Maternity engagement: report of findings

Together We're Better

April 2020

TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Table of Contents

References

1 Executive summary

This report summarises the feedback from the roadshow events and focus groups held across Staffordshire and Stoke-on-Trent in October 2019 and January and February 2020 as part of the Together We're Better Maternity Transformation Programme.

1.1 Introduction

Together We're Better held six focus groups across Staffordshire and Stoke-on-Trent throughout January and February 2020. A focus group style session was also held during the Maternity Voices Partnership relaunch on 6 February 2020. These focus groups were held with new mothers, expectant mothers, people thinking about having a baby and relevant maternity staff. Feedback was also gathered from four non-structured roadshow events, held in October and December 2019 and January 2020.

The purpose of the events was to listen to participant views and experiences of local maternity services. This work forms part of the Together We're Better Maternity Transformation Programme and the feedback gathered will help to inform and improve maternity services in Staffordshire and Stoke-on-Trent.

1.2 Engagement methodology

During the focus groups, participants had the opportunity to share their views on:

- **Their experience of maternity services:** what is working well and what can be improved
- **The clinical model** and considerations over where to give birth
- **What is important to them:** agreement and disagreement with criteria from the listening exercise.

The focus groups were led by a facilitator, who ensured discussions remained on task and all participants had the opportunity to share their views who captured feedback in a structured way, using a facilitator feedback booklet.

1.3 Participant profiling

Overall, 25 participants attended the focus groups and 40 postcard surveys were completed.

Table 1 summarises the demographic profile of focus group participants and postcard survey respondents.

Table 1. Demographic profile summary

	Focus group	Postcard surveys
Ethnicity	23 (96%) White British	31 (82%) White British
Age	12 (50%) aged 30-34	22 (58%) aged 20-29
Religion	18 (75%) Christian	23 (61%) no religion
Sexual orientation	21 (88%) heterosexual	34 (95%) heterosexual
Relationship status	24 (100%) married	19 (53%) married

For further detail, please see Section 5.

1.4 Findings

1.4.0 Experiences of maternity services

Participants largely had positive experiences with healthcare staff – highlighting the good quality of care from community midwives, healthcare assistants, health visitors and paramedics.

A number of areas were highlighted for improvement, specifically:

- **Continuity of carer:** The need for improved continuity of carer to enable them to develop rapport with staff and avoid obtaining conflicting advice
- **Communication:** The need for improved communication between services, as well as clearer explanations of processes and tests to avoid stress and anxiety
- **Access to support services:** The need for improved access to breastfeeding support, mental health services and support for partners
- **Medical records:** Issues with staff unable to access notes, information missing from notes and problems logging onto systems
- **Access to services close to home:** The need to reduce travel and have services available locally, including access to home visits.

1.4.1 Clinical model and considering where to give birth

Participants identified the following key factors in deciding where to give birth:

- Safety
- Recommendations from friends and medical professionals
- Health needs and requirements
- Partners being able to be present throughout the birth
- Wanting to give birth in a calm, less clinical environment
- Space, privacy and dignity.

Many participants wouldn't consider a **homebirth** due to feeling unsafe and practical reasons, such as not having enough space and having to clean afterwards. Some participants felt they weren't informed about the option of a homebirth and that greater information and awareness would make them more likely to consider this option in the future.

Most participants would consider a **community birth** as they could be closer to home, have familiar staff, give birth in a less clinical environmental with more person-centred care. Other positive factors were easier car parking and opportunities for partners to be more involved.

1.4.2 What is important to you

Participants highlighted the need for:

- Improved continuity of carer
- Greater access to breastfeeding and mental health support
- The model to be implemented effectively.

2 Introduction

This report summarises the feedback from the roadshow events and focus groups held across Staffordshire and Stoke-on-Trent in October 2019 and January and February 2020 as part of the Together We're Better Maternity Transformation Programme.

2.1 Report authors

The Together We're Better Sustainability and Transformation Partnership commissioned NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) Communications and Engagement Service to coordinate the independent analysis of the feedback from the engagement events to produce this report.

2.2 Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Event details
- **Section 4:** Methodology and reporting notes
- **Section 5:** Demographic profiling
- **Section 6:** Findings
- **Section 7:** Summary of participant feedback
- **Appendices.**

2.3 Background

This background information is taken from the Together We're Better website.

Together We're Better is the Sustainability and Transformation Partnership for Staffordshire and Stoke-on-Trent. The Maternity Transformation Programme is part of the wider Together We're Better Maternity, Children and Young People programme.

In Summer 2019, Together We're Better listened to the experiences of people using health and care services across the county and city. Using this feedback, Together We're Better has moved into the next phase of the programme – the options development and appraisal process. During this phase, technical experts (including clinicians, staff and subject experts) are using the feedback from the engagement activity – alongside information and data from the different service areas – to develop proposals for future service delivery.

Together We're Better also held workshops in Autumn 2019 to share the feedback from the listening exercise, to discuss the emerging models of care and to seek views on the desirable criteria. The desirable criteria (e.g. quality of care, meeting local needs and accessibility) will be used to evaluate and score proposals for the future delivery of services across Staffordshire and Stoke-on-Trent.

2.4 Focus groups and roadshows

Together We're Better held six focus groups across Staffordshire and Stoke-on-Trent throughout January and February 2020. A focus group style session was also held during the Maternity Voices Partnership relaunch on 6 February 2020. These focus groups were held with new mothers, expectant mothers, people thinking about having a baby and relevant maternity staff. Feedback was also gathered from non-structured roadshow events and short postcard surveys.

The purpose of the events was to listen to participant views and experiences of local maternity services. This engagement builds on the feedback captured from in the listening exercise in summer 2019 and forms

part of the Together We're Better Maternity Transformation Programme. The feedback gathered will help to inform and improve maternity services in Staffordshire and Stoke-on-Trent.

3 Event details

Table 2 shows the details of the focus groups that were held.

Table 2. Focus groups

Event date	Location	Number of attendees
24 January 2020	Charnwood Children's Centre, Lichfield	1
28 January 2020	Newcastle-under-Lyme Community Fire Station	6
29 January 2020	Rising Brook Community Church, Stafford	4
4 February 2020	Cannock Chase Children's Centre	2
7 February 2020	Dudson Centre, Hanley, Stoke-on-Trent	3
28 February 2020	Leyfields Children's Centre, Tamworth	1
6 February 2020	Entrust, Stafford (Maternity Voices Partnership relaunch)	8
Total		**25**

Additional groups were also arranged in Burton-upon-Trent and Wombourne. However, they didn't go ahead due to lack of attendance.

Table 3 shows the details of the roadshows that were held.

