Women's Views and Experiences of Maternity Services in Grampian

1. Introduction

In May 2010, the views and experiences of women were gathered to help inform the NHS Grampian Maternity Services Strategic Review. This report explains how this was done and what women said.

2. How were views gathered?

Views were gathered using a questionnaire and by interviewing women attending groups. Women were asked:

- What are the most positive things about the care you have received?
- What things do you think could be improved?
- How do you think these things could be improved?
- Questions about themselves

Midwives across Grampian gave out 500 questionnaires - a third to women attending antenatal appointments, a third to women being seen after giving birth and a third were available in waiting areas for women to pick up. The questionnaire was also available to complete online. Visits were made to six antenatal and postnatal groups in Aberdeen (2 groups), Elgin, Banchory, Huntly and Fraserburgh where women were surveyed on a one-to-one basis.

3. How many people gave their views?

198 surveys were completed by the closing date (88 postal questionnaires, 71 online questionnaires, 39 interviews). Three additional questionnaires were translated from Lithuanian and Polish after the closing date but the main suggestions are included in section 7.2.

4. Who took part?

96% of respondents were women using maternity services and 4% were supporting a woman using maternity services.

Nearly two-thirds of respondents had given birth in the last year; around one third were pregnant and a small number of women were planning a pregnancy or had experienced pregnancy loss. 58% of respondents had no other children and 42% did have other children.

70% of women had given birth (or planned to) in Aberdeen Maternity Hospital; 16% at Dr. Gray’s Hospital Maternity unit in Elgin; 7% in the Aberdeenshire Units (3% at Aboyne, 2% at Peterhead, 2% at Fraserburgh, with Banff currently unavailable for giving birth); 6% elsewhere (including Inverness, Montrose, home).
Over two-thirds of respondents were aged 30 and over (44% aged 30-34, 21% aged 35-39, 6% aged 40 and over) and just under a third were aged under 30 (4% under 20; 5% aged 20 – 24; 20% aged 25-29).

5. What did people say?

The open format of the survey questions enabled women to volunteer comments about the aspects of their care that were most significant to them and explain these in their own words. This information was analysed and the most common views and experiences are outlined below with quotes from women included. The number of times that aspects of care and treatment were mentioned is given in brackets. When reading this report it is important to remember that it is a snapshot and gives an insight into the views and experiences of women - it is not meant to be representative.

6. Positive Comments about Care

When asked for the most positive things about their care, a common thread throughout a lot of responses related to how staff communicate and interact with women and families. A breakdown of responses identified the following themes as the most frequently mentioned by women:

- positive staff attitude (110+)
- reassurance and support (80+)
- high standard of clinical care (50+)
- approachable and available staff (40+)
- good information and explanations (40+)

6.1 Positive staff attitude

The majority of respondents commented on the positive attitude of staff, with many praising all staff they met when using maternity services. Words such as “friendly” and “caring” were used frequently to describe the way staff came across. Some respondents said they were aware of the constraints that NHS staff are working under, particularly time and funding pressures, and most felt that staff were doing an excellent job under the circumstances.

“Everyone that has dealt with me throughout my pregnancy has been very helpful, caring and friendly.”

“We’ve never been made to feel insignificant and have always been given the care and attention you would expect from a maternity service.”

6.2 Reassurance and support

Respondents commented on the reassurance and support they received, particularly from midwives, both in the community and in hospital. This is reflected below:
“My community midwife was unbelievable. I always felt that I was in safe hands with her, she was obviously experienced and extremely knowledgeable.”

“If I had concerns or needed reassurance I could rely on my midwife. The trust and support I had was exceptional.”

Women who had experienced a miscarriage, still birth or complications, expressed their appreciation of staff sensitivity and support at the time or during later pregnancies.

“I was never judged nor was I pitied when things were hard for me; they helped me sort through options without applying pressure.”

“Dedicated and sympathetic community midwives: one was able to arrange a reassurance scan for me at seven weeks after a previous missed miscarriage when all my symptoms stopped. This was an untold blessing.”

