Involved Group



From the 3443 responses; 2091 separate comments were identified relating to what made individuals feel uninvolved in decision making. These 2091 comments were then, categorised and grouped into six groups. The most common group was clinically led care with **936** (43%) individual comments.

Clinically Led Care

- “Your birth choices can be ignored. On my second child I was induced when I didn't want to be.”
- “Was able to make decision on where I wanted to give birth although wasn't allowed to make decisions while in labour.”

Group	No.	%	Description
Clinically led care	936	43%	Individuals did not feel involved as decision making was primarily led by healthcare professionals perspective, and did not value or take an individual preferences into account
Service delivery	747	34%	The service delivery features made people feel uninvolved when there was a lack of options, choice or support available. It also includes responses where patients had no choice due to a complex medical condition but expected some level of involvement
Communication	268	12%	The communication related issues that made people feel uninvolved as a result of inconsistent and conflicting advice
Resources	76	3%	Respondents reported a lack of resources within the hospital such as beds, rooms and equipment as a reason for feeling uninvolved
Lack of staff continuity	45	2%	Individuals did not feel involved in their decision making due to the lack of continuity of staff during their care
Staff attitude	19	1%	Staff related issues that made people feel uninvolved, including the lack of compassion or time to listen

3. What did you think about the information you were given during pregnancy?



From the 3598 responses, **3588** (99.7%) included a statement on the level of the information given.

Group	No. of Respondents	%	Description
Above expectation	45	1%	Described as excellent or better than expected
Met expectations	1848	52%	Described as good, adequate or acceptable
Below expectations	1695	47%	Described as poor or inadequate
Total	3588	100%	

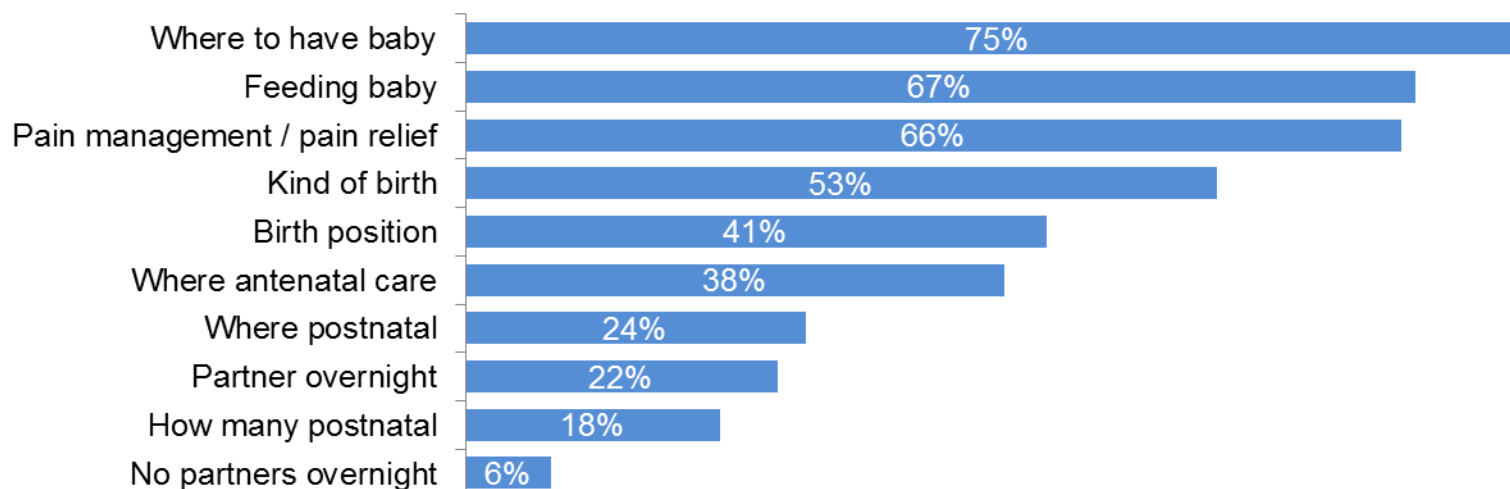
From the 3598 responses, 530 comments were made on areas where more information would be useful. The most common comment related to more information on what could go wrong and the likely action which would be taken.

Group	No. of Comments	%
More information on potential complications	177	33%
More information on antenatal care options	139	26%
More information on feeding and feeding support	124	23%
More information on birthing choices	90	17%
Total	530	100%

4. Choices are important in maternity care. Which of the following choices relating to your care were you given?



From the 3297 responses submitted, 75% of users received choices on relating to where to have the baby; 67% received choices about feeding their baby.

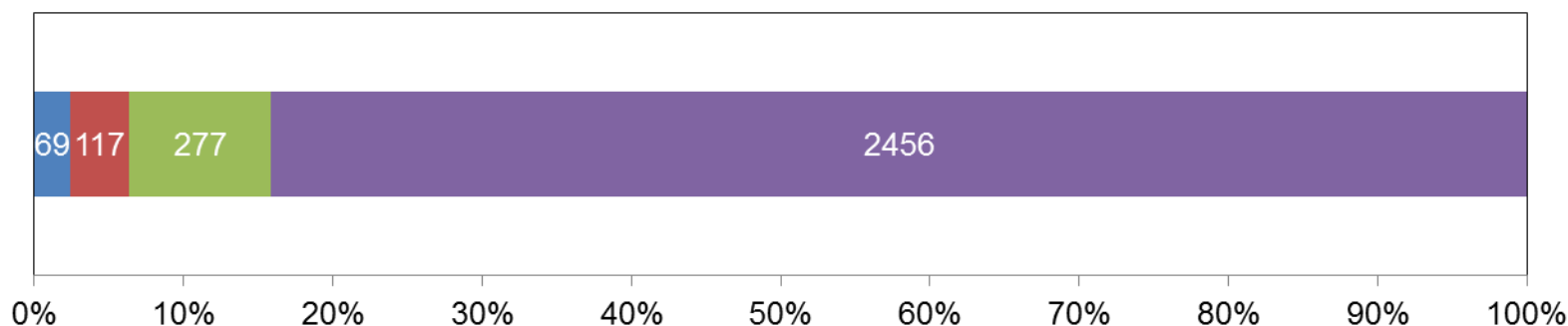


Group	No	%	Description
Where to have baby	2481	75%	Where to give birth (e.g. hospital, birth centre and home)
Feeding baby	2221	67%	Choice of how to feed your baby
Pain management / pain relief	2191	66%	How to manage the pain in labour
Kind of birth	1763	53%	What kind of birth to have (e.g. caesarean, vaginal)
Birth position	1337	41%	In which position to give birth to your baby
Where antenatal care	1240	38%	Where to have your antenatal checks
Where postnatal	800	24%	Where to have your postnatal checks / visits
Partner overnight	730	22%	Choice of partner being able to stay overnight
How many postnatal	602	18%	How many postnatal checks / visits to have
No partners overnight	187	6%	Choice of a postnatal ward where no partners are staying overnight

5. Which of the above choices would you like to have received more information on?



From the 2919 responses submitted, **2456** (84%) provided comments around specific areas where they would like more information. **277** (9%) provided comments that the level of information was enough. **117** (4%) stated that more information on choices was not available due to the known complications of birth. **69** (2%) stated that the question was not applicable to them, predominantly due to early stages of their pregnancy.



Group	Description
Relevant responses	Comments received identified areas for more information on choice = 2456
Enough Information received	Comments received stated no more information required = 277
No choice due to complications	Comments received stated complications mitigated the ability for choice = 117
Not applicable	N/a entered into field, or response not applicable as too early in pregnancy to comment= 69

5. More Information on: Responses by Area



From the 2446 individual responses; 3500 separate comments were identified as relating to areas where more information on choices would be useful. The most common group was information on partner staying overnight with **806** (23%) comments.

Partner Overnight

- “I would have loved to have an option for my husband stay overnight with me.”

Group	No.	%	Description
Partner overnight	806	23%	Option for partner to stay overnight
All areas	554	16%	More information in all areas, also for choices to be respected during labour
Feeding baby	312	9%	How to feed their baby, including breast feeding and formula feeding
Where antenatal care	249	7%	Where to receive antenatal care, including in the community and at home
Kind of birth	246	7%	What kind of birth to have e.g. water birth, natural birth
Where to have baby	225	6%	Information on facilities at different hospitals and more information on home birthing
Where postnatal	216	6%	Where to receive postnatal visits, including in the community and at home
Postnatal - general	193	6%	More general postnatal information, including how to look after your baby
Birth position	181	5%	More information around different positions in which you can give birth
How many postnatal	178	5%	How many postnatal checks to receive, including receiving both less and more
Pain management / pain relief	121	3%	Information around different types of pain relief during and after the birth
Antenatal – general	79	2%	More antenatal information, including ant-natal classes and hypno-birthing
Complications – general	76	2%	Information around complications and what could go wrong during labour
How many antenatal checks	33	1%	How many antenatal checks to receive – both more and less
No partners overnight	31	1%	The option to stay in a ward where no partners are allowed to stay overnight

Service User: Same Midwife and Time



In this section the results of the analysis of the following three questions is presented:

6. Did you feel that you were given enough time with your midwife or doctor to talk through decisions relating to your maternity care?
7. How important is it for you to be supported by the same midwife before, during and after birth?
8. How important was it for you to have the same midwife and / or obstetrician throughout the time you gave birth?

6. Did you feel that you were given enough time with your midwife or doctor to talk through decisions relating to your maternity care?



From the 3783 individual responses, 3772 answered the yes/no part of this question. From the 3772, **2486** (66%) answered yes and **1286** (34%) said they were not given enough time with the midwife or doctor.

From the original 3783, **1490** (39%) chose to leave a response, including individuals who did not respond to the yes/no part of the question.

From these 1490 individual responses, 2081 comments were identified and broken down two groups; Time restriction with **1250** (60%) comments and impact on service user with **831** (40%) comments.

Group	Description
Time restriction	Comments relating to not having enough time with health professional = 1250
Impact on service user	Comments received on the impact on the service user's experience / birth of not having enough time = 831

6. Enough time with your midwife or doctor: Time Restriction



From the 1250 comments, **112** (9%) provided overall positive comments where time was not an issue. **400** (32%) comments related to feeling rushed during appointments and **297** (24%) comments were specific to time constraints when interacting with midwives.

Felt rushed during appointment(s)

- “I saw a different midwife/consultant at each appointment and they felt quite rushed, each time I was basically told a vaginal delivery was best and to wait and see what the babies decided, I did not feel able to discuss other options.”

Group	No. of Respondents	%
Felt rushed during appointments	400	32%
Time constraint with the midwife (general)	297	24%
Time constraint with the doctor	233	19%
Time constraint related to poor continuity of care	122	10%
Overall positive comment	112	9%
Time constraint with the hospital midwife	44	4%
Only enough time when prompted by the service user	26	2%
Time constraint with the community midwife	16	1%

6. Enough time with your midwife or doctor: Impact on Service User



From the 831 comments relating to the impact of time with healthcare professionals, **455** (55%) comments left the service user with unanswered questions and feeling of lack of choice. **154** (19%) comments stated that the service user was left with low mood or with negative emotions.

Left with unanswered questions

- “Consequences were I felt a little bullied into certain decisions as I couldn't talk through some things.”

Group	No. of Respondents	%
Left with unanswered questions / not given choices	455	55%
Negative emotion (general)	154	19%
Negative impact on birth (physical)	87	10%
Negative postnatal experience	74	7%
Negative impact on birth (emotional)	61	9%

7. How important is it for you to be supported by the same midwife before, during and after birth?



3780 responses were received for the ranking part of this question. From the 3780, **1890** (50%) scored 5 (extremely important) and a further **877** (23%) score 4 out of 5 for importance.

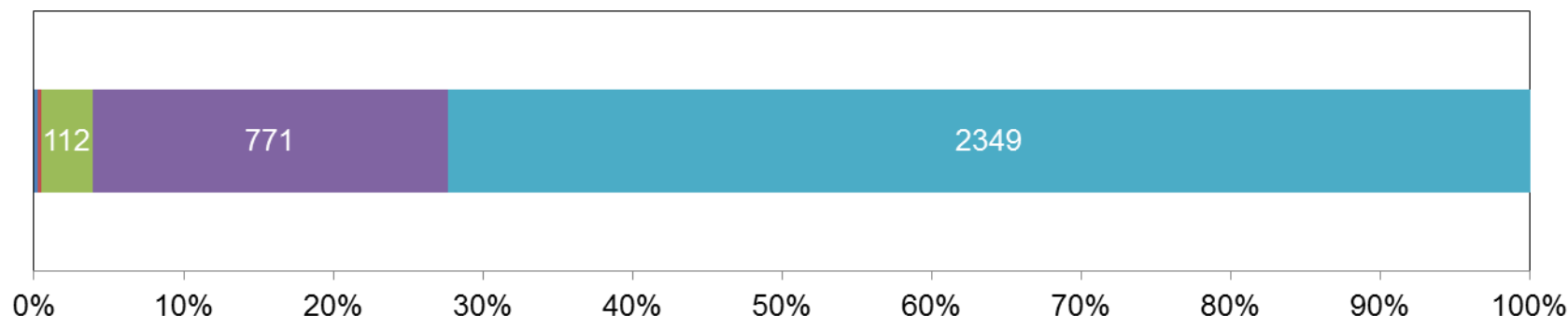
Importance Rating	No. of Respondents	%
1 = not important	157	4%
2	190	5%
3	666	18%
4	877	23%
5 = extremely important	1890	50%
Total	3780	100%

3247 chose to leave a response, including **21** (<1%) individuals who did not respond to the ranking part of the question. The breakdown of these responses is included on the following page.

7. How important is it for you to be supported by the same midwife before, during and after birth?



From the 3247 responses, **2349** (72%) included more information on the services users' relative importance of the same midwife. **771** (24%) were general comments on the importance, but with unspecific information.



Group	Description
Relevant responses	Comments with more detail on the importance of the same midwife = 2349
Important (general)	Comments stated general importance but no specific comment = 771
Negative response	Comments stated negative description on experience, but no comment on level of importance = 112
Positive response	Comments stated positive description on experience, but no comment on level of importance = 8
Don't know	Comments stated no strong opinion on the importance of the same midwife = 7

7. Same midwife before/during/after birth: Overview



From the 2349 responses; 3306 separate comments were identified as relating to the relative importance of having the same midwife before, during and after the birth. **2185** (66%) comments stated it was important for different reasons, including essential for achieving continuity of care **1068** (32%).

Essential to achieve continuity of care

- “Consistency in care is essential in such a vulnerable time. A familiar face, someone you've got to know is a lifeline in a very turbulent time.”

Group	No.	%	Sub-Group	No.	%
Important	2185	66%	Essential to achieve continuity of care	1068	32%
			Enables bond and trust to be built	669	20%
			Stops you from repeating information	256	8%
			Important when dealing with complications	142	4%
			Enables you to feel at ease	50	2%
Important but not essential	180	5%	Nice to have but not essential	180	5%
Not important	941	29%	Consistent care more important	451	14%
			Antenatal / postnatal consistency more important	165	5%
			Midwife quality more important	108	3%
			More important to have same team of midwives	95	3%
			Preferred different midwives	43	1%
			Consultant / GP more important	37	1%
			More important to meet team of midwives first	28	1%
			More important to have partner/ doula to support	14	<1%

8. How important was it for you to have the same midwife throughout the time you gave birth?



3650 responses were received for the ranking part of this question. From the 3650, **1905** (52%) scored 5 (extremely important) and a further **773** (21%) score 4 out of 5 for importance.

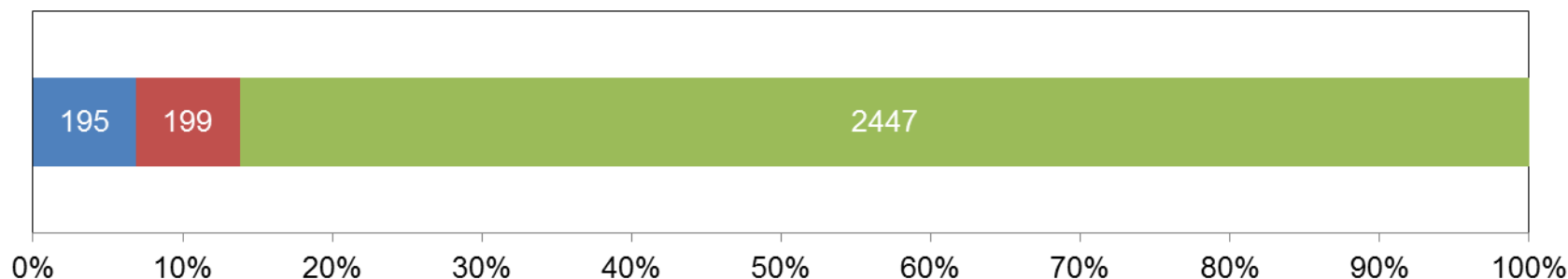
Importance Rating	No. of Respondents	%
1 = not important	218	6%
2	171	5%
3	583	16%
4	773	21%
5 = extremely important	1905	52%
Total	3650	100%

2841 chose to leave a response, including 80 individuals who did not respond to the ranking part of the question. The breakdown of these responses is included on the following page.

8. How important was it for you to have the same midwife throughout the time you gave birth? Please explain your answer further:



From the 2841 respondents, **2447** (86%) included more information on the relative importance of the same midwife. **199** (7%) were responses where the service user listed 'not applicable' or a comment not related to the question. **195** (7%) referenced a previous answer but did not repeat the information as part of this response.



Group	Description
Relevant responses	Responses with more detail on the importance of the same midwife = 2447
Not applicable	Responses stated that the question was either not applicable or contained unrelated comments = 199
Repeatable information	Responses stated 'see previous answer', which is assumed to be question 7 = 195

8. Same midwife throughout : Overview



From the 2447 responses; 2904 separate comments were identified as relating to the relative importance of having the same midwife. These were sorted into three main groups. The most common was comments around the importance of having the same midwife **1888** (65%). **389** (13%) focussed on the impact of poor handovers between midwives and **627** (22%) stated that the same midwife had no impact.

Important - Build Bond /Trust

- “It's a very emotional time and I think you need to build a bond very quickly. Doing it more than once must be very hard.”