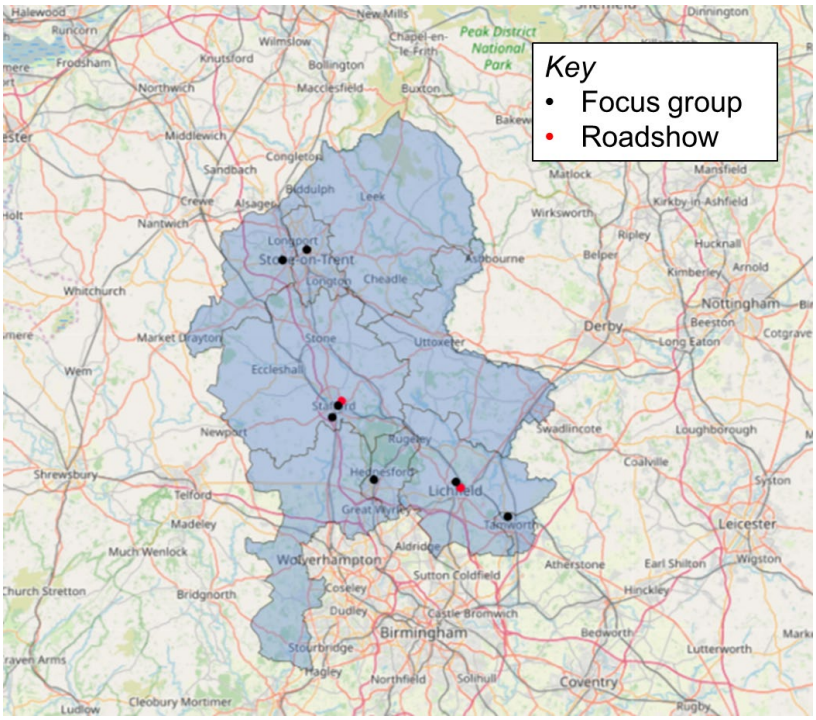
Table 3. Roadshow events

Event date	Location	Number of people spoken to	Number of postcard surveys completed
21 October 2019	County Hospital, Stafford	-	33
24 October 2019	County Hospital, Stafford		
19 December 2019	Samuel Johnson Community Hospital	2	2
9 January 2020	Samuel Johnson Community Hospital	5	5
Total		**7**	**40**

At the County Hospital roadshows, feedback was collected through the postcard surveys only, with no discussions taking place.

Figure 1 shows where the focus groups and roadshows were held.

Figure 1. Location of focus groups across Staffordshire and Stoke-on-Trent



4 Methodology and reporting notes

During the focus groups, participants had the opportunity to share their views on:

- **Their experience of maternity services:** what is working well and what can be improved
- **The clinical model** and considerations over where to give birth
- **What is important to them:** agreement and disagreement with criteria from the listening exercise.

The focus groups were led by a facilitator, who ensured discussions remained on-task and all participants had the opportunity to share their views.

The feedback from each event was captured in a facilitator feedback booklet, which have been read and summarised in this report of findings. Section 6 presents an amalgamation of the feedback gathered from all the events. Appendices 1-8 summarise the feedback gathered from each event individually.

Participants at the six focus groups and the Maternity Voices Partnership event were asked to complete a demographic profiling questionnaire. A summary of the demographic profile of focus group participants and postcard survey respondents has been presented in Section 5.

5 Demographic profiling

Table 4 shows the types of participants who attended the focus groups.

Table 4. Participant types

Participant type	No.	%
I am currently using maternity services	3	13%
I have used maternity services in the last 12 months	18	75%
I am hoping to have a baby and use maternity services	3	13%
I work in maternity services	5	21%
Base	*24*	

Percentages may not add up to 100% because participants could select more than one option.

Table 5 shows the demographic profile of those attending the six focus groups and the Maternity Voices Partnership event.

Table 5. Demographic profiling: focus groups

Ethnicity		
White: British	23	96%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	-	-
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	1	4%
Base	*24*	
Age category		
16 – 19	-	-
20 – 24	-	-
25 – 29	4	17%
30 – 34	12	50%
35 – 39	3	13%
40 – 44	4	17%
45 – 49	1	4%
50 – 54	-	-
55 – 59	-	-
60 – 64	-	-
65 – 69	-	-
70 – 74	-	-
75 – 79	-	-
80 and over	-	-
Prefer not to say	-	-
Base	*24*	
Religion		
No religion	6	25%
Christian	18	75%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	-	-
Sikh	-	-
Any other religion	-	-
Prefer not to say	-	-
Base	*24*	
Sex		
Male	-	-
Female	24	100%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	*24*	
Armed services		
Yes	1	4%
No	23	96%
Prefer not to say	-	-
Base	*24*	

Sexual orientation		
Heterosexual	21	88%
Lesbian	-	-
Gay	-	-
Bisexual	2	8%
Other	-	-
Prefer not to say	1	4%
Base	*24*	
Relationship status		
Married	24	100%
Civil partnership	-	-
Single	-	-
Divorced	-	-
Lives with partner	-	-
Separated	-	-
Widowed	-	-
Other	-	-
Prefer not to say	-	-
Base	*24*	
Pregnant currently		
Yes	1	4%
No	23	96%
Prefer not to say	-	-
Base	*24*	
Recently given birth		
Yes	7	29%
No	16	67%
Prefer not to say	1	4%
Base	*24*	
Health problem or disability		
Yes, limited a lot	-	-
Yes, limited a little	-	-
No	24	100%
Prefer not to say	-	-
Base	*24*	
Disability		
Physical disability	-	-
Sensory disability		-
Mental health need	2	100%
Learning disability or difficulty	1	50%
Long-term illness	-	-
Other	-	-
Prefer not to say	-	-
Base	*2*	
Carer		
Yes - young person(s) aged under 24	11	48%
Yes - adult(s) aged 25 to 49	-	-
Yes - person(s) aged over 50 years	-	-
No	12	52%
Prefer not to say	-	-
Base	*23*	
Gender identity		
Yes*	-	-
No	23	100%
Prefer not to say	-	-
Base	*23*	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

Percentages may not add up to 100% due to rounding and because participants could select multiple options for some questions.

Table 6 shows the demographic profile of those completing postcard surveys.

Table 6. Demographic profiling: postcard surveys

Ethnicity		
White: British	31	82%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	3	8%
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	1	3%
Mixed: White and Asian	-	-
Mixed: Other	1	3%
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	1	3%
Asian/Asian British: Other	1	3%
Black/Black British: African		
Black/Black British: Caribbean		
Black/Black British: Other		
Other ethnic group: Arab		
Any other ethnic group		
Base	*38*	
Age category		
16 – 19	2	5%
20 – 24	11	29%
25 – 29	11	29%
30 – 34	9	24%
35 – 39	4	11%
40 – 44	1	3%
45 – 49	-	-
50 – 54	-	-
55 – 59	-	-
60 – 64	-	-
65 – 69	-	-
70 – 74	-	-
75 – 79	-	-
80 and over	-	-
Prefer not to say	-	-
Base	*38*	
Religion		
No religion	23	61%
Christian	13	34%
Buddhist	-	-
Hindu	1	3%
Jewish	-	-
Muslim	1	3%
Sikh	-	-
Any other religion	-	-
Prefer not to say	-	-
Base	*38*	
Sex		
Male	1	3%
Female	35	97%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	*36*	
Armed services		
Yes	-	-
No	39	100%
Prefer not to say	-	-
Base	*39*	

Sexual orientation		
Heterosexual	34	95%
Lesbian	-	-
Gay	-	-
Bisexual	1	3%
Other	-	-
Prefer not to say	1	3%
Base	*36*	
Relationship status		
Married	19	53%
Civil partnership	-	-
Single	5	14%
Divorced	-	-
Lives with partner	12	33%
Separated	-	-
Widowed	-	-
Other	-	-
Prefer not to say	-	-
Base	*36*	
Pregnant currently		
Yes	31	80%
No	8	21%
Prefer not to say	-	-
Base	*39*	
Recently given birth		
Yes	4	11%
No	33	89%
Prefer not to say	-	-
Base	*37*	
Health problem or disability		
Yes, limited a lot	2	6%
Yes, limited a little	-	-
No	31	94%
Prefer not to say	-	-
Base	*33*	
Disability		
Physical disability	-	-
Sensory disability	1	17%
Mental health need	-	-
Learning disability or difficulty	1	17%
Long-term illness	3	50%
Other	-	-
Prefer not to say	1	17%
Base		
Carer		
Yes - young person(s) aged under 24	9	24%
Yes - adult(s) aged 25 to 49	1	3%
Yes - person(s) aged over 50 years	2	5%
No	26	68%
Prefer not to say	-	-
Base	*38*	
Gender identity		
Yes*	-	-
No	34	97%
Prefer not to say	1	3%
Base	*35*	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

Percentages may not add up to 100% due to rounding and because participants could select multiple options for some questions.