“The care we received in Rubislaw ward was the only thing which made the experience bearable. Having a separate ward within the maternity hospital was excellent, as when I was having contractions and going through labour I was not faced with the excitement of other parents who were having live births. The midwives kept us informed about what was going on and the tough decisions which we would have to make.....they gave us time to think.....All the time I was there I could not care less what happened to me, after our baby died, but the midwives and staff ensured that I was physically and emotionally well. Having peace and quiet time in the ward was the best for us, as we had space to deal with our baby’s death. The midwives also gave us information to read about stillbirths, encouraged us to get photos taken....and other mementos …which are so precious now.”

6.3 High standard of clinical care

Respondents commented positively about the standard of clinical care experienced using words like “professional”, “expertise”, and “experienced” to describe staff. In many cases this related to routine births, but there were also a number of women whose pregnancies were more complex:

“At 16 week appointment had a problem with locating foetal heartbeat. The response to this was that within three hours we had an ultrasound at Rubislaw Ward). The staff were excellent in their level of care and support.”

“Expert HDU [High Dependency Unit] care following stillbirth of my [baby] and birth of my [other baby], neither of which were simple or straightforward.”

“Thorough and comprehensive care during week long stay prior to birth. Birth experience was excellent- calm and efficient management. Neonatal unit experience on the whole was excellent.”
6.4 Approachable and available staff

Respondents commented on how staff were available to answer queries and concerns. This was through practical measures like the telephone service, where women can phone to speak to a midwife or leave a message, and women feeling that staff were flexible and approachable.

“Local midwives were always ready to answer questions and reassure, and hospital staff, although extremely busy, were patient and always willing to help.”

“The midwife check-ups during my pregnancy were thorough and I always felt I could phone for advice between visits.”

6.5 Good information and explanations

Respondents commented positively about the information and explanations they had received from staff including midwives, consultants and GP practice staff. Information included answers to questions; explanation of treatment options; being kept informed during care; printed information; antenatal classes and hospital tours. The comments below illustrate how this can make a big difference to the experiences of women.

“Getting things explained to me when I don’t understand, help with worries I have such as about [the] birth of my baby, how I will cope in labour. Explaining growth charts and how our baby is doing.”

“The midwife listened to my concerns re induction & VBAC [vaginal birth after caesarean section] and arranged for me to see consultant midwife….this allowed me to feel in control of my birth plan and gave me a very positive mindset about my birth which continued in the early weeks and months of my baby’s life. She gave me the information and confidence to follow my instincts.”

“I ended up having an emergency c-section as my [baby] was going into distress with the induction. Midwife made sure I understood what was happening and why, and that I was happy with the decision. It was a stressful situation for us but she made it a lot easier.”

“I arrived [at Aberdeen] by ambulance and needed immediate attention. Was constantly being reassured and explained what was happening and why certain procedures were required. Everyone introduced themselves and all remained calm which helped both me and husband. The midwife kept smiling and holding my hand giving me lots of support and encouragement. I remember the Anaesthetist being particularly kind. Obstetrician visited me the day after to explain what had happened and why and reassured me that the same thing would probably not happen with any other pregnancies.”
6.6 Other positive examples of care

As well as the most common themes above, women commented on other things which led to positive experiences of maternity services. Although these were mentioned less frequently, the quotes below illustrate their importance to some women.

• being treated as an individual and being involved in care

“It felt as if the [midwives] genuinely cared about each and every patient - I never once felt like ‘just another patient’ even though they must see hundreds of mums every year!”

“My husband was made to feel fully involved during labour and was not left out. I was able to decide how I wanted my labour to progress and was supported at every step.”

• being able to receive care locally

“The local centre is SO important and I can’t stress enough how much it meant to me to be able to have the baby out of the big hospital environment. It was so much more relaxed and comfortable at [local unit]. I always felt safe and completely confident in the care given by the midwives there.”

• continuity of carer

“I was lucky to have the same community midwife throughout my pregnancy and I feel that helped in building up a rapport and made me feel more comfortable.”

• appointments and processes

Some women commented positively about the way the service is run in terms of the frequency and length of appointments and about admission and discharge processes.

• antenatal classes

Positive comments included friendly staff making the classes enjoyable as well as informative; opportunity to meet other parents; availability of information to partners if able to attend.