Main Group	No.	%	Sub- Group	No.	%
Important	1888	65%	Enables bond and trust to be built	874	30%
			Important to have for continuity	588	20%
			Important (general)	270	9%
			Important when dealing with complications	143	5%
			Paid for doula / Independent midwife - one to one attention throughout	13	<1%
Impact of handovers	389	13%	Midwife – low quality / errors / Inconsistent / disruptive	389	13%
Not important	627	22%	Consistent quality care and meeting team before is more important	339	12%
			No Impact - consistent service	248	9%
			Consultant more Important	40	1%

8. Same midwife throughout : Impact of Handover



Impact of handovers accounted for 389 (14%) comments made. This includes delays or errors as a result of inconsistent handovers or people fearing this would be the case.

Impact of handovers

- “During the labour process a woman undergoes many behavioural changes leading up to the birth. The changes in behaviour can only be noted when the same person is dealing with the patient. Having different midwives and changes of shift does not allow the same person to observe how the woman is transitioning. More midwives also leads to more internal examinations and there can be variations between measurements from midwife to midwife. This can be disheartening for the patient and can slow the labour process down. It also increases the risk of infection and artificial rupture of membranes and a loss of dignity.”
- “The handover system means that a lot of the midwives we dealt with was just waiting for the next midwife to deal with our issues - in an attempt to avoid work.”

8. Same midwife throughout: Not important



The 'not important' group accounted for **587** comments made (20%). This was split into two areas: **248** respondents (9%) stated changes to their midwife or team did not have an adverse impact on their experience. **339** respondents (12%) stated they had realistic expectations of midwife availability but expected consistent quality of care.

No impact

- "Birthing team were unfamiliar to me - but excellent."
- "I had thought it was important before, but when my midwife had to go home (at 8AM!) the other midwives (a student and an experienced pair) were just as competent, friendly and kind. That said, I have learned to become a confident relaxed adult, I remember being a depressed anxious adult less than a decade ago, and then it may have been a different story - I imagine this is very personal."
- "I did have a shift change during my birth but that was fine-I was there during the handover and both were very good."
- "This would be great however, it would be unfair to expect a midwife to do a crazy shift such as 32 hours. It's unrealistic. Midwives in my opinion work long hours sometimes without breaks. They also have homes, children family etc.. I couldn't fault the midwives we've had on the delivery suite they were professional and amazing. I was very impressed with a 2nd year student we had the last time."

Service user: what went well and needs to improve



In this section the results of the analysis of the following three questions is presented:

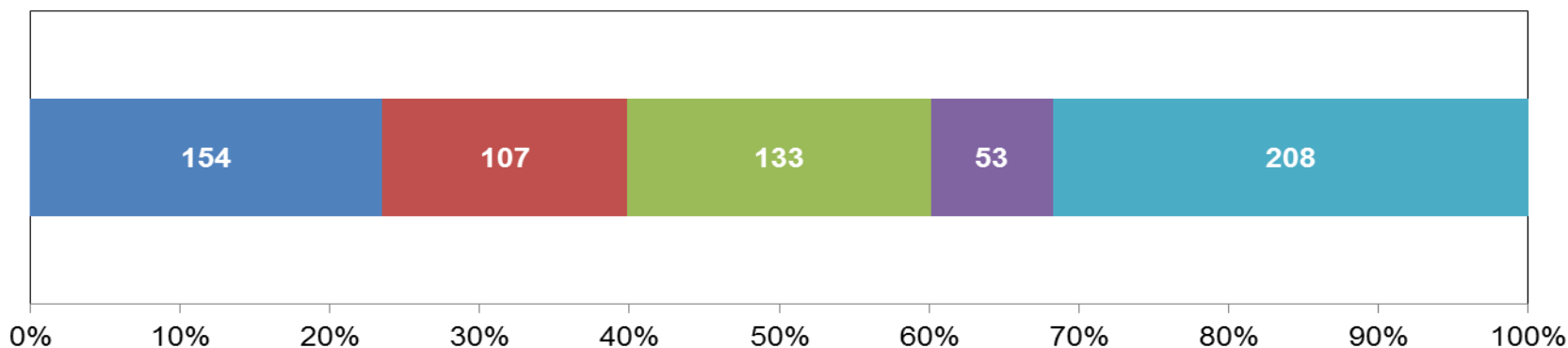
9. In your experience of maternity services provided by the NHS, what do you think went well?
10. What could be done differently to improve your experience of maternity services during pregnancy?
11. What could be done differently to improve your experience during labour and birth?
12. Based on your experiences, what could be done differently to improve postnatal care?
13. If your baby spent time in the neonatal unit, what could be done differently to improve neonatal care?

For questions 9, 10 and 11 a more detailed breakdown has been provided, including variation in responses based on age groups and ethnicity.

9. In your experience of maternity services provided by the NHS, what do you think went well?



From the 3540 responses: **3529** (99.7%) related to the question. **11** (0.3%) were deemed not applicable. From the 3529 responses 6434 separate comments were identified. **655** (10%) comments were too general to be categorised into groups and are presented below.



Group	Description
Everything went well	Comments stated that everything went well = 208
A lot went well	Comments stated that a lot went well = 53
Positive response	Comments stated that were generally positive but not specific = 133
Baby was safe	Comments stated the baby being safe was the most positive outcome= 107
Negative response	Comments stated a general negative comment = 154

9. What do you think went well: Overview



The remaining 5579 comments were identified, categorised and grouped under twelve groups. The most common group was experience with staff with 1925 (33%) individual comments.

Group	No.	%	Description
Staff	1925	33%	Positive experiences of dealing with staff including midwives, consultants, GPs and delivery staff
Antenatal	694	12%	Positive experiences of the antenatal care they received including antenatal classes, scans, screens and checks
Labour and birth	614	11%	Positive experiences of labour and birth
Personal care	553	10%	Positive experiences of the personal care received including being involved and listened to, communication and partner involvement
Postnatal	542	9%	Positive experiences of the postnatal care they received including community, aftercare, neonatal and breastfeeding support
Hospital	448	8%	Positive experiences of the hospital they attended including the facilities, staff and discharge from hospital process
Access	385	7%	Positive experiences of accessing services including consistency of care, staff volume and appointments
Type of birth	268	5%	Positive experiences of their particular type of birth including consultant led care, home births & midwife led births
Other	350	6%	Positive experiences of specific care they received including SCBU, (special care baby unit) external organisations and the responses to specific events such as miscarriage or complications

9. What do you think went well: Experience with Staff

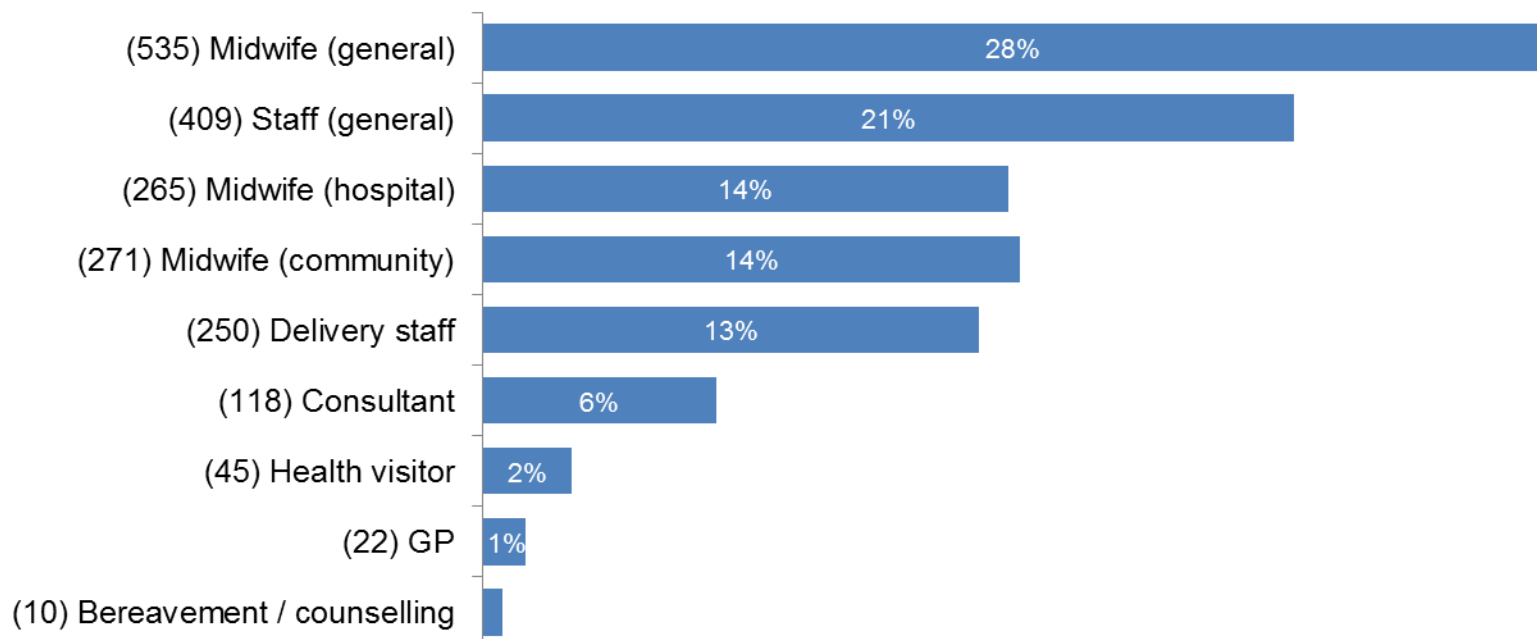


There were 1925 comments relating to the staff's interaction with the service user. These comments were broken down further into nine categories of team members. The most commented upon sub group **535** (28%) was the positive experience when interacting with midwives.

Midwife (general):

- “Team work by midwives.”
- “All contact with midwives has been great.”

Group: Staff



9. What do you think went well : Antenatal Experience

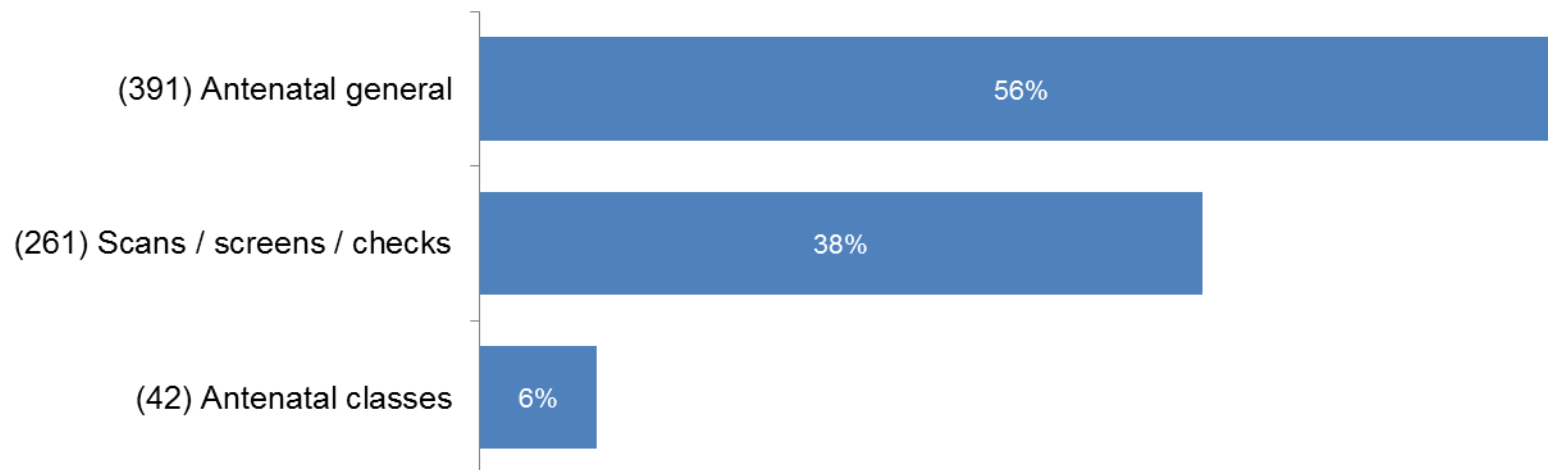


694 comments noted to positive experiences during antenatal period of care. These comments were broken down further into three sub groups. The most commented sub group **391** (56%) only provided very general comments on antenatal care. **261** (38%) comments were made specifically around the positive experience during check ups or scans.

Antenatal general:

- “Antenatal care was excellent, lots of opportunity to discuss concerns and get advice from midwife(s).”
- “Antenatal care was brilliant. High risk pregnancy due to age and placenta previa and always felt informed of what was going on.”

Group: Antenatal



9. What do you think went well: Labour and Birth Experience

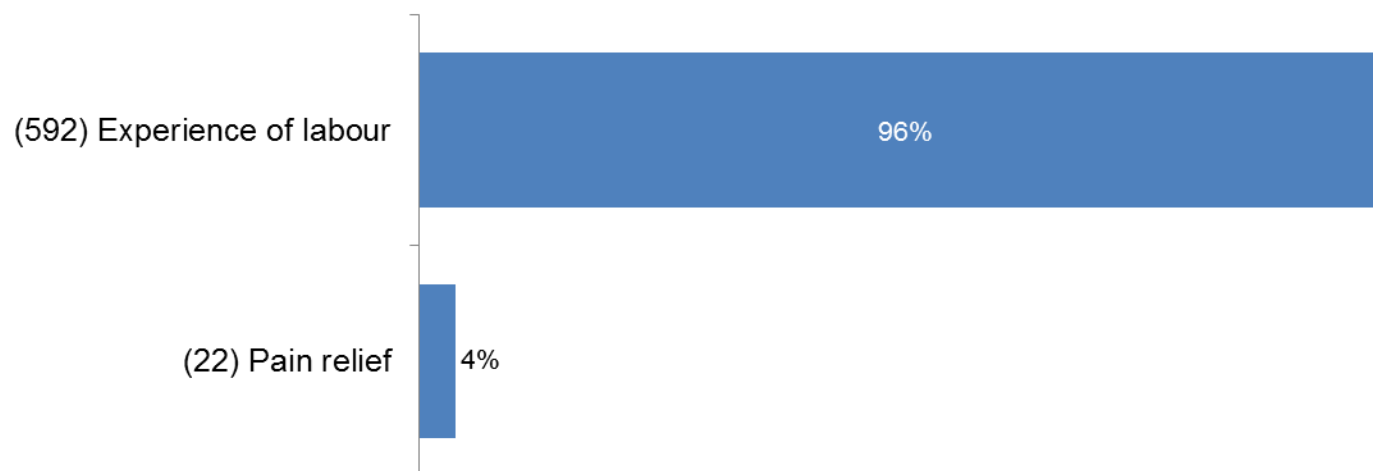


There were 614 comments noted around positive experiences during labour. The majority were general positive comments **592** (96%) about the labour experience. **22** (4%) comments were specifically around the positive experience in relation to pain relief and pain management.

Positive experience of labour and birth:

- “Actual labour and delivery of my first baby went well, surgical staff were excellent for the twins.”
- “Birth and explanation of what was happening and why.”

Group: Labour

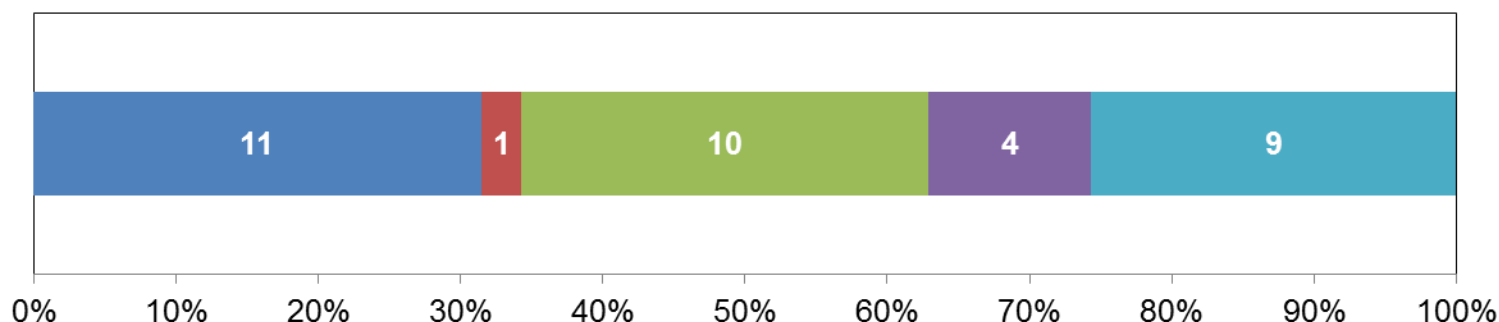


9. Black and Minority Ethnic (BME) In your experience of maternity services provided by the NHS, what do you think went well?



Additional analysis has been undertaken on question 9, to highlight any differences in the most commented groups by service users from Black and Minority Ethnic (BME) background in comparison against the overall response. This has been undertaken to provide additional insight on patient experience.

From the 171 BME responses: **170** (99.4%) related to the question. **1** (0.6%) were deemed not applicable. From the 171 responses 303 separate comments were identified. **33** (11%) comments were too general to be categorised into groups and have been presented below.



Group	Description
Everything went well	Comments stated that everything went well = 9
A lot went well	Comments stated that a lot went well = 4
Positive response	Comments stated that were generally positive but not specific = 10
Baby was safe	Comments stated the baby being safe was the most positive outcome = 1
Negative response	Comments stated a general negative comment = 11

9. (BME) What went well: Suggestions for Improvement



The remaining 270 comments were identified, categorised and sorted into twelve groups. The most common group was experience with staff with **96** (36%) individual comments. All of the comments are related to positive experiences and what went well.