6 Findings

This section summarises the feedback from the focus groups, the Maternity Voices Partnership event and the roadshows. Feedback from the focus groups and the Maternity Voices Partnership event is presented together in the following sub-sections, while the feedback from the roadshow events is presented within Section 6.4 ('Additional Feedback').

6.1 Understanding your experiences

This section presents the experiences of maternity service users.

6.1.0 What is working well

Participants had mixed comments about their birthing experience, antenatal and postnatal care. Most participants shared positive feedback about **healthcare staff**, such as the service provided by community midwives, healthcare assistants, health visitors and paramedics. Some participants highlighted **good communication with staff**, their supportive attitude, the consistency of care and the effective care provided during emergencies. For example, a participant at the Stafford event commented that she felt safe because many paramedics supported her and the baby when she was rushed to Royal Stoke University Hospital in Stoke-on-Trent from County Hospital in Stafford after the birth.

Participants emphasised the good work of staff at Royal Stoke University Hospital, highlighting the high skill level of delivery suite staff and their effective work during emergencies. A participant from Lichfield highlighted the good work of the reflexologist at Samuel Johnson Community Hospital. Participants highlighted the good quality of care and treatment at both County Hospital and Royal Stoke University Hospital.

Positive feedback was also shared around the following:

- **Facilities** at Royal Stoke University Hospital
- **Perinatal wellbeing service**
- **Homebirth** experiences
- **High quality of maternity training**
- **Treatment of fertility problems**
- **Hypnobirthing** experiences
- **Availability of staff:** It was commented that when the community midwife was unavailable, replacements were always available
- **High-dependency care:** It was commented that they provided life-saving care for mother and baby.

6.1.1 What can be improved

A major concern was highlighted around the **lack of continuity of carer** during pregnancy and after birth. It was commented that not seeing the same midwife and consultants throughout a pregnancy can cause issues. For example, some participants experienced conflicting advice from different healthcare professionals, which therefore left them feeling confused. Participants shared their experience of having to repeat themselves and share traumatic experiences (e.g. about births or fertility problems) each time they met different professionals, which was stressful and made them feel unable to ask questions.

Another area of concern was the **quality of communication**, highlighting the need for effective communication between different services and professionals such as midwives and GPs. Many participants expressed the need **for clear information and explanations** about different processes and tests to avoid stressful situations. For example, one participant said they were given a poor explanation of growth scans and why they were needed – which led to feelings of anxiety.

Some participants commented they didn't understand what was happening during labour and after birth, because it wasn't clearly explained – which caused stress. Other communication issues included the fact

that appointment letters can be confusing, there can be a lack of information about birth options and it can be difficult to get through to the maternity ward by telephone. One participant suggested introducing a printed card with important phone numbers, such as who to call when in labour. Participants at the Cannock event suggested communication should be more individualised and there should be a more holistic approach to care, while a participant at the Stoke-on-Trent event fed back that doing birthing plans in a group format is impersonal.

Some participants shared their experience of poor communication. For instance, one participant at the Tamworth event said a consultant had mentioned several times that she was overweight and stressed that she was putting herself and her baby at risk, even though she hadn't been weighed. A participant at the Newcastle-under-Lyme event felt that she was treated with a lack of compassion.

Some participants felt they **waited too long for treatment or care**. One participant commented that she was left attached to an empty IV bag for eight hours, with staff not sure what to do. One participant said she waited more than four hours to receive stitches. Other feedback suggested a need to **improve staff levels** and reduce the pressure on midwives.

The **lack of access to support services** such as breastfeeding support and mental health services, were also identified as an area for improvement. Several participants said there was no breastfeeding support at Royal Stoke University Hospital after 5pm and at weekends. A number of participants highlighted the lack of mental health support for parents who have fertility problems, miscarriages or traumatic birth experiences. One participant commented that her partner – who suffered PTSD after a complicated c-section, couldn't get help for more than six months. Participants also highlighted the difficulties in accessing perinatal services, commenting that it is a 'postcode lottery' and that more support groups are necessary.

Participants from almost all areas mentioned problems with car parking – specifically the lack of spaces and high fees.

Participants also identified the following areas for improvement:

- **Medical records:** Issues with staff unable to access notes, information missing from notes and problems logging into the system
- **Appointments:** The need for the option to have postnatal appointments at home, as well as access to weekend appointments and avoiding unnecessary appointments
- **Support for partners:** Partners need to have access to support and be able to stay with mothers throughout the birth
- **Access to services locally:** The need to reduce travel and have services, such as blood or urine testing, available locally
- **Pain management services:** The lack of pain management at Royal Stoke University Hospital
- The poor quality of food in the wards.

6.2 Clinical model

This section presents focus group participant feedback on the clinical model.

6.2.0 Deciding where to give birth

Most participants highlighted that the **safety** of both mother and baby was the main factor in deciding where to give birth. Some participants preferred to give birth at hospital to be reassured in case something went wrong. **Being close to home** and the available options and facilities (e.g. water birth, aromatherapy) were also taken into consideration.

The following factors were also highlighted:

- **Recommendations** from friends and medical professionals
- **Health needs and requirements**
- **Partners** being present throughout the birth
- **Caring environment:** Participants wanted to give birth in a calm, less clinical environment and not feel medicalised
- **Space, privacy and dignity:** One participant commented they didn't want to hear noise from other patients.

Some participants said they weren't told about other available options such as community or homebirths, therefore they weren't offered a choice in where to give birth.

6.2.1 Considering a homebirth

Many participants said they wouldn't consider a homebirth, explaining that they wouldn't feel safe and would feel anxious. Additional reasons cited against a homebirth were:

- Lack of **space** at home
- Needing to **clean** afterwards
- Other **children and pets**.

Some participants said they weren't informed about this option, but more knowledge about this could encourage them to consider a homebirth in the future.

6.2.2 Considering a community birth

Most participants said they would consider a community birth. The ability to be **close to home**, have **familiar staff** and an opportunity to give birth in a **non-clinical environment** with a relaxed atmosphere were the main factors in support of this. Other reasons that would encourage participants to consider a community birth were:

- Easier **car parking**
- Opportunities for **partners** to be more included
- More **person-centred** care.

However, some said they wouldn't consider a community birth, with one participant explaining they would be worried about potential complications.

6.2.3 Considerations when designing community midwifery services

Participants commented that community midwifery services should be focused on providing **continuity of carer**. They explained that this would help women to feel more confident and would allow midwives to monitor the mental health of both the parents and those close to them.

Access to care close to home was highlighted as another factor, with suggestions that location and accessibility to services by public transport should be considered. Participants at the Newcastle-under-Lyme focus group commented that the rural community should be considered, as they can feel isolated. The need

for **home visits** was also highlighted, as it was suggested that women could be more open at home than in a clinic.

Another factor was the need for greater **support for partners** and for them to be more involved. Comments included the need for support groups for partners, the need for partners to be more included in the birth process and the need for places for partners to sleep or rest.