• support for breastfeeding

A small number of women spoke positively about the support they received for breastfeeding. This included support from hospital and community midwives and the breast feeding counsellor. One experience is quoted below:

“I was ‘open minded’ [and] didn’t expect to breastfeed for longer than a few days. The midwives on the ward helped me so much - to express in the early
days and giving me so much encouragement. I was very stressed with my [baby] being in NNU. Would like to note that [baby] was exclusively breastfed for six months....none of that would have happened without the support I received. [Midwife] also organised my first skin-to-skin - a moment I will treasure for the rest of my life. There was no pressure to breastfeed or express - which probably would have put me right off - just encouragement, support and help.”

- Scans

Some women highlighted positive experiences of scans during their pregnancy. These related to the staff carrying out the scan; the quality of the scan image; local scanning facilities in some areas; the referral process and the availability of extra scans when women had complications.

- Peer support

Visits to support groups as part of this survey, clearly demonstrated the importance and value of peer support in promoting confidence and good parenting. In some cases, women felt that the support from other women was more effective than that received from professionals e.g. emotional support for post natal depression.

7. What could be improved?

Women were asked “What things [about maternity services] do you think could be improved?” and 85% (169) made some suggestions. Many of the areas identified for improvement link to staff communication.

The most common themes suggested for areas to improve were:

- Lack of staff and other resources (40+)
- Better information and explanations (30+)
- Delays (30+)
- Need for more reassurance and support (30+)
- More support for breastfeeding support (25+)
- Poor staff attitude (20+)

7.1 Lack of staff and other resources

Respondents commented on staffing levels and felt that there was a need for more staff, particularly midwives, to be able to provide a better level of care and treatment. Words like “short-staffed”, “busy” and “rushed” were used to describe care at times. Other suggestions for improvements included the request for more non-staff resources e.g. birthing pool, rooms/beds.

7.2 Better information and explanations

Some respondents said they would have liked better information or explanations during their care and treatment. Issues related to inconsistent
advice; information not provided after asking; lack of timely information; and unclear explanations. Women would have liked better information and explanation on a number of topics including induction and options for birth. Two women, whose first language was not English, requested more access to interpreters in hospital and to information in their own language.

“At 20 week scan, told ‘placenta is low lying but not critical’ - no explanation of what this meant. Didn't ask [because I] panicked - went home and looked on internet.”

“During antenatal classes, we were told that we should ask questions during labour and that the midwives in the hospital would expect questions and be happy to answer them. I felt that in reality during my labour the midwife seemed put out by my questions.”

“We were not allowed to visit the maternity hospital before the birth of our baby and when I called to ask for a visit, I was told ‘There is no point, is there?’ ”

“I think it would be useful from early on to know more about birthing options: locations where you can choose to give birth and the facilities that would be available for each. I have had to do most of this research on my own and it is something that I have found you have to ask for rather than being offered.”

“The pain relief afternoon course was good and answered all my questions but my husband couldn’t attend due to work commitments. The evening antenatal class aimed at partners was not what we were hoping for; my husband came away from it not having learnt anything. The partners were split up from their wives to talk about non important things while the wives were talking about important things - had to remember everything myself and tell him about it when we got home.”

“I was induced but no one really explained the induction process to me so I didn’t know what to expect and, when things seemed to go nowhere at the start, I was really upset and disheartened, so it would have been better if someone had talked me and my partner through the whole process.”

“I was upset about struggling to feed so walked into the corridor with our baby and was really told off but not told why. I went back to bed feeling very alone, upset and miserable.”

“The paediatrician that came to check my [baby] before we went home appeared to give my husband and I a bit of a lecture on not having chosen to give the Vitamin K jab, dismissing all my concerns in relation to it. I had asked him to bring me some literature on the subject so I could reconsider our decision; however the material was never given to me.”

7.3 Delays
Respondents reported delays at various stages of their care and treatment. The most common delay during pregnancy was appointments running late. Delays at time of labour and birth included having to wait for a room, examination, pain relief, transfer from labour to postnatal ward, personal care, test results and hospital discharge. For some, these delays were inconvenient and caused some stress but, for others, the delay led to considerable anxiety:

“Wealthing times for scanning were often very long and uncomfortable. If combined with a consultant’s appointment we were there for nearly half a day.”

“Blood pressure clinic - one time kept waiting for over an hour and a half. All it takes is for someone to come out to the waiting room and say that they're running late and you could go for a short walk....and remain relaxed.”