Group	No.	%	Description
Staff	96	36%	Reflecting service users' positive experiences of dealing with staff including midwives, consultants, GPs and delivery staff
Antenatal	45	17%	Comments around service users positive experiences of the antenatal care they received including antenatal classes, scans, screens & checks
Labour	24	9%	Positive experiences during the actual labour and birth
Personal	24	9%	Experience of personal care received including being involved/listened to, communication and partner involvement
Postnatal	16	6%	Postnatal care received including community, aftercare, neonatal & breastfeeding support
Hospital	28	10%	Positive experiences of the hospital they attended including the facilities, staff and discharge from hospital process
Access	11	4%	Access to services including consistency of care, staff volume/time and appointments
Type of birth	8	3%	Comments around the type of birth including consultant led care, home births & midwife led births
Events	8	3%	This section included comments reflecting service users' positive experience of responses to specific events such as miscarriage or complications
Other	10	3%	Including good care for specific conditions/circumstances, positive experiences of "one-to-one" midwives/doulas and positive experiences of services such as SCBU, EPU (early pregnancy unit), hypnobirthing and counselling

9. (BME) What do you think went well: Comparisons of Groups



From the 3540 responses; 3510 provided information on their ethnicity. From the 3510 responses who did specify an ethnicity, **171** (5%) were from service users who identified themselves as an ethnicity other than White British, White Irish or White other. From the 170 BME respondents who included specific comments 270 responses were identified. The top two groups for the BME community were the same as those for the respondents as a whole.

Group	All Ethnicities 3510 (responses)		BME 171 (5%)	
	No.	%	No.	%
Staff	1925	33%	96	36%
Antenatal	694	12%	45	17%
Labour	614	11%	24	9%
Personal	553	10%	24	9%
Postnatal	542	9%	16	6%
Hospital	448	8%	28	10%
Access	385	7%	11	4%
Type of birth	268	5%	8	3%
Events	222	4%	8	3%
Specific services accessed	69	1%	1	0%
Circumstances/ conditions	38	1%	6	2%
External organisations	21	0%	3	1%
Total number of comments	5579		270	

Note: The top three most commented groups for all are highlighted in red.

9. (BME) What do you think went well: Improvements Relating to Staff



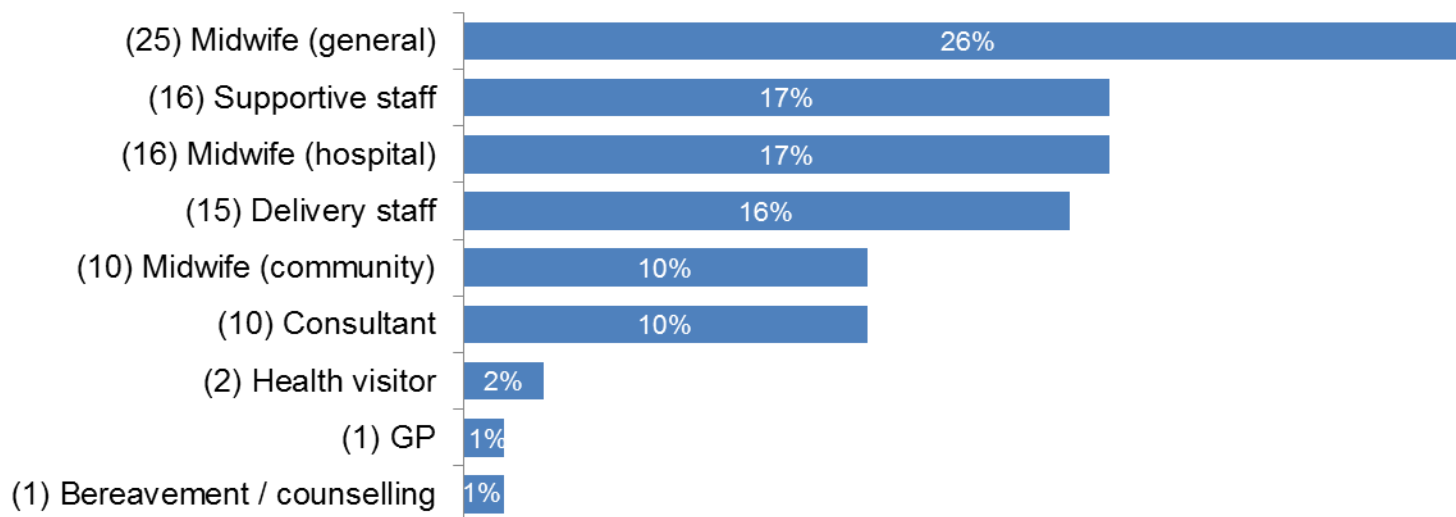
From the BME respondents, there were 96 comments relating to individual's interaction with, behaviour and knowledge base of staff. These comments were broken down further into nine sub groups. The most commented upon sub group **25** (26%) was the positive experience when interacting with midwives.

Midwife (general):

“Team work by midwives.”

“All contact with midwives has been great.”

Group: Staff



9. (BME) What do you think went well: Antenatal Improvements

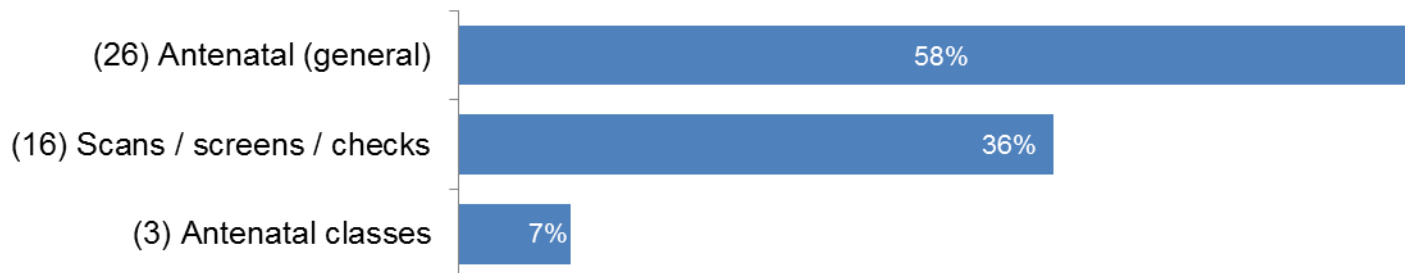


From the BME respondents, there were 45 positive comments related to experiences during the antenatal period of care. These comments were broken down further into three sub groups. The most commented sub group **26** (58%) only provided very general comments on antenatal care. **16** (36%) comments were made specifically around the positive experience during check ups or scans.

Antenatal (general):

- “Antenatal care was excellent, lots of opportunity to discuss concerns and get advice from midwife(s)”
- “Antenatal care was brilliant. High risk pregnancy due to age and Placenta Previa and always felt informed of what was going on.”

Group: Antenatal



9. (BME) What do you think went well: Labour/Delivery/Birth Improvements

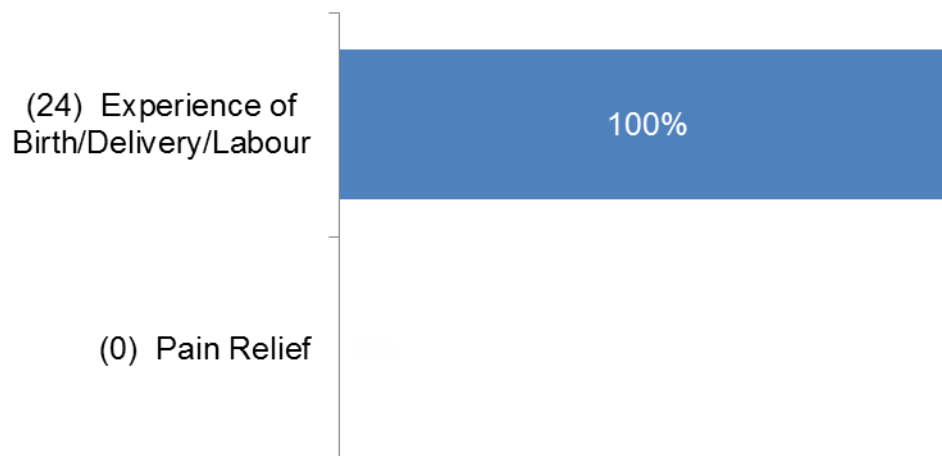


From the BME respondents identified, there were 24 comments related to positive experiences during labour. All comments were general positive comments.

Positive Experience of Birth/Labour/Delivery:

- “Actual labour and delivery of my first baby went well, surgical staff were excellent for the twins”
- “Birth and explanation of what was happening and why”

Group: Labour



9. What do you think went well: Comparison Between Age Groups



Additional analysis has been undertaken on the question 9, to highlight any variation in the most commented groups by service users from different age groups. This demonstrates limited variability in the relative importance of particular factors.

From the 3530 responses; 3484 provided information on their age. From the 3484 responses, **2930** (83%) were from service users aged between 25-40. Across all ages the priority order of the top five groups was consistent.

Group	All Ages 3484 (responses)		24 & Under 109 (3%)		25-40 2930 (83%)		40+ 485 (14%)	
	No.	%	No.	%	No.	%	No.	%
Staff	1921	33%	58	40%	1655	34%	208	29%
Antenatal	694	12%	12	8%	571	12%	111	15%
Labour & birth	614	11%	12	8%	521	11%	81	11%
Personal	551	10%	12	8%	475	10%	64	9%
Postnatal	541	9%	21	14%	460	9%	60	8%
Hospital	448	8%	9	6%	384	8%	55	8%
Access	385	7%	7	5%	332	7%	46	6%
Type of birth	267	5%	6	4%	227	5%	34	5%
Events	222	4%	7	5%	172	4%	43	6%
Specific services accessed	69	1%	0	0%	58	1%	11	2%
Circumstances/ conditions	38	1%	1	1%	34	1%	3	0%
External organisations	21	0%	0	0%	19	0%	2	0%
Total number of comments	5771		145		4908		718	

Note: The top three most commented sub groups for all ages are highlighted in red within the sub age groups.

9. What do you think went well: Staff Improvements Sub-Group by Age Group



From the 1921 comments **1655** (86%) related to the individual's interaction with, behaviour and knowledge base of staff. These comments were broken down further into nine sub groups. The most commented upon sub group across all age groups was the general positive experience when interacting with midwives.

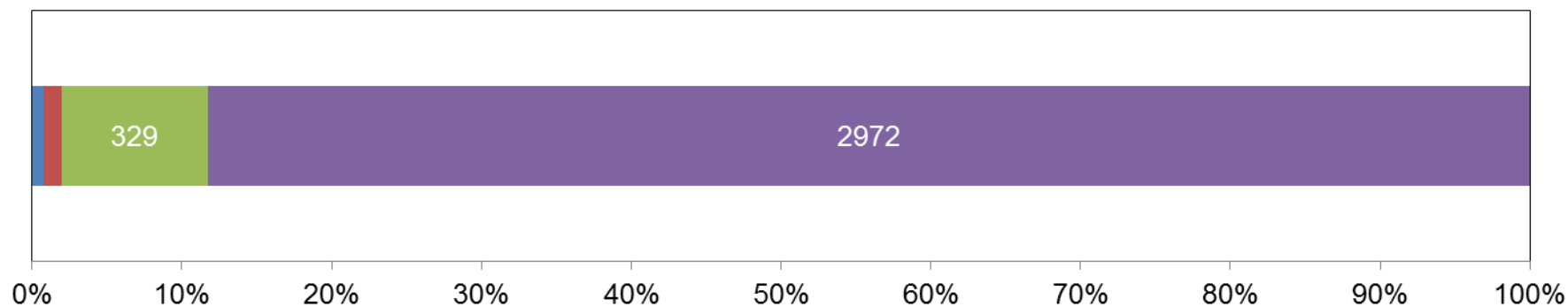
Staff Sub-Group	All Ages 3484		24 & Under 109 (3%)		25-40 2930 (83%)		40+ 485 (14%)	
	No.	%	No.	%	No.	%	No.	%
Midwife (general)	532	28%	21	36%	456	28%	55	26%
Supportive staff	409	21%	11	19%	342	21%	56	27%
Midwife (community)	271	14%	6	10%	235	14%	30	14%
Midwife (hospital)	265	14%	9	16%	233	14%	23	11%
Delivery staff	250	13%	8	14%	227	14%	15	7%
Consultant	117	6%	1	2%	100	6%	16	8%
Health visitor	45	2%	0	0%	39	2%	6	3%
GP	22	1%	0	0%	16	1%	6	3%
Bereavement/counselling	10	1%	2	3%	7	0%	1	0%
Total number of comments	1921		58		1655		208	

Note: The top three most commented on sub groups for all ages are highlighted in red within the sub age groups.

10. What could be done differently to improve your experience of maternity services during pregnancy?



From the 3368 responses: **2972** (88%) contained suggestion(s) for improvement; **329** (10%) stated there was nothing to improve; **41** (1%) were deemed not applicable, and **26** (<1%) made other comments.



Group	Description
Suggestions for improvement	Total responses received in relation to question = 2972
Nothing to improve	Positive comments or stated nothing to improve services = 329
Not applicable	N/a entered into field, or response not appropriate = 41
Other comments	Comments not directly relating to the question or their experience = 26

10. Done Differently (Pregnancy): Suggestions for Improvement



From the 2972 relevant responses; 6014 comments were identified, categorised and sorted into twelve groups. The most common group was improvement in the interaction and the quality of staff with **1521** (25%) individual comments.

Group	No.	%	Description
Staff	1521	25%	Improvements to staffing including the interaction with, access attitude and knowledge base
Individualised care	1185	20%	Improvements to ensure that more individualised care is received; including being listened to and consistent advice
Antenatal	935	16%	Improvements to antenatal care including more access to classes, scans and improvements with appointment (waiting time and length)
Information	828	14%	Improvements to the information they received including pregnancy, birth options, after the birth and sharing of information between services
Complex/specialised	322	5%	Improvements to care available for people with complicated pregnancies or specific circumstances such as recurrent miscarriages or depression
Hospital	314	5%	Improvements to the hospital including facilities, partner being able to stay overnight, food and appropriate discharge from hospital
Postnatal	251	4%	Improvements to postnatal care including home visits, checks on the baby and aftercare
Breastfeeding	209	3%	Improvements to the support they received with breastfeeding/feeding
Birth	189	3%	Improvements to the care they received during delivery including assessment, pain relief and access to different types of birth (home birth etc.)
More choice	180	3%	Improvements to the choices they were given
Other	80	1%	Improvements including access to additional services such as yoga, better IT service and more paid maternity leave for people with multiples

10. Done Differently (Pregnancy): Improvements Relating to Staff



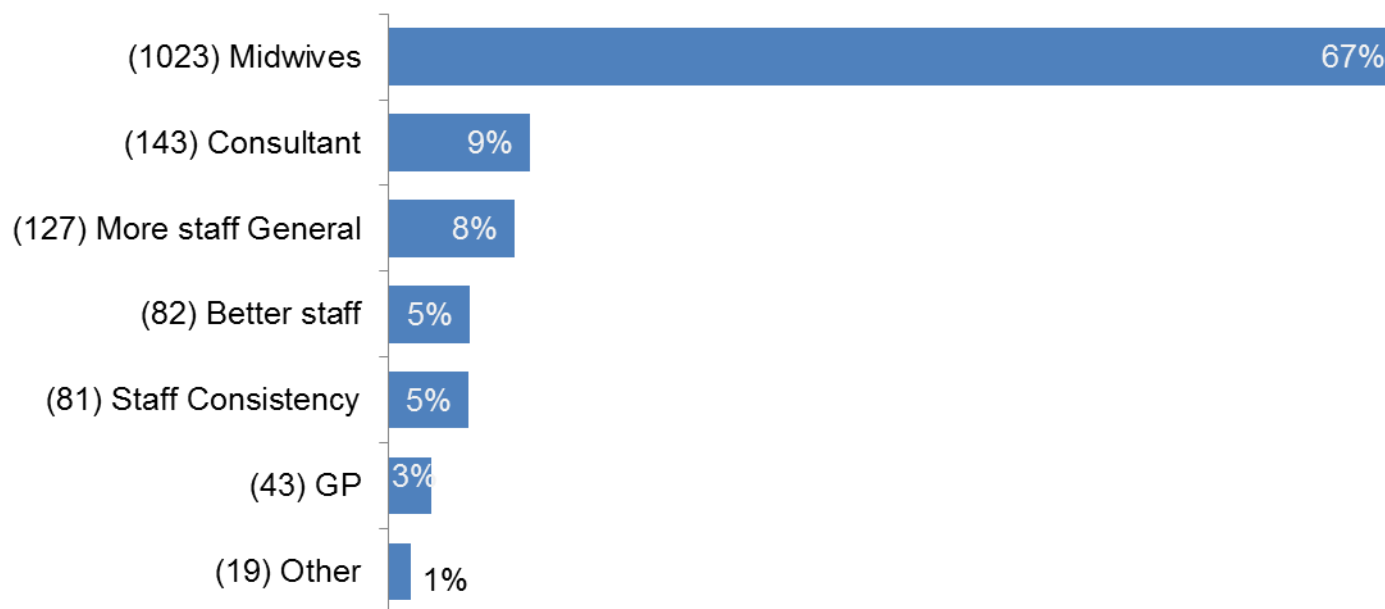
There were 1521 comments relating to improvements in the interaction with, attitude and knowledge base of staff'. These comments were broken down further into seven sub groups. The most commented upon sub group **1023** (67%) was the interaction with midwives, specifically an increase in their numbers

Midwives:

"More midwives would mean that each mum to be could see her named midwife regularly."

"More midwives (who care). You can't be under staffed in such an important role."