Participants also highlighted the need for **access to support services**, such as breastfeeding support, postnatal care, mental health and support at an early stage of pregnancy (before 16 weeks).

In addition, participants highlighted the following factors for consideration:

- **Health visitor** provision
- The importance of **nutrition**
- **Direct contact with midwives**, rather than needing to contact GPs
- **Integrated, joined up working** between different services
- **Person-centred care** and the need to avoid a 'one size fits all' service.

6.2.4 Potential negative impacts

Most participants didn't see any negative impacts from the new model. Some suggested focusing on creating a less clinical, 'home environment' for women to give birth in. Another participant suggested organising events or virtual tours around a maternity unit to reduce the fears of expectant mothers.

6.2.4.1 Travel to services

Some participants said they would be willing and able to travel further for a higher quality of care.

Participants had mixed views on how far they would be willing to travel:

- One participant would travel up to 60 minutes for consultant appointments
- One participant would travel up to 30 minutes
- One participant would travel up to 60 minutes to a community hub and up to a 30-minute drive, or 60 minutes by public transport, for blood test or scans
- The need for postnatal appointments that are within walking distance (i.e. within five minutes) was also highlighted.

6.3 What is important to you

This section presents the feedback from focus group participants on what is important to them.

6.3.0 Feedback on the criteria

Most participants agreed with the criteria and its domains and commented that this was a good idea.

However, the importance of **continuity of carer** before and after birth was raised again. Participants suggested this would help to improve communication between patients and medical professionals – avoiding any further issues.

6.3.1 What you would do differently

One participant suggested that plans needed to be put in place in order to implement the model. The need to consider **breastfeeding support** and **mental health** support was also highlighted.

6.4 Additional feedback

This section presents the unstructured feedback received from the focus groups, the roadshows and through social media.

6.4.0 Feedback from the focus groups

Participants felt positive about the model, pointing out that a similar model is implemented in Birmingham and has positive results.

However, the need for greater access to postnatal care, breastfeeding support and mental health (for both parents) were highlighted. Issues around the cost and availability of car parking at hospital was also raised.

In addition, participants commented that more information is required about home and community births. Sharing testimonials of those who had given birth in a community setting or organising online tours of the unit were suggested as ways to raise awareness of this option.

6.4.1 Feedback from the roadshows

Participants at the roadshows shared feedback about maternity services and identified areas for improvement.

Most participants highlighted the **good quality and accessibility of community services**. Positive comments were received about the relaxed, homely atmosphere of community settings and the ability to have familiar staff during labour. They also said that community services are easy to access.

Some participants shared positive feedback about the **quality of care received from staff** and the atmosphere at Samuel Johnson Community Hospital in Lichfield – praising its quiet, calm atmosphere and person-centred approach.

One participant said she was always asked about her mental wellbeing, while another said she felt as though she could get as much support as needed.

Some areas for improvement were also raised, especially concerns around the lack of **continuity of carer**, **access to services** and **poor communication**. One participant said she had a different consultant for each appointment, which meant she had to repeat herself every time.

Some participants experienced difficulties booking appointments with antenatal services. One participant from Cannock had to travel to Lichfield to get the maternity services she required. Another participant highlighted the need to provide more access to facilities such as birthing pools.

Poor communication between GPs and the hospital was also highlighted – one participant said her medical notes were sent to the wrong hospital.

The need to explain incorrect test results was also highlighted – one participant said the lack of awareness about the possibility of a false-positive HIV test caused huge stress.

6.4.2 Feedback from postcard surveys

A total of 40 completed postcard surveys were received from the roadshow events held at County Hospital and Samuel Johnson Community Hospital.

6.4.2.1 What's working well

Table 7 shows what the postcard survey respondents said was working well. They key themes were: '***care provided by staff (e.g. friendly staff)'*** and '***efficient and timely appointments (e.g. waiting times)'***.

Table 7. What's working well?

	No.	%
Care provided by staff (e.g. friendly staff)	14	42%
Efficient and timely appointments (e.g. waiting times)	11	33%
Information and advice provided	5	15%
Everything is working well	2	6%
Scans are effective	2	6%
Services and facilities at County Hospital	2	6%
General comment on what's working well (e.g. service, routine)	2	6%
Services and facilities at Royal Stoke University Hospital	1	3%
Car parking	1	3%
Ease of contacting midwives	1	3%
Co-location of services	1	3%
Calm, non-clinical atmosphere	1	3%
Services and facilities at Samuel Johnson Community Hospital	1	3%
Aftercare services provided	1	3%
Base	*33*	

6.4.2.2 What could be improved

Table 8 shows what the postcard survey respondents thought needed to be improved. The key themes were: ***'clearer explanations and information (e.g. regarding test results)'*** and ***'the appointment booking process'***. However, 6 (20%) respondents said ***'nothing'***.

Table 8. What could be improved?

	No.	%
Clearer explanations and information (e.g. regarding test results)	6	20%
Nothing requires improvement	6	20%
The appointment booking process	4	13%
Waiting times	3	10%
Communication between services (e.g. hospital and primary care)	2	7%
Car parking (e.g. cheaper)	2	7%
Access to services closer to home (e.g. in Stafford or Cannock)	2	7%
More appointments (e.g. time between appointments)	2	7%
Services and care at Royal Stoke University Hospital	2	7%
Facilities at County Hospital	1	3%
Facilities in waiting rooms	1	3%
Access to medical records	1	3%
Continuity of carer	1	3%
Not sure / don't know	1	3%
Base	*30*	

6.4.2.3 What one thing would you change now?

Table 9 shows the one thing respondents said they would change now. Although the majority stated ***'nothing'***, respondents referred to ***'car parking'*** and ***'clearer communication and explanation from staff'***.

Table 9. What one thing would you change now?

	No.	%
Nothing	9	39%
Car parking (e.g. prices, spaces)	3	13%
Clearer communication and explanation from staff	3	13%
Method of contacting services (e.g. Ability to contact midwives directly)	2	9%
More services at County Hospital	2	9%
Waiting times	1	4%
Increase in staffing levels	1	4%
Continuity of carer	1	4%
Appointment booking system	1	4%
Base	*22*	

For a breakdown of themes by location, please see Appendix 9.

6.4.3 Feedback from social media

One comment was made responding to a Together We're Better Facebook post. The comment suggested greater support is needed for women who have had traumatic birth experiences. Women should have access to a debrief with their consultant to find out more about what happened, and any implications on future pregnancies and births.

7 Summary of participant feedback

- Most participants had positive experiences with **healthcare staff**, highlighting the good quality of care from community midwives, healthcare assistants, health visitors and paramedics. Postcard survey respondents also praised the efficiency of appointments.
- The need for **continuity of carer** throughout pregnancy and the birth was highlighted. Those who experienced continuity of carer said this allowed them to develop a rapport and ask questions, while those who didn't received conflicting advice from different professionals and found they had to repeat themselves.
- The need for **greater information** was highlighted. Processes and tests need to be clearly explained to avoid stress and anxiety, and there should be greater awareness of the different birthing options available.
- The need for **improved communication** and **integrated, joined up working** between services was highlighted.
- The need for **person-centred and individualised care** was highlighted.
- **Access to support services,** such as **mental health** and **breastfeeding support** was highlighted as areas that require improvement.
- The need for greater **support for birthing partners** was also highlighted, as well as partners being able to be present throughout the birth.
- The need for **access to services closer to home** was highlighted, including home visits. Being close to home was listed as an important consideration in deciding where to give birth.