“Extraordinary long wait (7 hours) for emergency ambulance following liver scan at ARI. Husband eventually took me back to postnatal ward.”

“Aberdeen Maternity Hospital - had to wait 30 minutes in corridor, I was well on way and could have done with some gas and air. I delivered without complication but my midwife was between myself and a lady with epidural - sometimes it was well over an hour between any recordings been taken. I was concerned that baby might be in some distress and we would not know.”

“Very sadly and traumatically the recent loss of our babies proved to be a very difficult time. Despite the kindness shown by staff, we were given little information, told on the Friday the babies had no heartbeats and had to wait all weekend for treatment on Monday but then, due to emergencies, was left until Tuesday.”

“After experiencing a still birth at 38 weeks, we had an autopsy to gain further information as to why this might have happened. Staff advised that we would have to wait about 6-8 weeks for the results. After following up with the consultant’s secretary, it was 12 weeks from when we lost our child to when we could meet with the consultant to discuss the findings. This was an extremely stressful time and, had we been advised in advance, we could have accepted this, but when you are waiting for answers it is not helpful.”

When asked how this could be improved, suggestions included communicating the reasons for delays to women; better time management and more staff and facilities.

**7.4 Need for more reassurance and support**

Some respondents said they would have liked more reassurance and support from staff. Although some experiences were during antenatal and postnatal care in the community, most related to reassurance and support in hospital. Examples included more support when being induced; during labour; when first moved to postnatal ward; how to look after your baby; and, for some women, after pregnancy loss. Some women felt like they were “left to get on
A range of experiences are described below and suggested improvements are included where provided.

“I had a miscarriage and had to phone doctors’ surgery to cancel my appointment with the midwife and was asked if I would like to reschedule it. So told them I had a miscarriage and they just went ‘oh right’ and hung up. I felt very hurt and in need of support and really felt like it wasn't there.”

“While receiving the first stage of induction, I had progressed more than the midwives expected and did not feel they gave me much attention. To be told ‘It's your first; maybe your pain tolerance isn’t good. Do you want an epidural?’ is not exactly reassuring when in fact I had progressed in 2 hours to 9 ½ cm without any drugs. It’s a scary, painful time for many and the last thing you should hear is ‘go back to bed’ or low pain threshold comments. This could be addressed more positively.”

“We were left alone with curtains around the bed in recovery as I fed my new baby. We had both lost a night of sleep, I hadn't eaten for 36 hours and had had various drugs followed by an emergency section. Our baby choked and it was only him making a sound which roused me as I had dropped off while feeding, and my husband had also dropped off. Where there have been drugs used/surgery/long & difficult birth etc I believe it is irresponsible of medical staff to leave a mother feeding her baby without someone watching.”

“I had a c-section so wasn't able to walk far. I was instructed to use a wheelchair to visit Neonatal Unit and, if my husband wasn't [available to take] me, one of the midwives would. However, when I asked, I was told that they were all busy - which I understood.....[so] I ended up walking. It would be great if there were porters or auxiliary staff who could help.”

“I did get moved in the very early hours of the morning from recovery to the ward ...did feel that I was left to get on with it even though was very weak having lost lots of blood and couldn't get out of bed to lift baby when crying and was constantly having to call on help especially in middle of night. Perhaps a lower, easier to access cot would have made it a bit better.”

“Overnight when walking the corridors it would have been nice for the staff to come and chat or distract rather than sitting chatting in the staff room.”

**7.5 More support for breastfeeding**

Although some women commented positively about the advice and support they received for breastfeeding, more women suggested this as an area that should be improved. The main issues related to inconsistent advice; lack of support in hospital and in the community; out of date information; and a lack of awareness of support available. Opinion was divided over how staff promoted breastfeeding: some women felt that there was too much pressure by staff to breastfeed while others thought that breastfeeding should be promoted more in the wards.
The "Infant Nutrition" Nurse did come to see me, but this was only after the problems I was having breastfeeding had got past the point of no return. I needed reassurance and assistance well before that point.”

“I have encountered issues with breastfeeding that are never mentioned and that, from speaking to other mums, are very common, for example baby sleeping at the breast and not sucking, low milk supply and how to express. It was not until we went to the neo-natal unit that I felt we were helped but the problems could have been avoided had I been more informed.”