Group: Staff



10. Done Differently (Pregnancy): Improvements relating to Individualised care

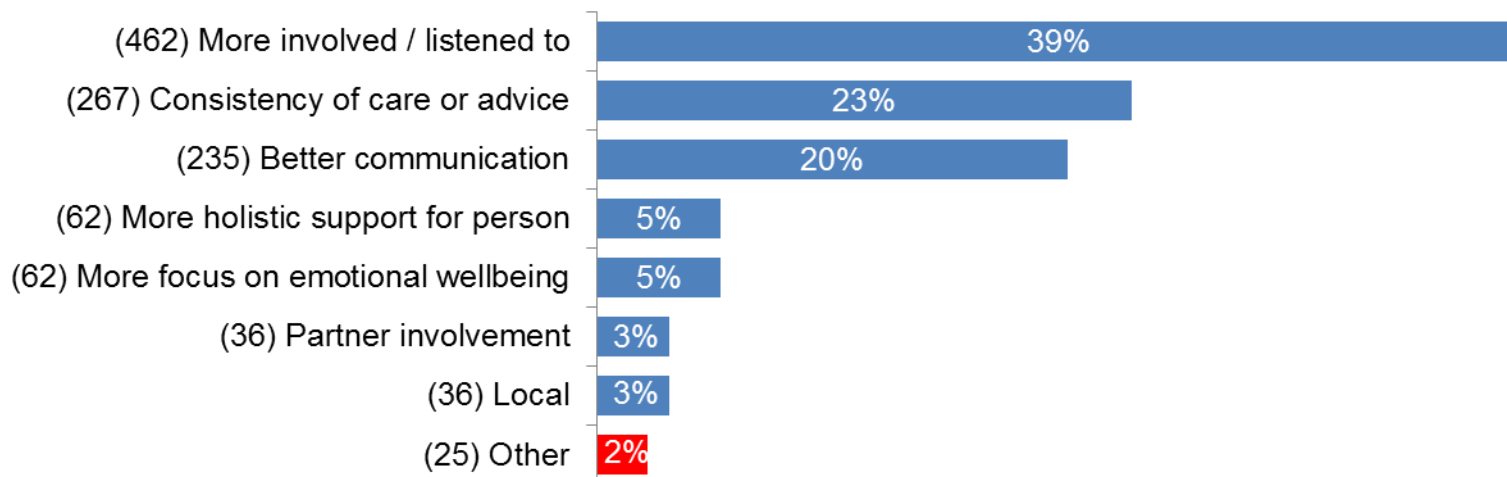


There were 1185 comments relating to improvements in Individualised care. These comments were broken down further into eight sub groups. The most commented upon sub group **462** (39%) was more involvement in decisions on care and staff listening to service users.

More involved / listened to:

- “Allow woman to have a say in their own care.”
- “More emphasis on the woman's informed choice.”

Group: Individualised care



10. Done Differently (Pregnancy): Information Improvements

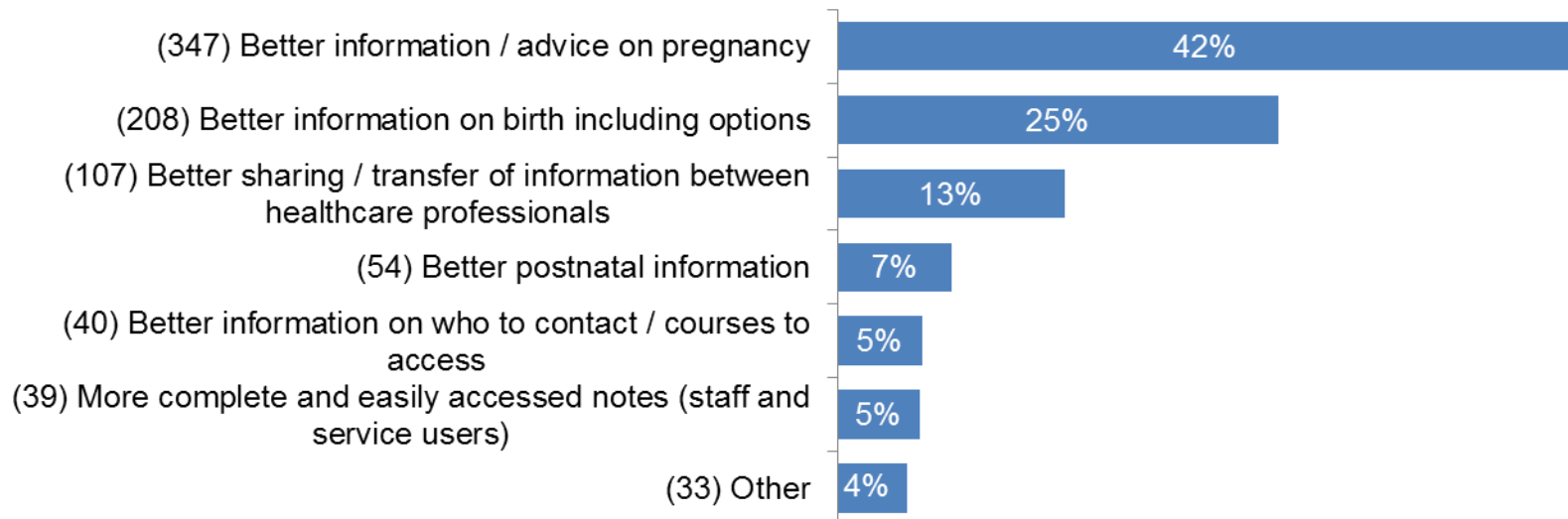


There were 828 comments relating to improvements in the level of information received during pregnancy. These comments were broken down further into seven sub groups. The most commented upon sub group **347** (42%) was better information on the antenatal period.

More Involved / listened to:

- “Better information given to service users about antenatal classes (I had to ask about attending and was never advised that my hospital ran classes specifically for those expecting more than one.”
- “Informing about Group B Strep rather than just sending a leaflet.”

Group: Information

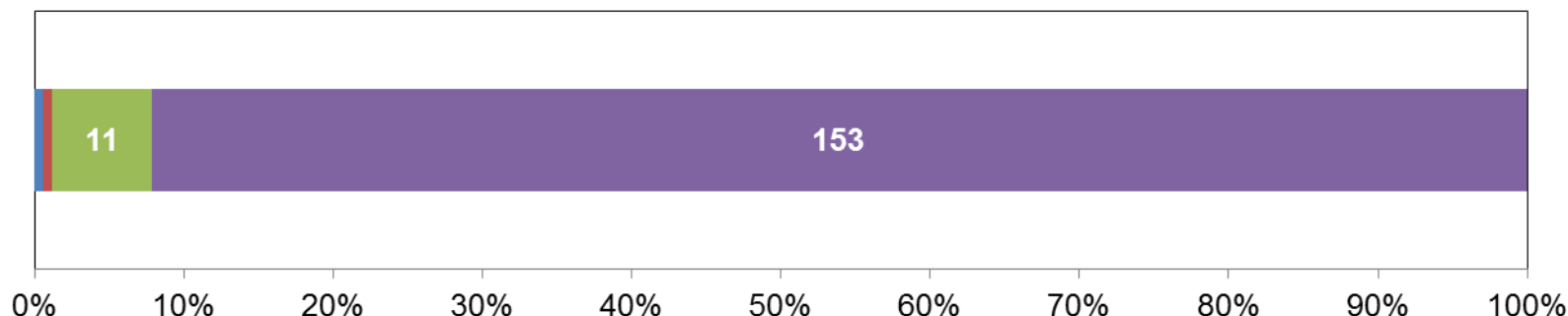


10. (BME) What could be done differently to improve your experience of maternity services during pregnancy?



Additional analysis has been undertaken on question 9, to highlight any differences in the most commented groups by service users from BME background in comparison against the overall response. This has been undertaken to provide additional insight on patient experience.

From the 166 BME responses: **153** (92%) contained suggestion(s) for improvement; **11** (7%) stated there was nothing to improve; **1** (<1%) were deemed not applicable, and **1** (<1%) made other comments.



Group	Description
Relevant responses	Total responses received in relation to question = 153
Nothing to improve	Positive comments or stated nothing to improve services = 11
Not applicable	N/a entered into field, or response not appropriate = 1
Other comments	Comments not directly relating to the question or their experience = 1

10. (BME) Done Differently (Pregnancy): Suggestions for Improvement



From the 153 BME responses made relating to the question; 320 comments were identified, categorised and grouped into twelve groups. The most common group was improvement of the interaction and quality of staff with **66** (21%) comments.

Group	No.	%	Description
Staff	66	21%	Improvements to staffing including more consistency, better staff and more access to staff relating to midwives, consultants, health visitors and other staff
Personal	64	20%	Improvements to the personal care they received including being more involved/listened to, better communication and consistency of care
Information	44	14%	Improvements to the information they received including pregnancy, birth options, after the birth and sharing of information between services
Antenatal	25	8%	Improvements to antenatal care including classes and scans
Appointments	24	8%	Improvements to appointments including length, waiting times and organisation
Complex/specialised	18	6%	Improvements to care available for people with complicated pregnancies or specific circumstances such as recurrent miscarriages or depression
Hospital	18	6%	Improvements to the hospital including facilities, partner being able to stay overnight, food and appropriate discharge from hospital
Postnatal	24	8%	Improvements to postnatal care including home visits, checks on the baby and aftercare
Breastfeeding	13	4%	Improvements to the support they received with breastfeeding/feeding
Birth	0	0%	Improvements to the care they received during delivery including assessment, pain relief and access to different types of birth (home birth etc.)
More choice	12	4%	Improvements to the choices they were given
Other	12	4%	Improvements including access to additional services such as yoga, better IT service and more paid maternity leave for people with multiples

10. (BME) Done Differently (Pregnancy): Comparisons of Groups



From the 2972 responses; 2943 provided information on their ethnicity. From the 2943 responses which specified an ethnicity, **166** (5%) were from service users who identified themselves as an ethnicity other than White British, White Irish or White Other. From the 153 BME respondents 320 responses were identified. The top three groups for the BME community were the same as those for the respondents as a whole.

Group	All Ethnicities 2943 (responses)		BME 153 (5%)	
	No.	%	No.	%
Staff	1521	25%	66	21%
Personal	1185	20%	64	20%
Information	828	14%	44	14%
Antenatal	517	9%	25	8%
Appointments	418	7%	24	8%
Complex/specialised	322	5%	18	6%
Hospital	314	5%	18	6%
Postnatal	251	4%	24	8%
Breastfeeding	209	3%	13	4%
Birth	189	3%	10	3%
More choice	180	3%	12	4%
Other	80	1%	2	1%
Total number of comments	6014		320	

Note: The top three most commented sub groups for all ages are highlighted in red within the different groups.

10. (BME) Done Differently (Pregnancy): Improvements Relating to Staff

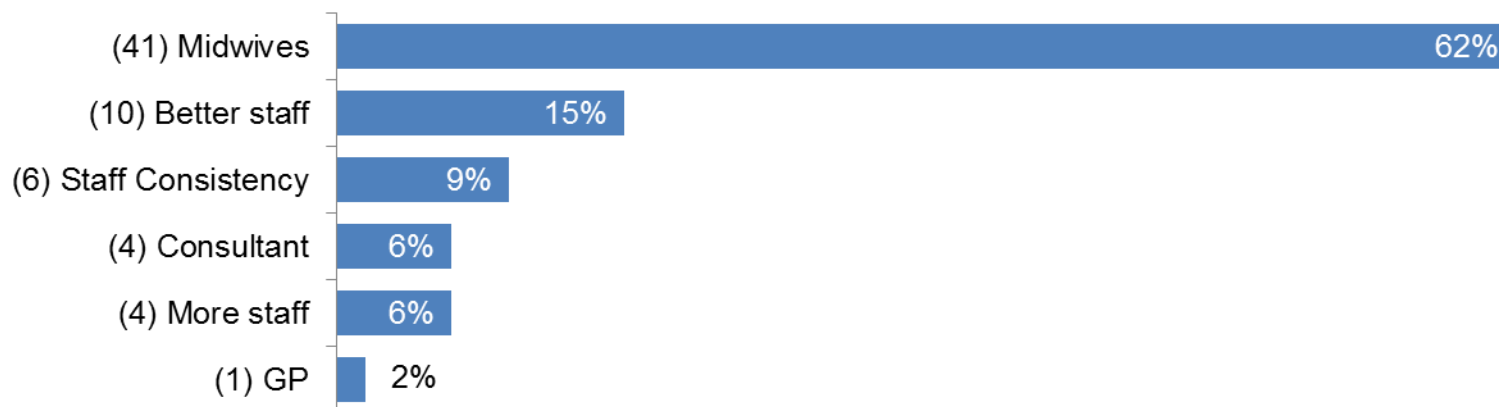


There were 66 comments relating to improvements in the interaction with, behaviour and knowledge base of staff. These comments were broken down further into six sub groups. The most commented upon sub group **41** (62%) was the interaction with midwives, specifically an increase in their numbers

Midwives:

- “More Midwives would mean that each mum to be could see her named midwife regularly.”
- “More midwives (who care). You can't be under staffed in such an important role”

Group: Staff



10. (BME) Done Differently (Pregnancy): Improvements Relating to Personal Care

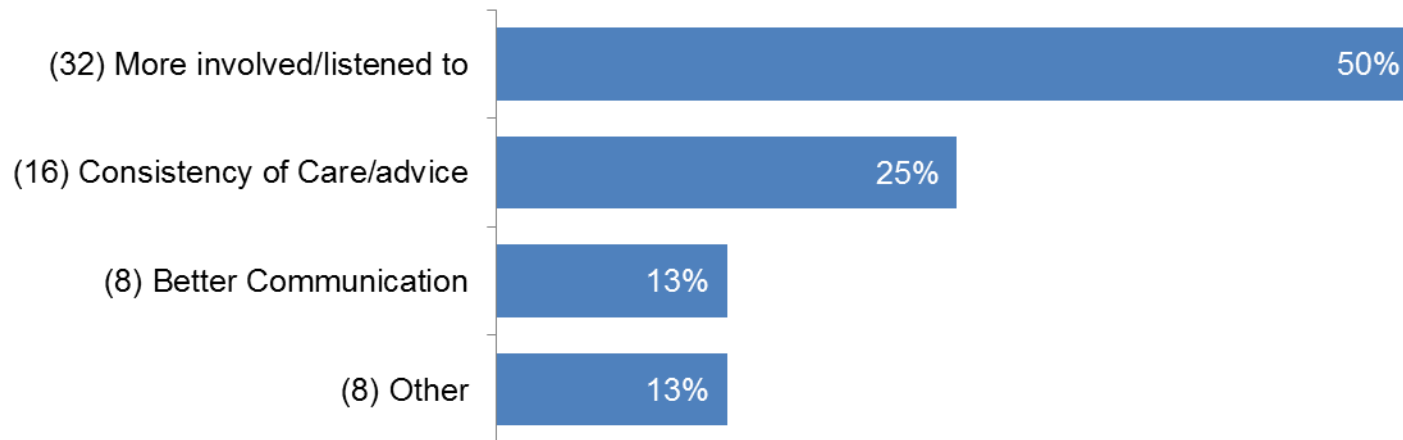


There were 64 comments relating to improvements in personal nature of the care which took into consideration both the individuals circumstance and their wishes. These comments were broken down further into four sub groups. The most commented upon sub group **32** (50%) was more involvement in decisions on care and staff listening to service users.

More Involved / Listened to:

- “Allow women to have a say in their own care.”
- “More emphasis on the woman's informed choice.”

Group: Personal



10. (BME) Done Differently (Pregnancy): Information Improvements

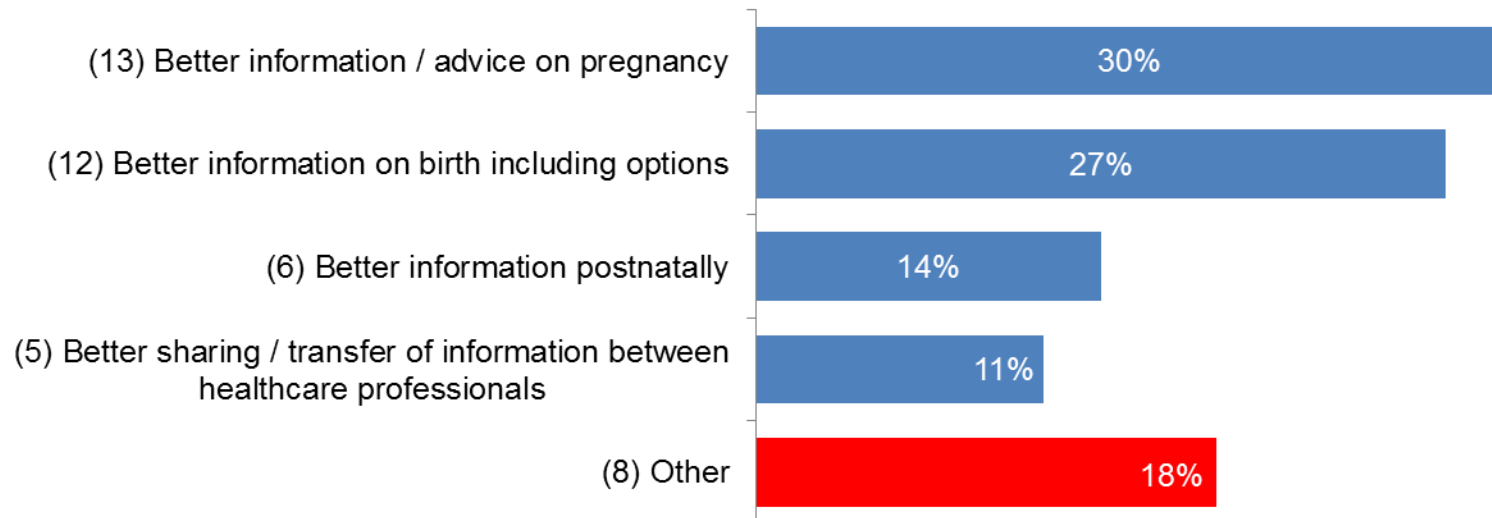


There were 44 comments relating to improvements in the level of information received during the whole process. These comments were broken down further into five sub groups. The most commented upon sub group 13 (30%) was better information on the actual pregnancy period i.e. before the birth.

Better information / advice on pregnancy:

- “Better information given to service users about antenatal classes (I had to ask about attending and was never advised that my hospital ran classes specifically for those expecting more than one)”
- “Informing about Group B Strep rather than just sending a leaflet”

Group: Information



10. Done Differently (Pregnancy): comparison age of groups



Additional analysis has been undertaken on question 10, to highlight any variation in the most commented groups by service users from different age groups. This demonstrates limited variability in the relative importance of the comments raised.

From the 2972 responses; 2965 provided information on their age. From the 2965 responses, **2500** (84%) were from service users aged between 25-40. Across all ages the priority order of the top two groups was consistent.