8 Appendix 1: Feedback from Lichfield

Below is the summarised feedback from the Lichfield focus group, which was attended by one participant.

8.1 Understanding your experiences

8.1.0 What is working well

The participant said she had:

- A positive experience overall and with midwives
- The offer of lots of services and support, due to a previous traumatic birth
- Consistent care from the community midwife, which allowed her to develop a rapport and ask 'daft' questions
- Good communication with her midwife – for example, the midwife asked her partner how he was feeling
- A positive experience of a c-section
- A positive experience of reflexologist services at Samuel Johnson Community Hospital.

8.1.1 What can be improved

The participant said she had:

- A lack of continuity of carer with consultants, meaning she had to share experiences of PTSD with multiple consultants
- A negative experience of feeling uncomfortable during appointments, as she had to share traumatic past experiences with other professionals who she hadn't been introduced to
- Inconsistent care with midwives during her first pregnancy, where she had three different midwives.

The participant highlighted the need to improve support and reduce stigma for fathers after traumatic births.

8.2 Clinical model

8.2.0 Deciding where to give birth: What things do you take into consideration?

The participant said:

- She wanted to have a natural birth in a calm, less clinical environment
- Her friends recommended Samuel Johnson Community Hospital
- The options around giving birth and the availability of facilities such as water birth and aromatherapy need to be considered.

8.2.1 Considering a homebirth

The participant said she wouldn't consider a homebirth, due to having to clean up afterwards and the lack of space.

8.2.2 Considering a community birth

The participant said she would consider a community birth – citing the positives of being closer to home, having no worries about parking and being in a comfortable, familiar setting.

8.2.3 Considerations when designing community midwifery services

The participant said:

- It should be considered that not all women have the confidence to ask questions
- It is important to know who the team is during a c-section (e.g. would be good to have staff names on theatre hats, as not always able to see their ID badges on their chest).

8.2.4 Potential negative impacts

The participant did not mention any negative impacts.

8.2.5 Travel to services

The participant said they were able to travel 60 minutes for consultant appointments. She added she would be willing to travel further for quality of care or if it is 'what you want'.

8.3 What is important to you

8.3.0 Feedback on the criteria

The participant strongly agreed with the criteria and the domains in it.

8.3.1 Is there anything you would do differently?

The participant indicated 'no'; they would not do anything differently.

8.4 Other feedback

The participant felt this would be a lot of work, but it would be positive. They suggested that increased awareness of the milk bank is required.

9 Appendix 2: Feedback from Newcastle-under-Lyme

Below is the summarised feedback from the Newcastle-under-Lyme focus group, which was attended by six participants.

9.1 Understanding your experiences

9.1.0 What is working well

The participants had mixed experiences:

- One participant mentioned their positive experience of healthcare staff, including midwives and healthcare assistants
- One participant had a positive labour experience, and the complications were handled well
- One participant highlighted a positive antenatal and birth experience
- Participants highlighted good aftercare.

9.1.1 What can be improved

- Negative experiences of staff were highlighted, including being treated with a lack of compassion, not being treated as a person and receiving conflicting advice from different doctors and nurses
- One participant said they had had two terminations after feeling that they couldn't go through with their pregnancy due to the poor quality of care received. She said she received no care when she was in discomfort following a treatment, so felt she had no option other than to terminate her pregnancy
- One participant shared her experience of feeling that when staff made the decision to break her waters, everything was too rushed, and she didn't have time to adjust to the situation
- One participant said when she was re-admitted with a womb infection, she felt it was unsafe but wasn't offered any help when she had to leave a six-day-old baby on his own to get her own meals
- One participant commented their care hadn't improved in their most recent pregnancy, with their medical history and problems with previous pregnancies not considered
- One participant shared her experience of being attached to an empty IV bag for eight hours, with no-one knowing if it needed to be refilled
- One participant felt they had unnecessary consultant appointments due to being classed as an older mother, despite not having any problems with her pregnancy.

9.2 Clinical model

9.2.0 Deciding where to give birth: What things do you take into consideration?

- One participant said they weren't told about their options due to a lack of midwife continuity
- Homebirth wasn't discussed – it was never a consideration
- One participant said that when they were told about their options, 'high risk' sounded like a very scary place.

9.2.1 Considerations when designing community midwifery services

- It was commented that it wasn't clear how the model would be implemented (e.g. what if three of the midwife's patients go into labour at the same time?)
- A participant from Knighton shared their experience of being taken to Royal Stoke University Hospital when they gave birth, whereas their neighbour was taken to Leighton Hospital in Crewe

- Participants suggested the rural population should be considered. One mentioned feeling isolated due to their rural location.

9.2.2 Potential negative impacts

No negative impacts were mentioned.

9.2.3 Travel to services

Participants didn't indicate their willingness to travel to access services.

9.3 What is important to you

9.3.0 Feedback on the criteria

- Participants didn't indicate whether they agreed or disagreed with the criteria
- Participants felt the model was a positive idea
- Participants said it is good to have continuity of carer with the same midwife to improve communication and reduce repeating their medical history. They said the idea of a little team who know you would be helpful
- Participants said it would be good to have someone as an advocate and help you if you don't have a birth partner
- One participant commented they felt a lot of what was described is already in place, and so they thought everyone would have access to this.

9.3.1 Is there anything you would do differently?

- Plans need to be put in place to implement the model
- Breastfeeding support needs to be included.

10 Appendix 3: Feedback from Stafford (Rising Brook Community Church)

Below is the summarised feedback from the Stafford focus group, which was attended by four participants.

10.1 Understanding your experiences

10.1.0 What is working well

Participants had positive experiences overall:

- They highlighted the good level of care at County Hospital and Royal Stoke University Hospital
- One participant who gave birth twice at County Hospital praised the relaxed atmosphere there
- Positive postnatal experiences were mentioned
- One participant shared her experience of being rushed to Royal Stoke University Hospital from County Hospital after the birth, but felt safe due to the number of paramedics supporting her and her baby
- They highlighted good breastfeeding support.

10.1.1 What can be improved

- One participant highlighted the lack of a consistent midwife, sharing her experience of her midwife being on long-term sick leave, meaning she had a different one every time
- One participant felt that she wasted time travelling to Stoke-on-Trent for a consultant scan when the baby hadn't moved all day
- One participant shared that she had to travel to Cannock Hospital the day after giving birth, because she gave birth on Christmas day and her midwife wasn't in work
- One participant highlighted the lack of breastfeeding support in Stoke-on-Trent.

10.2 Clinical model

10.2.0 Deciding where to give birth: What things do you take into consideration?

- One participant said she preferred to go to hospital, as she didn't want to be rushed elsewhere if something went wrong. However, she said she would consider a community birth next time
- One participant said the most important factors for her were to feel safe and to know where she was going.

10.2.1 Considering a homebirth

- The participants said they wouldn't consider a homebirth. Reasons given were not wanting the afterbirth mess at home, having pets, wanting to be 'somewhere with equipment' and feeling anxious
- It was hard for the participants to say what would make them consider a homebirth, as they said they didn't have such experience.

10.2.2 Considering a community birth

The participants would consider a community birth. When asked what factors would make them consider a community birth, they said:

- Feeling reassured after antenatal appointments
- The fact that the atmosphere in community locations is more relaxing

- The chance for partners to feel more included in the community setting
- Parking and distance from home.

10.2.3 Considerations when designing community midwifery services

- One participant shared her negative experience of accessing perinatal mental health support – she was told she would have to travel from Stafford to Uttoxeter
- One commented that partners feel left out whilst mothers are breastfeeding, therefore they need more support
- One participant highlighted the lack of groups for partners/fathers.