“I was constantly asked if I wanted the curtains pulled around me. I was happy to feed openly in the ward but sometimes felt that maybe I should have pulled the curtains round. We are always being told that we should feel comfortable feeding in public and that it is our right to do so therefore that attitude should be fully adopted on the ward.”

“My baby was tongue tied but this was not picked up until my baby was over a week old and I was back at home. I had real problems trying to breastfeed and, despite lots of help at the hospital, nothing seemed to work. By the time I left, my baby and I were really traumatised by the whole feeding experience.... because of the problems breastfeeding, my baby was clearly hungry but I had to go through many hoops and tears before formula was offered.”

“Breast feeding advice was outdated and, in some cases, horrendous, from the nurse who manhandled my breast into the baby’s mouth, to the nurse who came up during the night and said I was starving [baby].”

“Information about combination and bottle feeding should be provided - not everyone manages to breastfeed well and shouldn’t feel under pressure to feed.”

7.6 Poor staff attitude

Although many of the issues above are linked to staff communication and attitude, some respondents felt that general staff attitude and professionalism could be improved:

“I felt that many staff were jaded and had lost sight that each person is an individual. It may have been the many hundredth baby or pregnancy they had experienced but they seemed to forget it was my first. I was spoken to in a manner that was unhelpful.”

“Unsettling to hear staff in neonatal unit discussing personality etc of other parents.”

“Better attitude of staff - especially auxiliaries & nursery nurses - so that patients are not afraid to ask for help & get the most out of their stay in hospital rather than feeling desperate to leave! Whilst being short-staffed and
busy, combined with low morale, can be stressful for employees, this is not an excuse for rudeness and sarcasm towards patients.”

Several women commented that they did not feel listened to when they told midwives they were in labour, including women who had previously given birth.

“I spent 30 minutes saying I needed to push which resulted in the ward sister coming in, telling me off that I was being silly and I couldn’t possibly need to push and if they checked me the ‘clock’ would have to start. I could feel the head crowning and no-one would listen. The midwife went on a break and a student came in to ‘keep me company’. I was screaming at my husband ‘I need to push - make them listen’. She agreed to have a quick look - 5 minutes later my baby was born...they [need to] listen to patients - a patient should be empowered to have some sort of say in their treatment and respectfully treated, not treated like a number or a piece of meat.”

Comments like these suggest that women can understand the pressures staff are under but that this should not affect patient care. Respondents would like to be listened to and treated with more respect, dignity and empathy.

7.7 Other examples of areas for improvement

As well as the most common themes above, women commented on other aspects of maternity services that could be improved. Although these were mentioned less frequently, the quotes below illustrate their importance to some women.

- Need for more privacy and dignity

“After my baby was born I lost a lot of blood and required fluids and stitches which meant that there was a lot of action around me and drips were required. This led to my husband being told to sit in the corner facing me at the opposite corner of the room holding my baby. We both would have preferred it if he had been able to sit nearer me as he did witness a lot of things he would probably have preferred not to and I would have like to have been able to see my baby since I was unable to hold him.”

“My baby was born 9 weeks early and was in the neo-natal ward but after birth I was put in a ward with mothers with babies who were fine - so more single rooms for this purpose or a separate ward specifically for mothers whose babies are ill or premature.”

“Aboyne unit – the location and distance of your room from the birthing pool - had to go past front door after getting out of pool wearing a gown. Not much privacy.”

“Got bad news at scan during last pregnancy – shared waiting room – no privacy.”
“I was asked to go to the toilet to pass water in a carton to check the volume, as had to pass certain volume before I could leave. But my urine remained in the toilet for many hours and even overnight”

“My sister-in-law was moved into the ward with her baby at 9pm. I went to visit her the following afternoon and her catheter bag was right to the brim. No-one had emptied it for her since she had been admitted, despite saying they would.”

- Better communication between services

“There could be greater communication for people with conditions which mean they have to travel to Aberdeen from Elgin for appointments. My Aberdeen appointments were slightly repetitive when perhaps the appointment could have been carried out over the phone or the consultants could have communicated the information to each other. At one appointment I travelled the 3 hour round trip for a simple blood test.”