Group	All Ages 2965 (responses)		24 & Under 85 (3%)		25-40 2500 (84%)		40+ 380 (13%)	
	No.	%	No.	%	No.	%	No.	%
Staff	1521	25%	45	27%	1282	25%	190	25%
Personal	1185	20%	35	21%	981	19%	164	22%
Information	828	14%	19	12%	712	14%	95	13%
Antenatal	517	9%	21	13%	444	9%	52	7%
Appointments	418	7%	8	5%	372	7%	37	5%
Complex/specialised	322	5%	4	2%	251	5%	66	9%
Hospital	314	5%	7	4%	264	5%	42	6%
Postnatal	251	4%	3	2%	213	4%	34	5%
Breastfeeding	209	3%	8	5%	184	4%	17	2%
Birth	189	3%	11	7%	153	3%	25	3%
More choice	180	3%	3	2%	158	3%	19	3%
Other	80	1%	1	1%	73	1%	6	1%
Total number of comments	6014		165		5087		747	

Note: The top three most commented sub groups for all ages are highlighted in red within the sub age groups.

10. Done Differently (Pregnancy): Staff Sub-Group by Age Group



From the 6014 comments **1521** (25%) relating to individual's interaction with, behaviour and knowledge base of staff. These comments were broken down further into seven sub groups. The most commented upon sub group across all age groups was the improvement in experience when interacting with midwives, specifically the need for more of them.

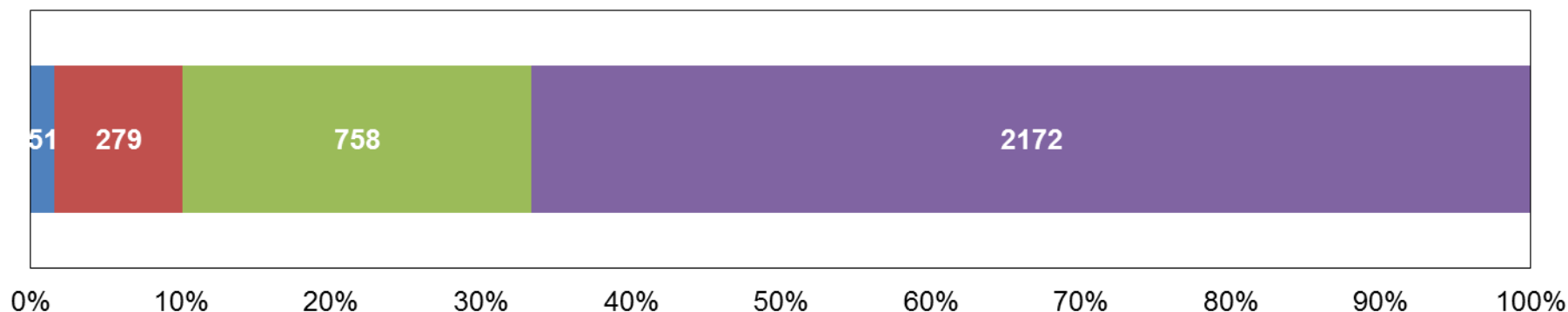
Staff Sub-Group	All Ages 2965		24 & Under 85 (3%)		25-40 2500 (84%)		40+ 380 (13%)	
	No.	%	No.	%	No.	%	No.	%
Midwives	1023	67%	30	67%	867	68%	123	65%
Consultant	143	9%	7	16%	116	9%	19	10%
More staff (general)	127	8%	3	7%	104	8%	20	11%
Better staff	82	5%	2	4%	68	5%	12	6%
Staff consistency	81	5%	0	0%	75	6%	6	3%
GP	43	3%	2	4%	33	3%	8	4%
Other	22	1%	1	2%	19	1%	2	1%
Total number of comments	1521		45		1282		190	

Note: The top three most commented sub groups for all ages are highlighted in red within the sub age groups.

11. Based on your experiences, what could be done differently to improve services during labour and birth?



From the 3260 responses: **2172** (66%) contained suggestion(s) for improvement; **758** (23%) stated there was nothing to improve; **279** (9%) were deemed not applicable, and **51** (2%) made other comments.

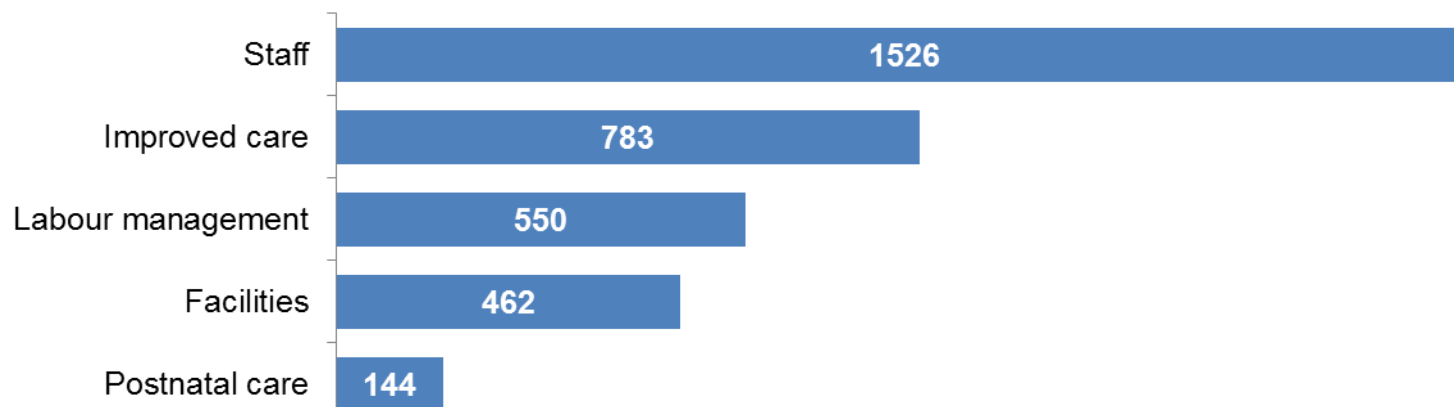


Group	Description
Relevant responses	Total responses received in relation to question= 2172
Nothing to improve	Positive comments or stated nothing to improve services= 758
Not applicable	N/a entered into field, or response not appropriate= 279
Other comments	Comments not directly relating to the question or their experience= 51

11. Done Differently (Labour & Post): Suggestions for Improvement



From the 2172 responses relating to the question; 3465 separate comments were identified, categorised and grouped into five main groups. The most common group was staff with **1526** (44%) individual comments.



Group	No.	%	Description
Staff	1526	44%	Improvements to staffing including: communication, respect, knowledge & experience, shifts and continuity
Improved care	783	23%	Improvements to support service users, including: choice, compassion, more time, attitude of staff, birth plans and privacy
Labour management	550	16%	Improvements to the labour experience, including: better access to theatre, pain relief, quicker decision making, more Information and more scans & checks
Facilities	461	13%	Improvements to facilities, including: single rooms/ birthing pools, partner able to stay and more capacity in midwife led units and maternity units
Postnatal care	137	4%	Improvements to postnatal care, including: mental health support, discharge from hospital, feeding baby and support following still-birth/ loss

11. Done Differently (Labour & Post): Staff

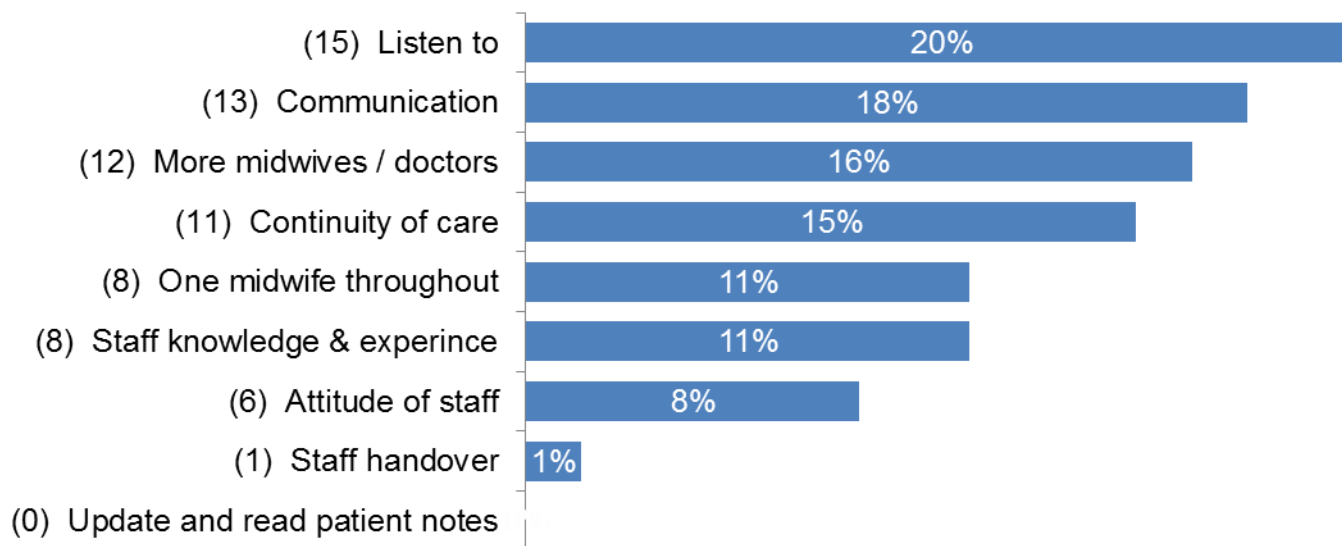


There were 1526 comments relating to individual's interaction with behaviour and knowledge base of staff. These comments were broken down further into eight sub groups. The most commented upon sub group, with 343 (22%) was respect shown to them as an individual and their views being listened to.

Listened to :

- “I found it frustrating that staff would not listen to me or believe me about my labour.”
- “I wish the midwife had LISTENED to me on arrival at the birth centre- despite the fact that I knew my son would be born imminently, she would not examine me nor run the birthing pool.”

Group: Staff



11. Done Differently (Labour & Post): Improvement in Care

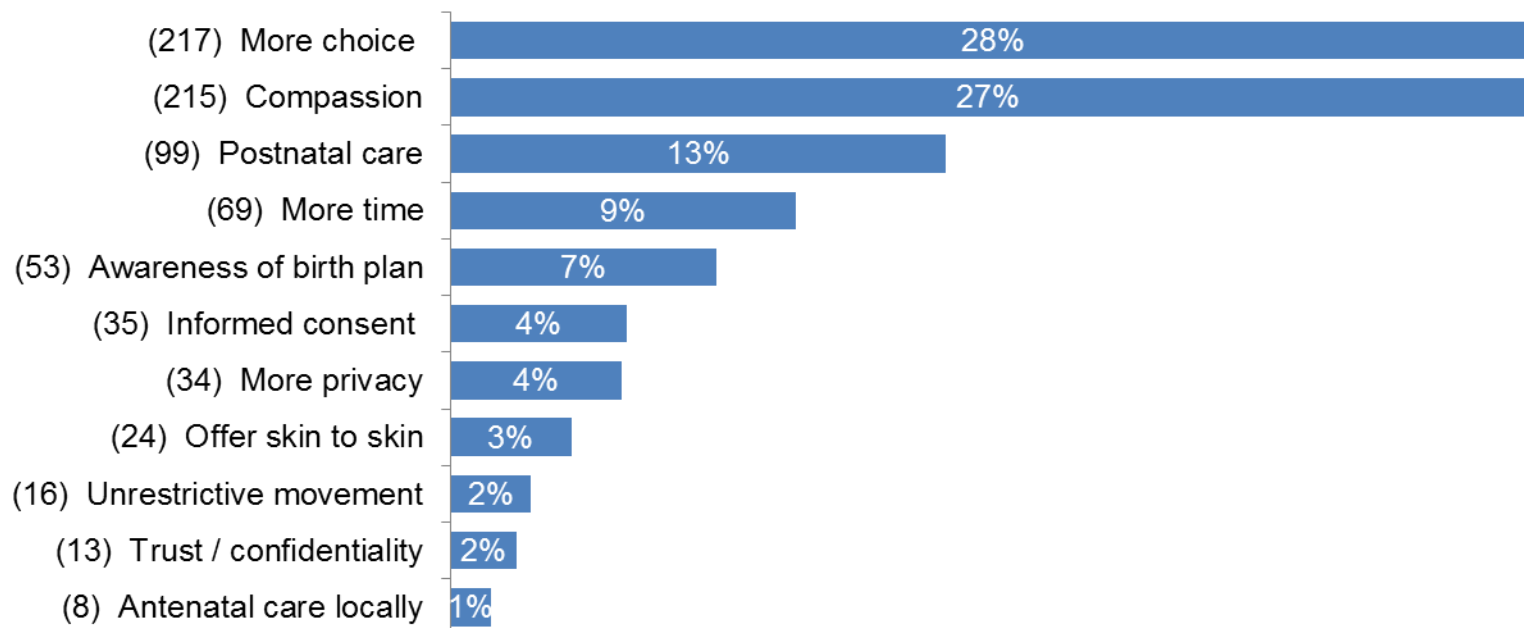


784 comments were largely about the care people received. These comments were broken down further into eleven sub groups. The two most commented upon sub groups were the need for more choice with **217** (28%) comments and the need for more care and compassion throughout with **215** (27%) comments.

More Choice:

- “Having the same midwife, or perhaps choice of 2 midwives.”
- “Better presentation of risks/benefits of induction and other interventions, to allow a more informed choice.”

Group: Improved care



11. Done Differently (Labour & Post): Labour Management

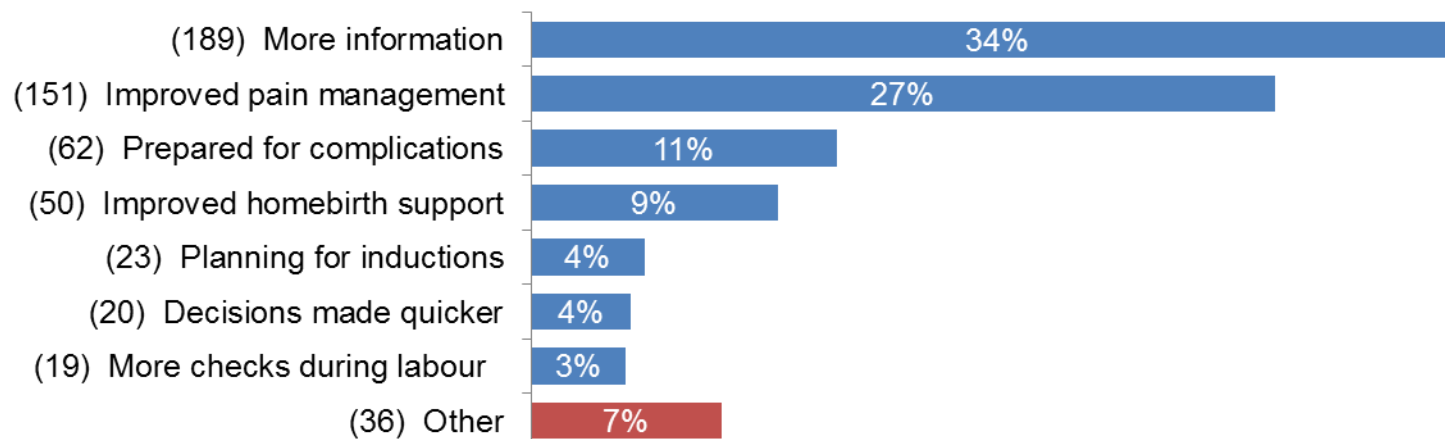


559 comments were related to improvements during labour. These comments are broken down further into ten sub groups. The two most commented sub groups were more information about labour (before and during) with **189** (34%) comments and Better Pain Management during labour with **151** (27%).

More information:

- “More information on what happens if you go into early labour. I felt slightly pressured during labour to try a pain relief I didn't want.”
- “More information about induced labour. I wasn't told much about what would happen on the day and I didn't realise all the after effects of the hormones amongst other things! “

Group: Labour management

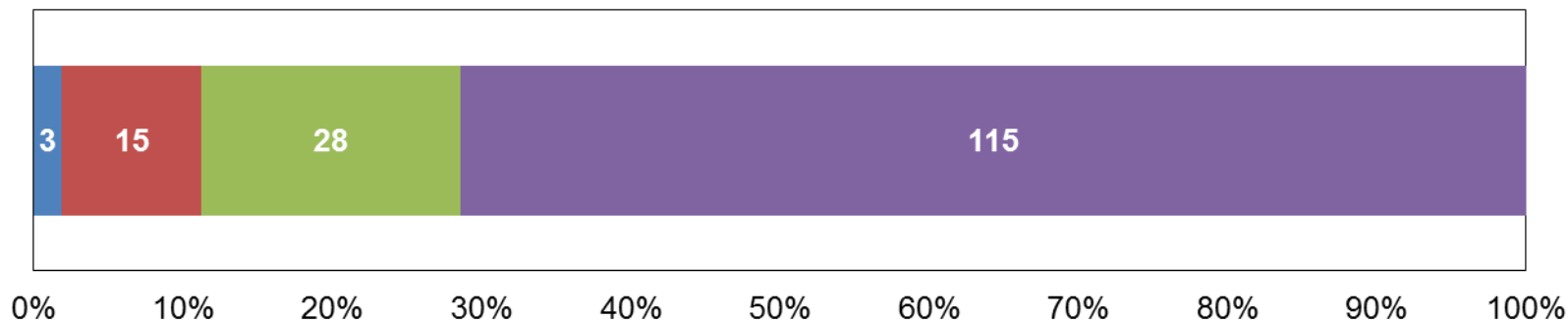


11. (BME) Based on your experiences, what could be done differently to improve services during labour and birth?



Additional analysis has been undertaken on question 9, to highlight any differences in the most commented groups by service users from BME background in comparison against the overall response. This has been undertaken to provide additional insight on patient experience.

From the 161 BME responses: **115** (71%) contained suggestion(s) for improvement; **28** (17%) stated there was nothing to improve; **15** (9%) were deemed not applicable, and **3** (2%) made other comments.