10.2.4 Potential negative impacts

Some participants thought there may be negative impacts, commenting that it would be good to organise events or virtual tours around a unit to put aside any fears for those who are anxious.

10.2.5 Travel to services

- The participants said they would be willing to travel for 30 minutes to give birth
- One participant commented that it would be good to have postnatal appointments within walking distance (five minutes).

10.3 What is important to you

10.3.0 Feedback on the criteria

- All participants agreed with the criteria and the domains
- It was highlighted that continuity of carer is very important in maternity services.

10.3.1 Is there anything you would do differently?

- The importance of continuity and consistency in care before and after birth was highlighted
- One participant experienced conflicting advice from different midwifes
- The importance of spotting perinatal mental health problems was highlighted.

10.4 Other feedback

- It was commented that a similar model works in Birmingham and has had positive results
- One participant commented that midwives are reluctant to offer homebirths
- It was commented that patients considered low risk could feel anxiety, because they aren't prepared in case something goes wrong
- One participant commented that parents should have a badge similar to disabled blue badges, as parking is a problem
- One participant commented there are no parent and child spaces at County Hospital in Stafford
- Postnatal appointments at home could reduce anxiety and stress
- One participant highlighted the need to have perinatal mental health support groups
- One participant highlighted the need to raise awareness of the support that is available
- It was suggested that testimonials from community births would be useful
- One participant commented that open days with a tour of the unit would help expectant mothers to become more knowledgeable about a community birth
- One commented that it would be good to be able to have stitches at County Hospital.

11 Appendix 4: Feedback from Cannock

Below is the summarised feedback from the Cannock focus group, which was attended by two participants.

11.1 Understanding your experiences

11.1.0 What is working well

- Participants had positive experiences with community midwives, highlighting good communication
- Participants highlighted the good facilities at Royal Stoke University Hospital.

11.1.1 What can be improved

- One participant highlighted the lack of mental health support for those who have fertility problems and miscarriages
- One participant felt staff were afraid to ask difficult questions, commenting that their midwife rephrased questions from the questionnaire, e.g. 'You're not a smoker?'; 'You're not in a domestic violence relationship?'
- One participant highlighted the lack of continuity of carer
- One participant commented that sometimes staff didn't introduce themselves, so they didn't feel able to ask questions
- One participant shared that they had anxiety before their first appointment due to experiences of polycystic ovary syndrome (PCOS) and miscarriage. She didn't want to tell her employer about the appointment so tried to book a weekend appointment, but they found this was difficult
- One participant commented that she had to repeat her account of injuries from a ski accident years ago every time, as there were no records of this on her file
- One participant had negative experiences at the antenatal clinic at New Cross Hospital
- Car parking fees were highlighted as an area needing improvement
- One participant highlighted that she was made to have a blood test because she had higher BMI, despite feeling she didn't need one and fearing the tests – which caused stress
- One participant shared her experience of feeling anxious about growth scans because they were poorly explained and she didn't understand why they were needed
- Participants felt communication should be more individualised, with a more holistic approach to care.

11.2 Clinical model

11.2.0 Deciding where to give birth: What things do you take into consideration?

- Participants agreed that it was important to feel safe
- One participant said she would consider whether she would be able to have an active birth
- For one participant, facilities such as birthing pools were important
- One participant considered the need to be close to home as important.

11.2.1 Considering a homebirth

Both participants would consider a homebirth.

11.2.2 Considering a community birth

Both participants would consider a community birth.

11.2.3 Considerations when designing community midwifery services

- One participant expressed the hope that continuity of carer will lead to closer monitoring of parents' mental health
- It was highlighted that breastfeeding support had been cut and staff at County Hospital in Stafford were not supportive at all.

11.2.4 Potential negative impacts

No negative impacts were mentioned by participants.

11.2.5 Travel to services

- One participant stated that they can travel
- One participant felt that mums can and would travel, but other people may not be able to.

11.3 What is important to you

11.3.0 Feedback on the criteria

The participants didn't indicate whether they agreed or disagreed with the criteria and domains.

12 Appendix 5: Feedback from Maternity Voices Partnership event in Stafford

Below is the summarised feedback from the Maternity Voices Partnership event, which was attended by eight participants.

12.1 Understanding your experiences

12.1.0 What is working well

- One participant shared positive experiences about the care received during their pregnancy
- Participants highlighted positive experiences with midwives and perinatal wellbeing services
- One participant noted that digital maternity notes were good, but staff at Milton Keynes Hospital couldn't access them
- One participant had a positive experience with the staff at County Hospital, Stafford
- One participant shared positive experience about their homebirth
- One participant highlighted the skill of staff in the delivery suite at Royal Stoke University Hospital, and that they worked effectively in emergencies
- It was highlighted that maternity training is of high quality
- One participant commented that when the community midwife was unavailable, there was always a replacement
- One participant shared positive experiences of postnatal clinics.

12.1.1 What can be improved

- One participant emphasised the poor experience with a midwife as when she felt low, the midwife didn't help because they didn't find any medical problems
- One participant highlighted that there was no proper communication between healthcare professionals from the different services (e.g. midwife, GP, postnatal services)
- Perinatal services are a postcode lottery and more support groups are necessary
- One participant highlighted the lack of a consistent midwife, commenting that she had to repeat herself every time to five different midwives, including a new one the day before her due date
- One participant shared that she wasn't informed about the '24-hour rule' following a water break at Stafford, so she had to go to Royal Stoke University Hospital. If she had known about the rule in advance, she could have visited the hospital to look at the facilities
- One participant shared their negative birthing experience and highlighted the lack of support for mums
- Lack of aftercare was noted. One participant felt forgotten, commenting that it would be good to have an opportunity to be checked out sooner
- One participant suggested the need for a printed card with important phone numbers such as who to call when you go into labour. It was also highlighted that comprehensive books with useful information were no longer available and online information can be difficult to access
- One midwife commented that it would be good to have hand-held notes in an emergency
- The need to improve staff levels and the pressure on midwives was highlighted, as they enter the profession to give care, but often can't do this to the standard they want to because of the time required
- The need for continuity of carer was highlighted. It was commented that continuity of carer would also improve staff satisfaction
- One participant shared her experience of receiving poor breastfeeding support, and that health visitors couldn't help

- One participant said she felt unable to go to a hospital with their other children, because she had the impression that siblings weren't allowed to be there during an appointment
- The need for greater access to support for partners and siblings was mentioned
- The need for postnatal appointments at home was highlighted, as the midwife doesn't see the true picture of what is going on at home when only doing assessments in clinic
- One participant highlighted the lack of a breastfeeding team at Royal Stoke University Hospital outside of normal working hours and said that the midwife didn't have the time to provide this support.

12.2 Clinical model

12.2.0 Deciding where to give birth: What things do you take into consideration?

- One participant said that she always wanted to give birth at home, due to feeling more comfortable
- One considered being close to home was important, as she felt anxious having to travel to Stoke-on-Trent from Stafford. In addition, she said it would be easier for her partner to visit
- One participant commented that she didn't have a choice because she previously had a c-section.

12.2.1 Considering a homebirth

- Three participants said they would consider homebirths and three participants said they wouldn't
- The midwife in the group commented that as she knows what can go wrong with homebirths, she preferred patients to give birth in a delivery suite where everything is available on-site
- One participant didn't know about homebirths when she was pregnant with her first child, although she still wouldn't consider this option in the future
- One participant didn't consider this option with her first child, however, she would consider a homebirth in the future.