“The relationship between consultant led care and the community midwife - for example, I was under the care of the consultant at the hospital but he did not fill in the forms etc for the maternity grant - I had to make an appointment with the community midwife for that - however, I didn't know this and only got told by a friend really late into my pregnancy.”

- Improvements to antenatal classes

Suggestions for improvement included the timing of classes; content; greater inclusion of partners and location.

- Continuity of carer

“I have been seen by several midwives and I would be much happier if one or two midwives (at most) dealt with my care.”

- Local care

A few respondents said they would like a local midwife unit in Central Aberdeenshire and a few commented on staffing issues at Banff which meant they had been unable to give birth at the local unit.

- Care during staff training

“First scan was completed by a trainee who had qualified staff present. I do appreciate that it is vital for her to see the scan clearly but I could not see the scan at all which was very upsetting as it is a huge relief to see [baby] on the screen.”

“At my last appointment there was a student midwife present and I was not asked if I wanted her to be present or not. I understand that this is a teaching hospital but patient choice should come first.”
• **Discharge process and policy**

Comments on discharge related to delays and concern over the routine transfer policy.

“We were told that we could go home at 9am and the paperwork etc wasn’t ready for us till after 6pm which meant that we were sitting in a room which another new mum could have had just waiting to go home.”

“I am very unsure about the quick discharge that is happening now. I feel being put home that early, even if you have a straight forward birth, is worrying! What if something happens to you or your baby in the first 24 hours and you are put home?”

“If discharge is going to be early from wards that are short staffed the community midwives MUST be up to scratch for helping mums feed etc.”

**8. How to improve maternity services**

As well as being asked what they would improve about maternity services, respondents were asked how they would improve the areas they had identified. The following list covers the majority of suggestions:

- Employ more staff
- Training re. attitude/communication/listening skills
- Training re. clinical skills/ policies and better governance systems
- More consistent communication within services and co-ordination of care between services
- More information that is accessible, up-to-date and timely e.g. birth options, induction, tour of hospital
- More locally based care
- More efficient and timely service
- More frequent examination while in hospital
- Normalisation of pregnancy and childbirth and staff confident in supporting normal birth
- Increased continuity of carer
- Longer/ more frequent appointments
- More support for breast feeding
- More flexible visiting hours
- More pleasant/modern/comfortable environment and facilities e.g. no smoking at Aberdeen Maternity Hospital entrance
- More facilities & equipment e.g. TENS machines, birthing pool, cots
- Ongoing collection of and response to patient views
9. Conclusion

The survey results provide suggestions for improvement across a range of areas. Although respondents highlighted aspects of clinical care, processes and systems, much of the feedback related to how staff interact with women and their partners throughout pregnancy, labour and birth and postnatal care.

Most, though not all, respondents had good things to say about their care. Many also had poor experiences to share. Critically, women had very strong feelings across the spectrum of experience. Several examples illustrate that a good experience, where women have received support and reassurance from staff, built a sense of confidence and trust which carried through into the whole journey of care. Conversely, negative experiences, no matter how small, can have the opposite effect and lead to a loss of confidence and heightened anxiety. This is not just a concern from a patient experience perspective; there is evidence that one of the most important factors in promoting a normal birth is women and their families feeling confident, calm and secure. Given that one of the aims of the maternity review is to increase the rate of normal birth, it is critical not to underestimate the potential harm a system of care which leads to negative feelings can have.

To address the number and level of negative experiences, there is a need for the supportive, reassuring and sensitive approach currently used by many staff to be more consistently adopted. There is also a need for more consistent policies across the service with flexibility, where appropriate, to adapt to individual needs and circumstances.

It is also crucial that the service starts to regularly and consistently listen to and learn from the experiences of women and families to help ensure the aims of the maternity review are met:

To deliver the best possible care consistently, both now and in the future. That means we want care that continues to be safer, more effective and sustainable but we want far more than that. Care should be closer to home whenever possible, and should support families to enjoy a natural pregnancy and birth in pleasant surroundings, free from medical intervention whenever possible, but with high quality specialist support when needed.

Ultimately we want to support families to give their babies the best possible start, providing a firm foundation for a long and healthy life.

August 2010