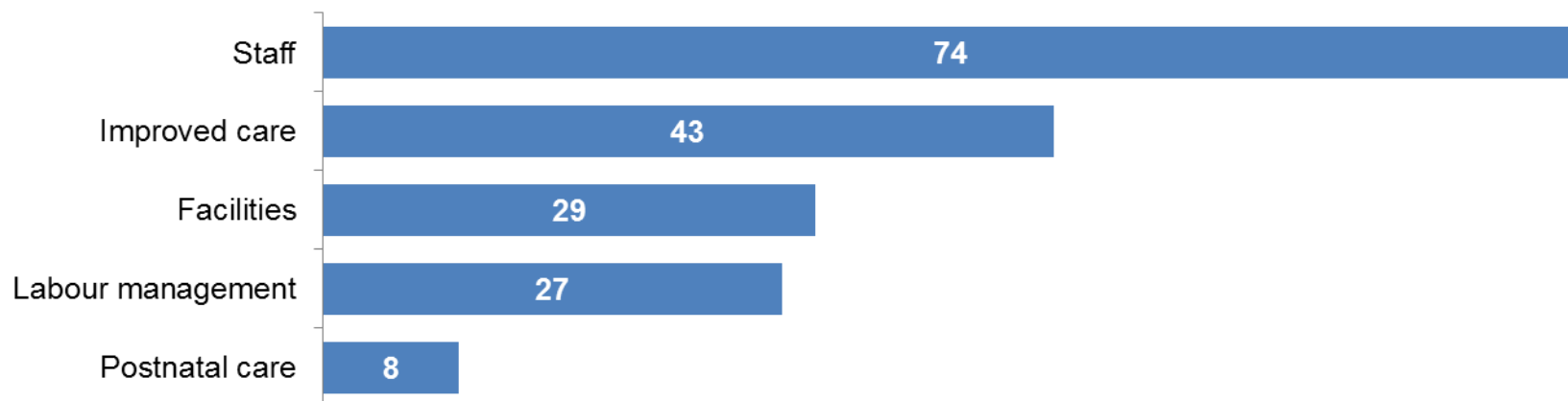


Group	Description
Relevant responses	Total responses received in relation to question = 115
Nothing to improve	Positive Comments or stated nothing to improve services = 28
Not applicable	N/a entered or response not applicable into field = 15
Other comments	Comments not directly relating to the question or their experience = 3

11. (BME) Done Differently (Labour & Post): Suggestions for Improvement



From the 115 BME responses made; 181 separate comments were identified, categorised and grouped into five main groups. The most common group was staff with **74** (41%) individual comments.



Group	No.	%	Description
Staff	74	41%	Improvements to staffing including communication, respect, knowledge & experience, shifts and continuity
Improved care	43	24%	Improvements to support service users, including: choice, compassion, more time, attitude of staff, birth plans and privacy
Facilities	29	16%	Improvements to facilities, including: single rooms/ birthing pools, partner able to stay and more capacity in midwife led units and maternity units
Labour management	27	15%	Improvements to the labour experience, including: better access to theatre, pain relief, quicker decision making, more information and more scans & checks
Postnatal care	8	4%	Improvements to postnatal care, including: mental health support, discharge from hospital, feeding baby and support following still-birth/ loss

11. Done Differently (Labour & Post): BME Comparison



From the 3260 responses, 3232 provided information on their ethnicity. From the 3232 responses which specified an ethnicity, **161** (5%) were from service users who identified themselves as an ethnicity other than White British, White Irish or White Other. From the 115 BME respondents who included specific comments 181 responses were identified. The top two groups for the BME community were the same as those for the respondents as a whole.

Group	All Ethnicities 2943 (responses)		BME 161 (5%)	
	No.	%	No.	%
Staff	1524	44%	74	41%
Improved care	784	23%	43	24%
Labour management	559	16%	27	15%
Facilities	461	13%	29	16%
Postnatal care	137	4%	8	4%
Total number of comments	3465		181	

Note: The top three most commented sub groups for all ages are highlighted in red within the different groups.

11. (BME) Done Differently (Labour & Post): Staff Improvements



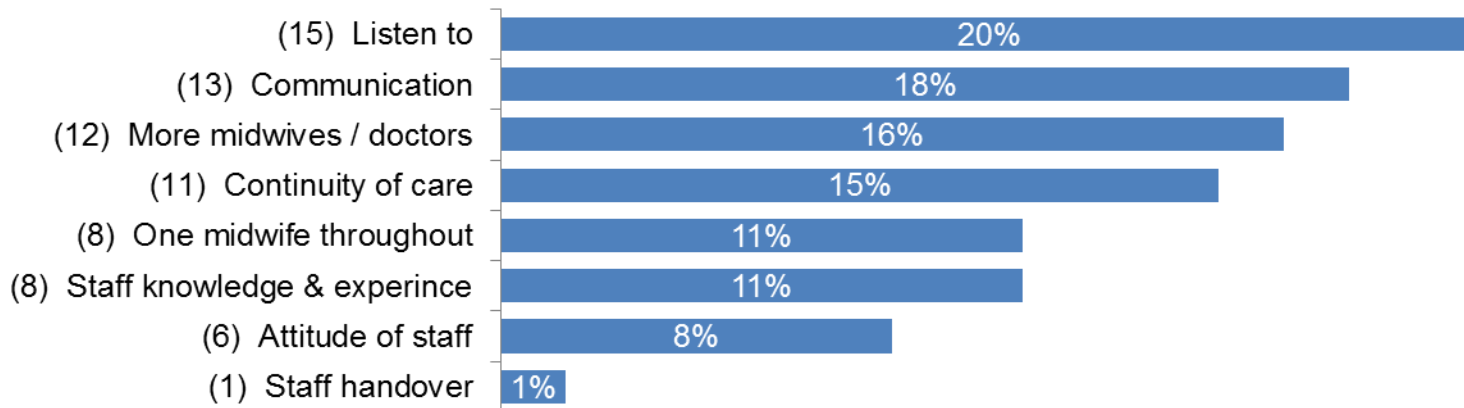
There were 74 comments relating to individual's interaction with behaviour and knowledge base of staff. These comments were broken down further into eight sub groups. The most commented upon sub group **15** (20%) was respect shown to them as an individual and their views being listened.

Listened to:

“Just listen to me, respect me and my decisions. Provide me with 'all' the information, including benefits and risk so that I can make informed decision.”

“Listening to the mother and believing her when she says she is in active labour.”

Group: Staff



11. (BME) Done Differently (Labour & Post): Improvement in Care

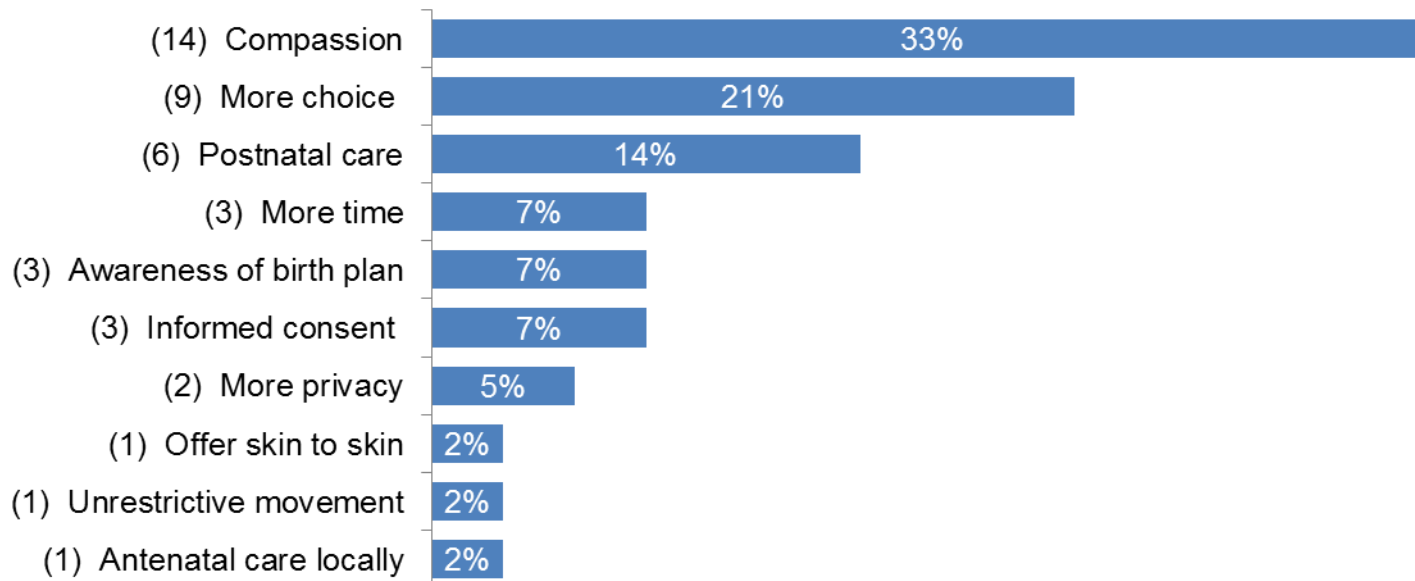


43 comments were largely about the support people received. These comments were broken down further into eight sub groups. The two most commented sub group were more care and compassion throughout with 14 (33%) comments and the need for more choice with 9 (21%).

More choice:

- “Having the same midwife, or perhaps choice of 2 midwives.”
- “Better presentation of risks/benefits of induction and other interventions, to allow a more informed choice.”

Group: Improved care



11. (BME) Done Differently (Labour & Post): Improvements in Facilities

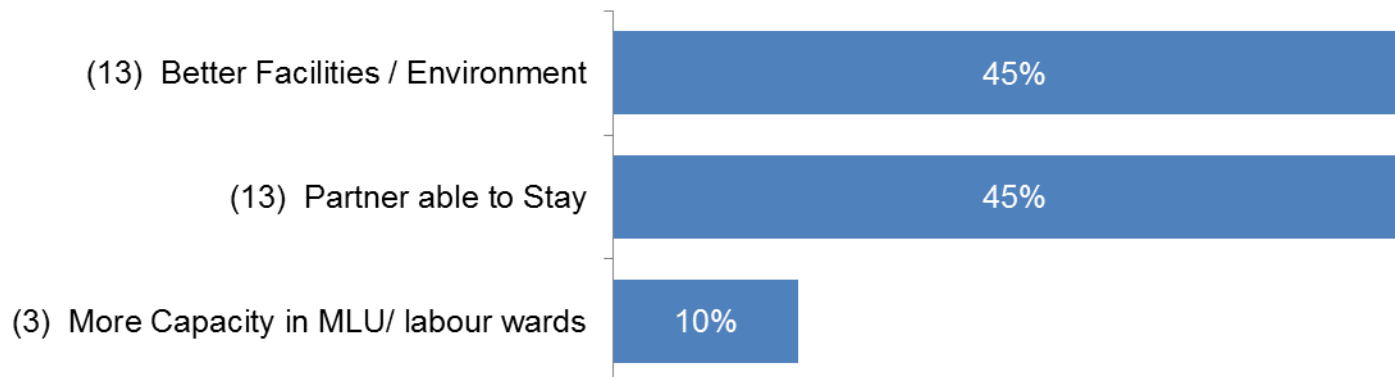


29 comments were related to improvements to the maternity facilities, including the ability for partners to stay overnight. These comments were broken down further into three sub groups. The two most commented sub groups were better facilities and the overall environment with **13** (45%) comments and partners able to stay overnight also with **13** (45%).

Better facilities / environment:

- “More birthing pools please.”
- “The room I had for my induction was small, badly lit, had no windows and was in the middle of the delivery suite so I was kept awake all night by other women giving birth whilst waiting for my induction process to start.”

Group: Facilities



11. Done Differently (Labour & Post): Comparison of Age Groups



Additional analysis has been undertaken on question 11, to highlight any variation in the most commented groups by service users from different age groups. This demonstrates limited variability in the relative importance of the comments raised.

From the 2169 responses; 2165 provided information on their age. From the 2165 responses, **1799** (83%) were from service users aged between 25-40. Across all ages the priority order of the five groups was consistent.

Group	All Ages 2165 (response)		24 & Under 72 (3%)		25-40 1799 (83%)		40+ 294 (14%)	
	No.	%	No.	%	No.	%	No.	%
Staff	1526	44%	51	42%	1266	44%	207	46%
Improved Care	783	23%	36	31%	645	22%	100	22%
Labour management	550	16%	16	13%	461	16%	73	16%
Facilities	462	13%	9	7%	400	14%	53	12%
Postnatal care	144	4%	9	7%	121	4%	14	3%
Total number of comments	3465		121		2893		447	

Note: The top three most commented sub groups for all ages are highlighted in red within the sub age groups.

11. Done Differently (Labour & Post): Staff Improvements by Age Group



From the 1522 comments grouped under 'Staff', 343 (23%) were sub grouped under listened to / respect. This was the highest sub group across all age groups. The only variation in the top three sub-groups was in the 24 & Under.

Staff Sub-Group	All Ages 2165 (responses)		24 & Under 72 (3%)		25-40 1799 (83%)		41+ 294 (14%)	
	No.	%	No.	%	No.	%	No.	%
Listen to	343	22%	17	33%	284	22%	42	20%
More midwives / doctors	257	17%	3	6%	222	18%	31	15%
Communication	254	17%	13	25%	209	17%	32	15%
Attitude of staff	198	13%	7	14%	160	13%	30	14%
One midwife throughout	157	10%	3	6%	130	10%	24	12%
Continuity of care	153	10%	4	8%	126	10%	23	11%
Staff knowledge & experience	109	7%	2	4%	92	7%	15	7%
Staff handover	37	2%	1	2%	29	2%	7	3%
Update and read patient notes	18	1%	1	2%	14	1%	3	1%
Total	1522		51		1264		207	

Note: The top three most commented sub groups for all ages are highlighted in red within the sub age groups.

12. Based on your experiences, what could be done differently to improve postnatal care?



From the 3112 responses: **3026** (97%) stated on improvement to postnatal care. **47** (2%) were not applicable to the question, **32** (1%) stated no improvement required and **7** (<1%) stated everything needed to be improved.

The 3026 responses were broken down and 4216 separate comments. These comments have been grouped into four main groups.

Group	No.	%	Description
Care and support	1922	49%	Improvements to support of service users to ensure they receive personalised care. This also includes more support around breastfeeding and emotional wellbeing.
Communication	1041	22%	Improvements to communication between healthcare professionals and service users. This also includes communication between healthcare teams.
Staff	628	15%	Improvements to staffing including better management and allocation of staff and more training to improve competency and customer service
Resources	622	14%	Improvements to the resources available including more beds, equipment, rooms and staff; better feeding provisions for patients and a greater range of foods to be made available

12. Done Differently (Postnatal): Care and Support



Comments relating to service delivery have been broken down into 5 groups. **775** (40%) individuals expressed that they wished to receive more personalised care. **704** (37%) patients wished for better support around breast feeding. A small number **16** (1%) of patient wished to have pain relief administered quicker, and felt that staff should offer pain relief rather than the patient having to ask.

Personalised care / support

- “I felt quite unsupported and on my own after birth and being discharged from labour ward to post natal ward during what is a very important time for new mother and baby to bond and establish breast feeding, post natal ward could have been more homely, new mums and new born babies were on same ward as new mums whose babies had to have special care, with constantly changing midwives and little support during nights whilst baby's father had to leave the ward, provide support to new fathers as they often play an important role in supporting the new mum and are also experiencing a significant life change.”

Group	No.	%	Description
Better / personalised access, care, support	775	40%	Better care, including postnatal care both on the ward and when you return home with your baby, consistency of same midwife and better communication between patient and staff
Breastfeeding advice / support	704	37%	More support around breast feeding prior to and following birth and advice around other related issues, such as around tongue tie
Partners staying	313	16%	The choice of partners being able to stay over night and not restricted to visiting times, especially for those mothers who have undergone a caesarean. Also, the choice for women who do not wish to be on a ward where partners can stay
Emotional & mental health support	110	6%	Better support for those more likely to suffer mental health problems with less waiting times and easier access to services. Emotional support , including not to be left on maternity ward with other mothers and their babies.
Administer pain relief quicker	16	1%	Quick access to pain relief and given when asked
Bereavement support	4	<1%	Better support for those who have lost a baby

12. Done Differently (Postnatal): Communication



The highest occurring group in relation to operational changes was in relation to “Amount consistency & quality of advice” with **436** comments (42%).

Better handovers between wards

- “There are not enough staff, particularly at night, to help and I was left feeling very alone. Each midwife seemed to offer different advice and although I don't think any of the advice was wrong it would have been better to have been consistent. In the fog of the early days of parenthood I was left feeling very confused.”
- “Health visitors are pretty variable in quality and type of advice given.”

Group	No.	%	Description
Amount, consistency & quality of advice	436	42%	Increased contact from midwives and for longer periods of time
Community postnatal care	340	33%	The choice of partners being able to stay overnight and not restricted to visiting times, especially for those mothers who have undergone a caesarean. Also, the choice for women who do not wish to be on a ward where partners are allowed to stay
Discharge processes	154	15%	Communication to be improved to enable safe and quick discharge when this is possible, and the option to stay in longer if needed rather than feeling rushed to go home
Joined up aftercare system	55	5%	More specifically, better communication between services such as health visitors and midwives. Services easily accessed following birth within a reasonable distance to your home
Better handovers between wards/teams	47	5%	Better communication between staff, especially when transferring to different hospitals, ensuring notes are available
Stop sales / marketing	12	1%	Removal of bounty packs/ photographers and not pushed to use certain brands of formula milk

12. Done Differently (Postnatal): Staffing



Of the 628 people that commented, **359** (57%) people felt that competency training needed to be given to more staff to improve customer experience, especially in relation to breast feeding and to ensure that advice given is consistent amongst professionals. The remaining **269** (43%) people wished for continuity when seeing professionals, more specifically midwives and health visitors.

Training

- “More training should be given to midwives and health visitors on breast feeding. I was basically advised to give up breast feeding at an early stage but after paying for a lactation consultant I went on to feed my baby until he was 19 months old.”

Continuity

- “Most definitely continuity of care, lack of this led me to breaking point. Breastfeeding support training for all staff to ensure advice is the same no matter who you speak to. More tongue tie training to increase awareness and recognition.”

Group	No.	%	Description
Competency training / customer experience	359	57%	More staff to be trained in breast feeding, tongue tie and to deliver care with more empathy and compassion. Staff to give medication on time and not be reminded by the patient
Consistency / continuity in staff	269	43%	Continuity in seeing the same midwife and health visitor

12. Done Differently (Postnatal): Resources



542 (87%) people said that changes need to be made in relation to the availability of beds, equipment, staff and rooms. 56 (9%) people said that improvements were needed around the quality of food and drink.