12.2.2 Considering a community birth

- Four participants would consider a community birth and one wouldn't
- The one participant who wouldn't consider a community birth explained that she always wanted to give birth at home
- One commented that she would have liked the non-clinical environment and familiar staff.

12.2.3 Considerations when designing community midwifery services

- One participant noted that the community midwifery service in Stafford is well set up, highlighting that there is a place for partners to sleep, whereas there is no such facility at Royal Stoke University Hospital
- One participant noted the problems staff had logging into the K2 system
- One participant suggested there should be toys for siblings in the appointment room
- It was advised that location, bus routes and accessibility to hospital (if needed) are important factors to consider
- One participant advised to consider home visits, commenting that women could be more open at home than in a clinic. Controlling partners may always come to clinic appointments, but they may be at work during a home visit appointment
- One participant highlighted the lack of postnatal care, and shared her experience of being discharged 10 days after delivery and not having a six-week check – she felt forgotten
- One participant highlighted the need for greater continuity of carer.

12.2.4 Potential negative impacts

One participant mentioned the need to create a homely environment. She said that some places look like a hospital, which some women wouldn't want as it doesn't offer a 'home from home' experience.

12.2.5 Travel to services

Participants didn't indicate for how long they would be willing to travel to reach the services.

12.3 What is important to you

12.3.0 Feedback on the criteria

Participants didn't indicate whether they agree or disagree with the criteria and the domains.

12.4 Other feedback

- One participant said she waited six hours for breastfeeding support and felt she was treated poorly by the midwife
- One participant highlighted the lack of support around breastfeeding if you fail initially. She didn't feel confident to talk about this with the health visitor and had to seek private consultation
- One participant highlighted the insufficient postnatal support she received, commenting that staff "focused on babies and nobody bothers about mums"
- One participant highlighted the need for consistent midwives
- One participant shared their positive experience with a health visitor
- One participant highlighted the need to look after women's mental health, before, during and after childbirth.

13 Appendix 6: Feedback from Stoke-on-Trent (Hanley)

Below is the summarised feedback from the Stoke-on-Trent focus group, which was attended by three participants.

13.1 Understanding your experiences

13.1.0 What is working well

- Participants shared positive experiences with the community midwife, commenting that they were supportive of previous health issues
- Participants shared positive experiences with staff, highlighting the good work of emergency c-section staff and the staff at Royal Stoke University Hospital
- One participant praised the active birth in the birthing room
- One participant emphasised a positive experience with high-dependency care, commenting that they saved mum's and baby's life
- One participant pointed out the good work of staff in the postnatal ward. However, she had some issues with enhanced recovery.

13.1.1 What can be improved

- One participant highlighted the lack of pain management at Royal Stoke University Hospital, and shared her experience of not receiving any pain relief while in the assessment ward and in labour
- One participant commented that it could be a negative experience to get put in the 'Forget-Me-Not' room during labour, especially for those who had experienced miscarriages or other issues before
- One participant said it was difficult to give birth in the birthing pool as it was in a small room
- One participant commented that it wasn't recorded in her notes that she experienced bleeding previously
- Participants said the antenatal clinic always runs late
- One participant shared her experience of an appointment being delayed by 1.5 hours followed by another one-hour wait whilst the midwife reviewed her scan
- Problems with parking (e.g. cost) were highlighted
- One participant found it difficult to get through to maternity by phone, saying that the number always rang through to reception
- One participant highlighted the poorly-organised induction. Her time slot was changed three times and there was no room when she arrived the first time. On arrival, she was told to come back later because the consultant hadn't completed her written plan
- Participants mentioned the lack of support on the postnatal ward
- One participant found it stressful to stay alone on the transitional ward, highlighting that it took 10-15 minutes for somebody to come when she needed help. However, if partners were allowed in to help, this could help mums and reduce the pressure on staff
- Participants said they felt pressured to breastfeed and felt they had failed when they couldn't breastfeed. One had postnatal anxiety because of this pressure
- Consultants had problems logging into the online records, with one participant saying she had to repeat past traumatic experiences, which was upsetting
- One participant shared that her partner suffered PTSD after a bad c-section, however, this was only picked up after six months
- The lack of a consistent midwife after birth was highlighted, meaning it was necessary to repeat their mental health history every time they saw someone new
- Participants said that creating birthing plans in groups is impersonal

- It was suggested that partners should be allowed to stay with mums all the way, not only in certain rooms. Mums should be given warning if partners might not be allowed to stay
- One participant found the appointment letters confusing. It wasn't clear where they should go, and the codes 'CS' and 'RS' weren't helpful
- One participant highlighted the poor communication during labour and after birth, commenting that mothers should be given an explanation around what is happening
- Participants said that the food on the wards isn't nutritious enough
- One participant commented they couldn't access any 'Healthy Start' vitamins.

13.2 Clinical model

13.2.0 Deciding where to give birth: What things do you take into consideration?

- One participant commented on the need to consider what is available from a medical perspective
- Participants mentioned the distance required to travel and the health needs of patients
- One participant checked statistics and was told by a consultant that Royal Stoke University Hospital was the safest place.

13.2.1 Considering a homebirth

- Two participants would consider a homebirth, whilst one would not
- One participant said staying at home could result in them worrying something would go wrong and lead to long-term complications for the baby
- Older children and pets were reasons against considering a homebirth
- One participant said that women needed more information to encourage them to consider a homebirth
- One participant highlighted that the relationship with a midwife is an important factor shaping this decision.

13.2.2 Considering a community birth

- One participant would consider a community birth, whilst one would not
- The participant who wouldn't consider a community birth said this was because of the worry about having to be taken to a hospital by ambulance if there was a complication
- Participants said that a person-centred approach to care is important
- One participant said it was essential to have complete trust in the midwife.

13.2.3 Considerations when designing community midwifery services

- One participant said she feels more comfortable at home after the birth
- It was highlighted that not everyone can get time off work for postnatal appointments
- One participant highlighted the importance of postnatal mental health
- Breastfeeding support was highlighted
- One participant commented that group sessions with midwives and the opportunity to meet other mums was useful
- Health visitor provision was mentioned
- The importance of nutrition was raised. One participant suggested that focusing on nutrition could save the NHS money in the future and improve quality of life.

13.2.4 Potential negative impacts

One participant stated there would be negative impacts, but didn't share what these would be.

13.2.5 Travel to services

Participants didn't indicate how long they would be willing to travel to access services.

13.3 What is important to you

13.3.0 Feedback on the criteria

Participants didn't indicate whether they agreed or disagreed with the criteria and domains.

14 Appendix 7: Feedback from Tamworth

Below is the summarised feedback from the Tamworth focus group, which was attended by one participant.

14.1 Understanding your experiences

14.1.0 What is working well

The participant said she had:

- Good treatment following fertility problems
- A positive experience during a previous pregnancy – with a consistent midwife
- A positive experience of the overall birth process
- A positive experience of hypnobirthing
- A positive experience at George Eliot Hospital as they only allowed one hour for visitors, which gave time for breastfeeding
- Fewer unnecessary appointments with her second child.