Resources

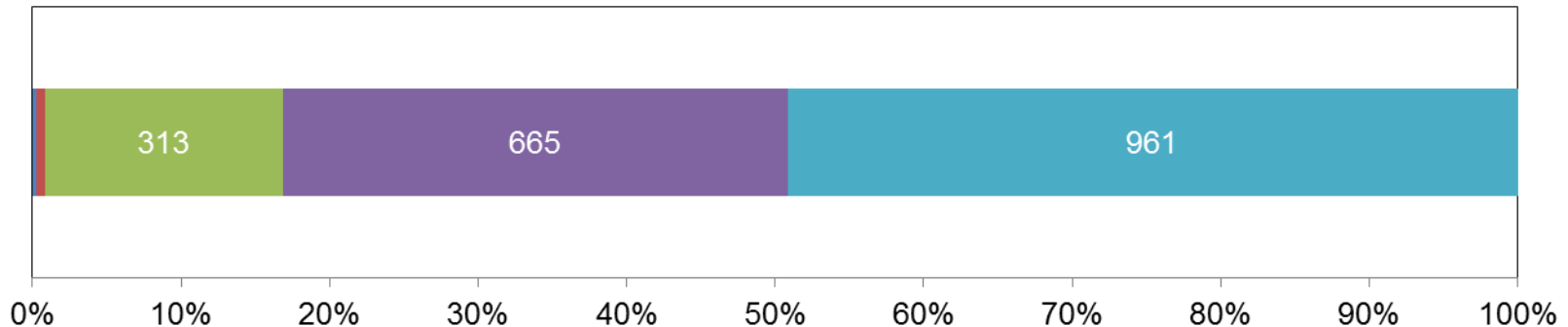
- “More engagement from the staff, I was a first time mum quite unwell from the birth (required a blood transfusion within 48hrs) and felt abandoned for the first 12hrs on the ward. I ended up with no dinner, weeping because I was struggling to breastfeed and they just didn't have enough staff to really help.”
- “I was so desperate to get home but felt like I was waiting for ages. I felt like I was offered many options of food. I am vegetarian and did not like what offered that I would be able to eat and no body offered to try and source something that would have been suitable.”

Group	No.	%	Description
More equipment, staff & rooms	542	87%	More staff and beds less busy wards, private rooms available for those who have lost babies or have poorly babies
Provisions & quality of food & drink	56	9%	High quality food available frequently and in accessible way for those who have had surgery
Hygiene	24	4%	Improved hygiene, including cleaner wards and bathroom facilities

13. If your baby spent time in the neonatal unit, what could be done differently to improve neonatal care?



From the 1955 respondents, **665** (34%) provided comments relating to their baby spending time on the neonatal unit. **961** (49%) responses stated that their experience was not applicable. **313** responses (16%) stated no changes required. **11** (1%) responses referred to a previous answer. **5** (<1%) responses stated either a lot or everything needed to change but no specific information.



Group	Description
Not applicable	N/A entered into field, or response not appropriate = 961
Relevant responses	Comments received identified improvement = 665
Nothing	Comments received identified no improvement required = 313
Answered previously	Comments received answered previously = 11
Change everything	Comments received states everything needs to change = 5

13. Done Differently (Neonatal): Overview of Responses



From the 665 applicable responses, 1260 comments were identified. These have been categorised into relevant groups. The most common suggestion for improvement was ensuring that baby and parents were together as much as possible **343** (27%), followed by comments around improving communication between parents and healthcare professionals **236** (19%).

Group	No.	%	Description
Mother and baby together	343	27%	This reflects focus on the family and the need to be co-located
Communication	236	19%	Includes delay in communication as well as communication between professionals and teams
Breastfeeding support	146	12%	Covering support when separate area from mother, general assistance and considering parents' wishes
Knowledge and experience of staff	127	10%	More access to skilled staff with up-to-date experience
Staff attitude	121	10%	Covering the language used, parents feeling patronised, perceived lack of compassion and understanding
Parent involvement and rights	99	8%	Parents feeling decisions were made frequently in their absence e.g. being asked to leave the room during doctors rounds
Care for mum	83	7%	Covers the need to care for the mums physical and emotional needs as well as the baby
Other	105	8%	This covers other comments made which had low numbers of responses

13. Done Differently (Neonatal): Mother and Baby Together



Mother and baby together group accounted for 343 comments made (27%). The comments relating to this group include potential impact on the mental health and wellbeing of the mum, bonding with baby and the establishment of breastfeeding. Issues were specifically identified with multiple births and separation.

Mother and baby together

- “Respect parents wishes (re: vitamin K)! Allow more kangaroo care. Make it more comfortable for parents to stay with baby. Less condescending looks from nurses because you want to be with your baby but they see it as interfering/getting in the way/checking up on them.”
- “Keep mother and baby together. I did not get to hold my first child for 12 hours while she was in Special Care. She wasn't ill or in danger in any way, they were just checking her after a traumatic C-section. I still mourn that she had to start her life without the security of skin-to-skin.”
- “The neonatal care my baby received was fantastic. Everything was explained to us and the hospital had all the equipment they needed to treat him so he didn't need transferring. The only difficulty was being separated from my baby and I felt the support for that really lacked. The postnatal ward was so unfriendly and it felt like because I didn't have a baby they didn't really bother much with me. When I had to go back to my room I just cried constantly.”

13. Done Differently (Neonatal): Improve Communication



The Communication group accounted for 236 (19%) comments. These focussed on general communication, listening to parents and inconsistent information.

Inconsistent communication

- “I saw a specialist and his registrar at different times who gave different advice as my notes from first birth were unavailable.”
- “Read the notes before seeing the patient so patients don't have to go through everything 100 times.”
- “Debrief patients about their care and why certain decisions were made after a few days or while their partner is present - not straight after a lengthy operation under general anaesthetic, when they are unlikely to understand or remember what they're being told.”

Listen to the parents

- “[Being] listened to more, I reported that my boy had genital swelling, nothing was done...he was blue lighted that night to another hospital for emergency operation.”

13. Done Differently (Neonatal): Improve Breastfeeding support



This breastfeeding group accounted for 146 comments made (12%) and can be broken down into two main areas. The majority of comments stated breastfeeding support was only available on the postnatal ward, followed by breastfeed wishes being overlooked in mums' absence including babies being bottle fed and little or no information relating to donor milk.

Breastfeeding Support

- “More working together between postnatal ward and *NICU/SCBU. Breast feeding support non existent, NICU nurses not breastfeeding experts but midwives don't visit special care so establishing breast feeding was impossible.”
- “The staff in SCBU have no idea about the importance of contact between Mum and baby and on the importance of demand breastfeeding. My baby was consistently fed by tube, despite me being supposed to be able to breast feed her. I was left feeling completely inadequate.”

*Neonatal Intensive Care Unit /

13. Done Differently (Neonatal): Improve Knowledge and Experience of Staff



The staffing group accounted for **127** comments made (10%), with key areas of named consistent practitioners and more permanent skilled staff with up to date training. Comments related to more breastfeeding support and availability and the identification of certain conditions.

Better skilled staff

- “More staff, better trained staff and less reliance on student nurses.”
- “My baby had to be checked for diabetes. I had a junior doctor do it, in the evening, she did not know what she was doing and it took several attempts. At one point my baby was being held upside down and screaming, I really wasn't impressed and I would have preferred a phlebotomist to do it, but I was not given that choice, I assume there was none on shift.”
- “Tongue tie. My baby had a posterior tongue tie not picked up despite being unable to latch, a sore breastfeeding experience, low milk supply, and two doctors and several midwives checking. I was eventually referred to the specialist midwife by an external milk support group, who identified my son's problem immediately, but too late to successfully breastfeed.”

13. Done Differently (Neonatal): Improve Attitude and Behaviour



The attitude and behaviour group accounted for **121** comments made (10%). This has been identified separately from general communication and relates to the perceived quality of the interaction.

Compassion

- “The SCBU staff were fantastic but the midwives on the ward lacked compassion or understanding. I also feel I should have been able to stay with my baby throughout his stay in hospital. I also would have liked my partner to have been able to stay on that first night I was away from my baby and really needed support particularly as I was so ill.”
- “Initial intensive care treatment was excellent. We were kept fully informed and were involved as much as possible. This changed dramatically when our babies were to special care where we were treated badly. Some of the care staff were extremely unsympathetic, patronising and undermining at what was a traumatic time. One particular nurse was almost bullying in her attitude.”

13. Done Differently (Neonatal): Improve Parent Involvement



The Parent involvement group accounted for 99 comments made (8%) . This included key decisions about treatment and care being made without parental involvement and being asked to leave during ward round discussions.

Talk to the parents

- “Once my son became ill, the staff battled around the clock to save his life and both my husband and I are extremely grateful for this. But when he was taken away from my bedside, I was simply told they were “taking him for tests” and despite repeated requests, I wasn’t told what had happened for nearly sixteen hours. I was not allowed to hold him again for eight days, and then for just five minutes. The next time I held him was nearly another week later. I was offered “Kangaroo Care” just once in three weeks, other than that I was allowed to hold him on a cushion in my lap for very limited periods.”
- “Talk to the mother. When my first baby showed signs of distress nothing was discussed with me or partner doctors came into the room spoke to midwife and left.”
- “My baby was taken away from me without clear information. I initially thought he had a brain damage due to lack of oxygen. Then I found out he had only received a bit of oxygen in the incubator. Why not give him oxygen while he was still with me? This is completely feasible.”

13. Done Differently (Neonatal): Improve Care for Mum



The care for mum group accounted for **83** comments made (7%). It can be broken down into areas relating to mental health and wellbeing of mum as well as delivering the physical care required. Comments demonstrated that needs of mum were sometimes neglected due to her absence from the post natal ward whilst visiting baby in Neonates.

Parent support group – mental health and wellbeing

- “My son was in the neonatal ward for three months. The staff were amazing and caring towards babies and parents. A better support system between parents would be good. I found talking and listening to other parents going through the same thing helped.”
- “More interest from obstetricians when you've been referred for mental health reasons. I feel very fobbed off by my current registrar, he's very dismissive and impersonal.”

Physical medical needs of mum

- “For the last two months of my pregnancy my care effectively passed to the foetal medicine unit because my baby had IUGR. I was told to attend this unit regularly for scans instead of going to the antenatal clinic for routine check ups. The trouble was that the foetal medicine unit doesn't do routine tests like urine tests or BP tests which pick up things like pre-eclampsia - which it eventually turned out that I had. So basically things need to be more joined up.”

Involvement Group: Healthcare Professional



Six questions were asked to this involvement cohort:

1. Do you feel able to deliver maternity care that is high quality?
2. If possible, provide an estimate of how much time per week (as a percentage), any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?
3. Please tell us about any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?
4. What would make it easier for you to provide high quality care? Please explain who and/or what would need to change?
5. Who or what would needs to change to allow you to involve and care for women better?
6. How able do you feel to involve women and their families in decisions regarding their maternity care?

The first two questions are presented across all respondents, analysis of questions 3-6 are presented in three sections, based on the profession of those who responded.

- **Midwives (928 respondents – this includes 24 student midwives originally listed under other)**
- **Nurse (25 respondents)**
- **Consultant, obstetrician and/or gynaecologist (51 respondents)**

The number of respondents from all other healthcare professions were too small (i.e. less than ten) to be able to provide comparable analysis.

Q.1 Do you feel able to deliver maternity care that is high quality?

Q.2 If possible, provide an estimate of how much time per week (as a percentage) that these activities consume?



Q.1 Do you feel able to deliver maternity care that is high quality?

From the 1108, respondents who answered this question. **667** (60%) answered yes and **441** (40%) answered no.

Response	No of Respondents	%
Yes	667	60%
No	441	40%
Total	1108	100%

Q.2 If possible, provide an estimate of how much time per week (as a percentage), any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?

From the 1069, respondents who answered this question. **338** (32%) answered greater than 30%.

Response	No of Respondents	%
1% – 5%	58	5%
5% – 10%	129	12%
10% - 20%	184	17%
20% - 30%	184	17%
Greater than 30%	338	32%
Not possible to estimate	176	16%
Total	1069	100%

Overview of Respondents: Healthcare Professionals



From the 1122, respondents who identified themselves as a healthcare professional, 904 (81%) listed themselves as a midwife. 51 (5%) listed themselves as a consultant obstetrician or gynaecologist. 25 (2%) listed themselves as a nurse. Due to the low number of respondents, only midwife, consultant and nurse groups analysis has been included.

Healthcare Professional Description	No of Respondents	%
Midwife	904	81%
Other healthcare professional or NHS staff	124	11%
Consultant, obstetrician or gynaecologist	51	5%
Nurse	25	2%
GP	8	<1%
Did not disclose	10	<1%
Total	1122	100%

To incorporate as many responses into the analysis as possible, the 124 (11%) who listed themselves as 'other' were reviewed to identify any responses that could be included in one of the other groups. 24 cases from other were allocated to the midwife group, the majority of which were individuals who had listed themselves as student midwives. This brought the total number for midwives to 928 (83%).

Involvement Group: Midwives



Four questions were asked to this involvement cohort:

3. Please tell us about any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?
4. What would make it easier for you to provide high quality care? Please explain who and/or what would need to change? make it easier for you to provide high quality care? Please explain who and/or what would need to change?
5. Who or what would need to change to allow you to involve and care for women better?
6. How able do you feel to involve women and their families in decisions regarding their maternity care?

3. Please tell us about any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?



The majority of midwives surveyed **508** (39%) feel that administrative duties are the most time consuming aspect of their work. The other most common group was duplicate data recording with **384** (30%) of midwives believing that there is too much data replication.

Groups	No.	%	Description
Administrative duties	508	39%	Administrative duties undertaken by midwives
Duplicate data recording	384	30%	Administrative duties midwives are required to undertake with replication
Finding/using equipment	173	13%	Looking for equipment and finding that equipment is missing, damaged or not fit for use and hard to use
Managing/training staff	137	11%	Managing the attitude, conduct, knowledge, performance, numbers and working practices of staff
Compliance obligations	94	7%	Undertaking regulatory and compliance obligations; auditing, surveying, completing risks management forms and preparing for inspections

4. What would make it easier for you to provide high quality care? Please explain who and/or what would need to change?



572 (48%) of midwives feel that staff experience and how they work would make a big difference in providing high quality care. **331** (28%) of people believe that changes to systems and paperwork would improve the level of care they provide, with improvements in IT and undergoing less repetitive tasks.

Group	No.	%	Description
Staff	572	48%	The experience/level of staff, how they work, what they work on and what they are trained to do
Systems/paperwork	331	28%	Amount of paperwork, the repetitive nature of tasks, improved IT
Patient care	232	20%	The way care is delivered and its quality
Systems/processes	20	2%	Resources, facilities, practices, procedures and policies
Other/ miscellaneous	25	2%	Midwifery practices, more autonomy, planning together and treating NHS as a business

5. Who or what would need to change to allow you to involve and care for women better?



1366 midwives commented on this question, **318** (23%) midwives feel that having the right number of staff with different competencies would allow them to involve and care for women better. Only a low number of midwives feel that policies and services can allow this to happen.

Groups	No.	%	Description
Staffing levels	318	23%	Having the right number, type, mix and competency of staff in place to deliver care
Service delivery	245	18%	Service delivery needs to change to enable the provision of more choice and support. Includes a focus on postnatal areas such as more time with midwives before discharge (including more support with breastfeeding)
Management of staff	202	15%	Recruiting, retaining, training, collaborating and allocating work appropriately
Person centred care	164	12%	Ensuring the service is more person centred; individuals able to make the final decision without pressure but with clinical (in particular Midwife) support
Non clinical duties	149	11%	Including less surveys/audits, data collection, computer work, paper work and duplication
Communication with service users	82	6%	Being more honest and open when things don't go to plan, education for women at a young age, improved communication through online media and consistent information and advice
Treatment of midwives	75	5%	More recognition, respect and representation for midwives
Policies	56	4%	Less targets and rationalise policies and guidelines and stop financial penalties
Services available	32	2%	Equal access to midwifery care and support, improved community services, provide a range of services including hypnobirthing and acupuncture
Other	43	3%	Operational changes such as improved referral systems

6. How able do you feel to involve women and their families in decisions regarding their maternity care?



1239 midwives commented on this question, **720** (58%) midwives feel very able, somewhat able and not very able to involve women and their families in decisions regarding their care.

Group	No.	%	Description
General comments	720	58%	Very able, somewhat able, not very able, try to and encourage
Problems	401	32%	Staff, delivering choices, information, personal concerns and the women themselves/families
Methods	118	10%	General, opportunities / forums, information and resources / services

6. How able do you feel to involve women and their families in decisions regarding their maternity care? General Comments:



There were 720 comments on this question, **568** (79%) midwives said they could offer very high levels of involvement to women and their families, with only **86** (12%) of midwives stating they can provide “some”.

Group	No.	%	Description
Very/high levels of involvement	568	79%	Able to provide very high levels of involvement
Some involvement	86	12%	Can provide some involvement
Not very/low levels of involvement	32	4%	Not very able to provide involvement or can provide low levels of involvement
Always try to have high involvement	31	4%	Try to provide involvement however not always possible
Actively encourage involvement	3	0%	Encourages involvement

6. How able do you feel to involve women and their families in decisions regarding their maternity care? Problems:



263 (51%) midwives feel that there is not enough staff and time to deal with language barriers and manage administrative duties. As a result, midwives feel that they have limited capacity to involve women and their families in decision-making. **87** (17%) midwives feel that the lack of resources can result in them being unable to deliver the choices of patients.

Group	No.	%	Description
Practical	263	51%	Not enough staff, not enough time, language barriers, too much admin, guidelines/policies and lack of consistency
Delivering choices	87	17%	Risk dominating care, lack of resources to deliver choices and problems when women don't make the "right" choices
Staff	86	17%	Other staff not listening, decisions undermined by staff, staff without experience training
Women/families	42	8%	Unrealistic expectations, lack of interest, difficult to involve vulnerable women and problems getting representative feedback
Information	25	5%	Not enough / good enough and unbiased information, conflicting advice and danger of information overload

6. How able do you feel to involve women and their families in decisions regarding their maternity care? Methods:



142 Midwives commented on this question, **54** (38%) of midwives feel that methods to enable this to happen are opportunities forums, including training, MSLC, birth afterthoughts and options service. **40** (28%) of midwives feel consistent midwife contact would improve this.

Group	No.	%	Description
User Involvement	54	38%	Training, MSLC, user groups, birth afterthoughts, birth options services and midwifery supervision
Autonomous practitioners	40	28%	Consistent contact/midwife, midwife led units and One to One midwives
Feedback	37	26%	Patient feedback, ongoing engagement, social media and complaints
Information	11	8%	Not enough/good enough/unbiased information, conflicting advice and danger of information overload

Healthcare Professionals: Consultant Obstetrician or Gynaecologist



3. Please tell us about any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?

From the 49 completed responses 61% related to paper or electronic record keeping:

- “Double notes - paper and electronic, electronic prescribing, chasing results, writing my own minutes for meetings as no secretarial support.”
- “The long and time consuming paper work during the booking of *ANC.”

*ANC – Antenatal clinic.

4. What would make it easier for you to provide high quality care? Please explain who and/or what would need to change?

From the 51 responses 53% related their answers to having more staff, covering junior doctors, midwives and admin support:

- “More junior doctors to fill rotas. More midwives to help in clinics.”
- “assistants to perform the more time consuming (but essential) tasks that do not need a medical degree (e.g. organising investigations, theatres etc. midwives with extended roles.”

Note: As only 51 submissions were received, a high level analysis has been provided.

Healthcare Professionals: Consultant Obstetrician and/or Gynaecologist



5. Who or what would need to change to allow you to involve and care for women better?

From the 45 responses 44% related their response to having more time with patients and 16 related to more midwives or a greater role for Midwives:

- “Time which means better patient on the maternity tariff to allow more than a skeleton staff to be in post.”
- “Midwives - be allowed to do more - follow protocols for managing small babies, following protocols for managing obstetric cholestasis.”

6. How able do you feel to involve women and their families in decisions regarding their maternity care?

From the 51 responses 57% felt able or very comfortable. The biggest barrier mentioned was time (20 responses):

- “[I am] quite able but often time limited by clinic space”
- “Perfectly able if we have enough time to communicate with them. However a consistently overbooked clinic makes this impossible at times.”

Note: As only 51 submissions were received, a high level analysis has been provided.

Healthcare Professionals: Nurse



3. Please tell us about any aspects of your work that you regard as time consuming, unnecessary or not contributing to patient care?

From the 24 completed responses 66% related to paperwork or cleric activities:

- “Excessive documentation, same thing recorded several times in various places.”
- “Doing secretarial duties, carrying out care that could have been done by non-professionals, too much emphasis on documentation etc.”

4. What would make it easier for you to provide high quality care? Please explain who and/or what would need to change?

From the 23 completed responses 26% related to more staff and four related to reduction in paperwork or joined up system:

- “More staff - too often the ward is understaffed, more time spent with the family listening to their needs and concerns.”
- “Streamlined paper work, electronic records, and better communication pathways with maternity services and health visitors.”

Note: As only 25 submissions were received, a high level analysis has been provided.

Healthcare Professionals: Nurse



5. Who or what would need to change to allow you to involve and care for women better?

From the 19 completed responses 37% related their response to either more time, staff or funding :

- “More staff so that more time can be spent with the mother/family.”
- “More staff, better allocation of tasks, more help from *MCAS.”

*MCAS – Maternity Care Assistant

6. How able do you feel to involve women and their families in decisions regarding their maternity care?

From the 22 completed responses over 86% felt able or very comfortable. The most prevalent barrier mentioned was resource availability:

- “My experience suggests that regardless of birth plan, it all depends on available resources, skills of staff and beds available on the day - that is what seems to dictate the type of delivery and quality outcome for baby and mum.”

Involvement Group: Charities and Representative Groups



This involvement group responded to the following two questions:

1. What do you think are the key barriers to the delivery of high quality maternity services?
2. What do we need to do to make maternity services better?

There was no breakdown of respondents undertaken as part of this analysis.

1. What do you think are the key barriers to the delivery of high quality maternity services?

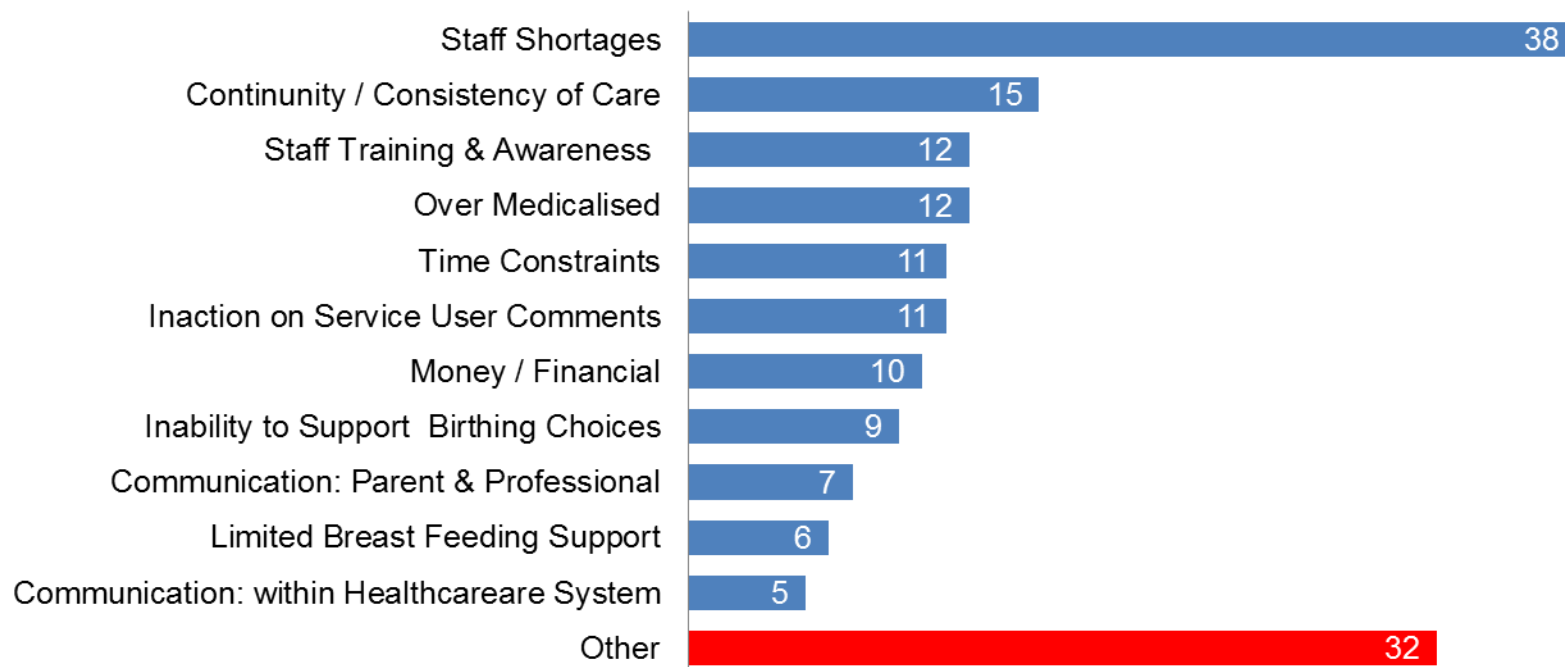


84 responses were self identified as from charitable organisations. The most prevalent barriers recognised were staff shortages and the lack of continuity/consistency of care.

Staff shortages

- “Understaffing, leading to wastage, unnecessary interventions and ripple effect problems that cost more to solve.”

Charities: Barriers



2. What do we need to do to make maternity services better?

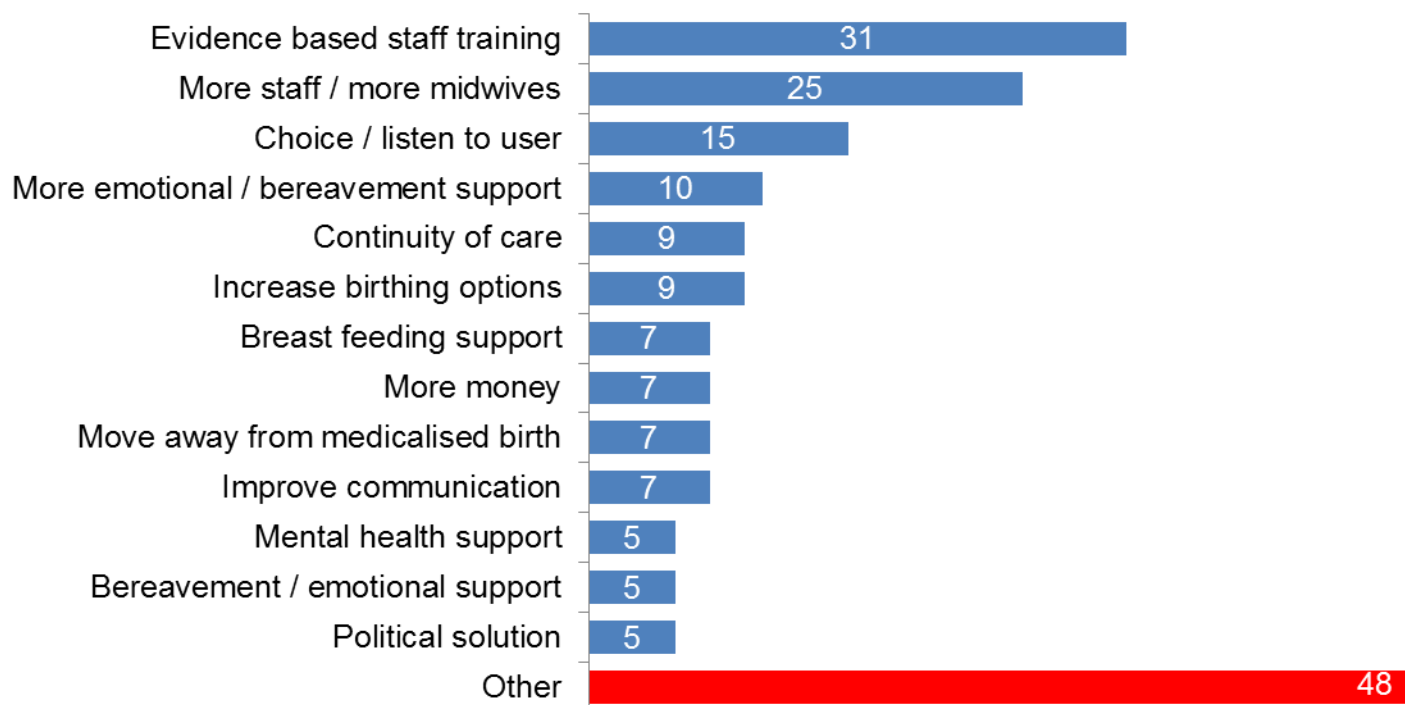


84 responses were self identified as from charitable organisations. The most prevalent improvement areas were more evidence based staff training and more staff/ midwives.

Appropriate metrics / benchmarking

- “Important that clinicians have the appropriate training to be able to identify when another clinician’s expertise might be necessary to diagnose a rare condition.”
- “Invest in training, time and a consistent evidenced approach.”

Charities: How to improve



Involvement Group: Commissioners of Maternity Services



Two questions were asked to this involvement group:

1. What do you think are the key barriers to the delivery of high quality maternity services?
2. What do we need to do to make maternity services better?

No breakdown of respondents was undertaken as part of this analysis.

1. What do you think are the key barriers to the delivery of high quality maternity services?

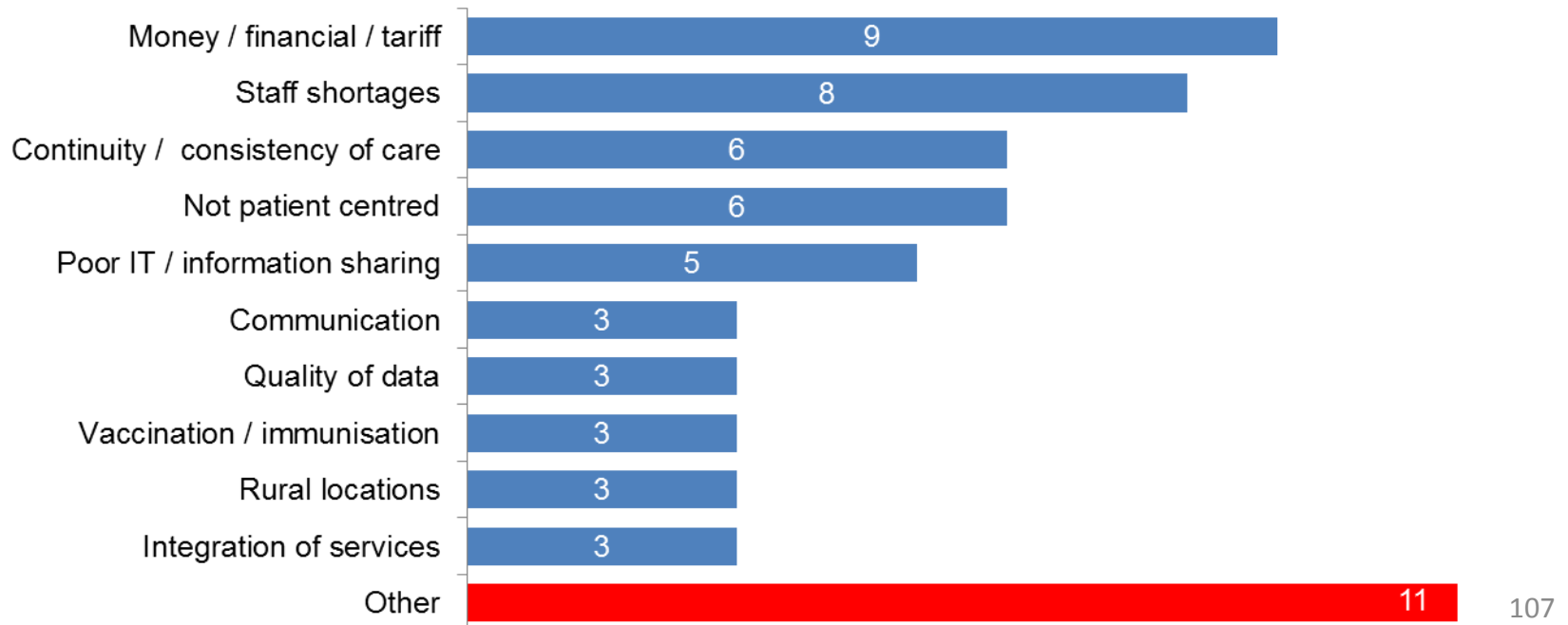


27 responses were self identified as from commissioners. The most prevalent barriers recognised were staff shortages and financial issues.

Staff shortages

- “The move towards one intake of midwifery students per annum is likely to have an impact on recruitment of midwives across the course of the calendar year as vacancies may remain unfilled until the next cohort of newly qualified midwives graduate.”

Commissioners: Barriers



2. What do we need to do to make maternity services better?

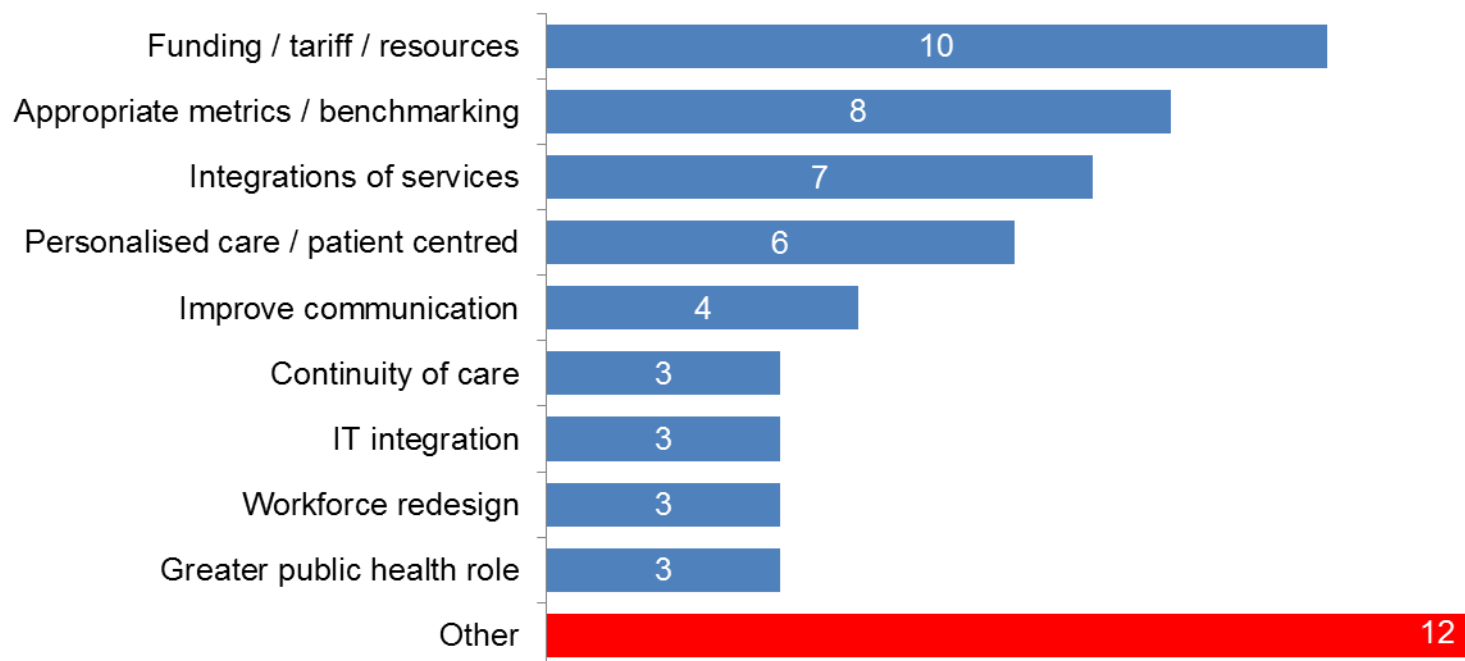


27 responses were self identified as from commissioners. The most prevalent leverage for improvement was to ensure focus on appropriate metrics/benchmarking and more funding/ resources.

Appropriate metrics / benchmarking

- “Agree fewer priority areas but ensure that they are clear contractual requirements linked to tariff payments and measurable outcomes.”

Commissioners: How to improve





END