14.1.1 What can be improved

The participant said:

- It was inconvenient to have to go through A&E to get access to the Early Pregnancy Unit (EPU) after having a bleed
- She didn't receive any support after losing one of her fertilised eggs, because it wasn't treated as a miscarriage
- She found the lack of a consistent midwife during her current pregnancy meant she had to share her past traumatic experience every time with different midwives
- With care at George Eliot Hospital, she was concerned that she would have to travel to Coventry to speak to someone at perinatal, which would be difficult as she didn't drive and had two children in a pushchair. During her last pregnancy, she was visited by staff
- She had to travel to have blood or urine tests taken, because local services don't provide these
- She had inconsistent care – she queried why her medication wasn't recorded in her green book. George Eliot Hospital wouldn't see her because it was before the 20-week stage. Whereas Good Hope Hospital would see her, but they wouldn't write in her green book.
- Her partner couldn't stay with her on the delivery suite until she was at Good Hope Hospital, where she was induced
- One of her consultants had a rude attitude and had commented that she was overweight and was putting herself at risk. She was told that she couldn't get into the birthing pool because of her weight
- The participant commented that she had to choose between Burton Hospital, Good Hope Hospital and Samuel Johnson Community Hospital. However, she wasn't allowed to choose Samuel Johnson Community Hospital because of her BMI where she was told that she was overweight, even though she wasn't weighed. The participant had anxiety about the baby's health and movements and suffered with bulimia to get her weight down. The participant shared her worries with her midwife, but the midwife didn't know what to do
- During the hospital tour, she was shown a room for larger women with a bigger bed and toilet. When she was given that room herself, she felt awkward and embarrassed, even though the staff told her that she was in this room due to the lack of beds elsewhere
- She wasn't informed about her options on where she could give birth
- She had to wait more than four hours to receive her stitches
- Staff gave her baby some injections while she was showering.

She also highlighted the need for more help and access to breastfeeding support. She said there was a lack of breastfeeding workshops, whereas workshops are available in other areas.

14.2 Clinical model

14.2.0 Deciding where to give birth: What things do you take into consideration?

- The participant said it was important that her husband could stay with her the whole time
- Having considered distance and accessibility, the participant said they could travel for up to one hour to give birth
- The participant said it was important to have her own space, privacy and dignity. She didn't want to hear other women screaming
- The participant added that it was important not to feel 'medicalised'.

14.2.1 Considering a homebirth

The participant said that she would love to have a homebirth.

14.2.2 Considering a community birth

The participant indicated she would consider a community birth, as being closer to home was important to her. She added that a community birth was a good alternative, because she can't have a homebirth.

14.2.3 Considerations when designing community midwifery services

- The participant said that the initial conversations with midwives are key
- The need to have consistency of carer was highlighted, specifically, one or a small group of midwives who know your background, so you don't have to repeat yourself
- She highlighted the importance of having the partner present all way through the birth
- The participant noted that contacting her GP made her anxiety worse, so there should be a way to contact midwifery directly
- The need for joined up working across different services was highlighted, with the participant commenting that her GP didn't know why she attended the Early Pregnancy Unit
- The lack of support at an early stage of pregnancy (before 16 weeks) was raised
- The participant highlighted the need to avoid a 'one size fits all' service.

14.2.4 Potential negative impacts

No negative impacts were mentioned.

14.2.5 Travel to services

The participant said she would be willing to travel 60 minutes to a community hub. She would be willing to travel up to 60 minutes on public transport, or 30 minutes by car for blood tests or scans.

14.3 What is important to you

14.3.0 Feedback on the criteria

The participant didn't indicate whether she agreed or disagreed with the criteria and domains.

14.3.1 Is there anything you would do differently?

No additional suggestions were made.

15 Appendix 8: Feedback from roadshows

15.1 Samuel Johnson Community Hospital (19 December 2019)

- One participant commented that their overall experience of maternity services was positive
- One participant said they personally never needed much support, but felt it would be there if needed
- It was commented that there is a lot of choice of hospitals
- One participant highlighted that they were always asked about mental wellbeing in appointments
- One participant suggested greater access to birthing pools is required
- The lack of continuity of carer was highlighted. For instance, seeing a different consultant every time and having to explain everything as notes weren't reviewed
- Participants said community hospitals have a more relaxed atmosphere and are more local
- One participant felt that the health visitor was present constantly
- The lack of breastfeeding support was highlighted as an issue.

15.2 Samuel Johnson Community Hospital (9 January 2020)

- One participant highlighted difficulties in booking antenatal appointments
- One participant experienced difficulty in getting through to their GP and then to the midwife. The GP was unable to arrange an appointment with the midwife due to their rota. As a result, the participant felt frustrated
- Poor communication between GP and hospital was highlighted, with one participant saying their notes were sent to the wrong hospital
- Participants said community services are accessible, as they are closer to home and it is easier when all services are in one building. They are also more homely and comfortable, which is important
- One participant experienced fewer appointments with their second birth, possibly because she didn't have any complications
- One participant highlighted the need to be informed about the possibility of false-positive results. She received a false-positive HIV test, but didn't have this explained, which led to stress
- One participant from Cannock said she would travel to Lichfield to get maternity services because Cannock Chase Hospital doesn't provide them
- The lack of continuity of carer was highlighted
- One participant commented that it's important to have familiar staff during labour, which is more likely to happen in a community setting
- One participant said her sister was encouraged to give birth in Lichfield instead of Burton and was treated well
- The quality of care at Samuel Johnson Community Hospital was positively reviewed, with it having a quiet, calm atmosphere, more person-centred approach and good staffing levels (midwife to patient ratios).

16 Appendix 9: Feedback from postcard surveys

This section presents the feedback from the postcard surveys broken down by the roadshow at which the surveys were completed. 'Stafford' refers to surveys completed at County Hospital, and 'Lichfield' refers to surveys completed at Samuel Johnson Community Hospital.

Table 10. What's working well?

	Total	Stafford	Lichfield
Care provided by staff (e.g. friendly staff)	14	14	0
Efficient and timely appointments (e.g. waiting times)	11	11	0
Information and advice provided	5	2	3
Everything is working well	2	2	0
Scans are effective	2	2	0
Services and facilities at County Hospital	2	1	1
General comment on what's working well (e.g. service, routine)	2	1	1
Services and facilities at Royal Stoke University Hospital	1	1	0
Car parking	1	1	0
Ease of contacting midwives	1	1	0
Co-location of services	1	1	0
Calm, non-clinical atmosphere	1	0	1
Services and facilities at Samuel Johnson Community Hospital	1	0	1
Aftercare services provided	1	0	1
Base	*33*	*28*	*5*

Table 11. What could be improved?

	Total	Stafford	Lichfield
Clearer explanations and information (e.g. test results)	6	4	2
Nothing requires improvement	6	5	1
Appointment booking process	4	4	0
Waiting times	3	3	0
Communication between services (e.g. hospital and primary care)	2	2	0
Car parking (e.g. cheaper)	2	1	1
Access to services closer to home (e.g. in Stafford or Cannock)	2	2	0
More appointments (e.g. time between appointments)	2	2	0
Services and care at Royal Stoke University Hospital	2	1	1
Facilities at County Hospital	1	1	0
Facilities in waiting rooms	1	1	0
Access to medical records	1	1	0
Continuity of carer	1	0	1
Not sure / don't know	1	0	1
Base	*30*	*24*	*6*

Table 12. What one thing would you change now?

	Total	Stafford	Lichfield
Nothing	9	8	1
Car parking (e.g. prices, spaces)	3	2	1
Clearer communication and explanation from staff	3	2	1
Method of contacting services (e.g. Ability to contact midwives directly)	2	2	0
More services at County Hospital	2	2	0
Waiting times	1	1	0
Increase in staffing levels	1	1	0
Continuity of carer	1	0	1
Appointment booking system	1	0	1
Base	*22*	*17*	*5*