

Giving everyone the best start in life: Maternity involvement

Survey and event feedback



Survey and event feedback

This presentation document contains the following reports:

Maternity survey findings

- This report presents the findings from the maternity survey held between 16 July and 15 August 2021

Maternity workshops findings

- This report presents the findings from the Giving Everyone the Best Start in Life maternity workshops held on 16 July and 12 August 2021



Giving everyone the best start in life: Maternity engagement survey

Summary of feedback



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Introduction and background



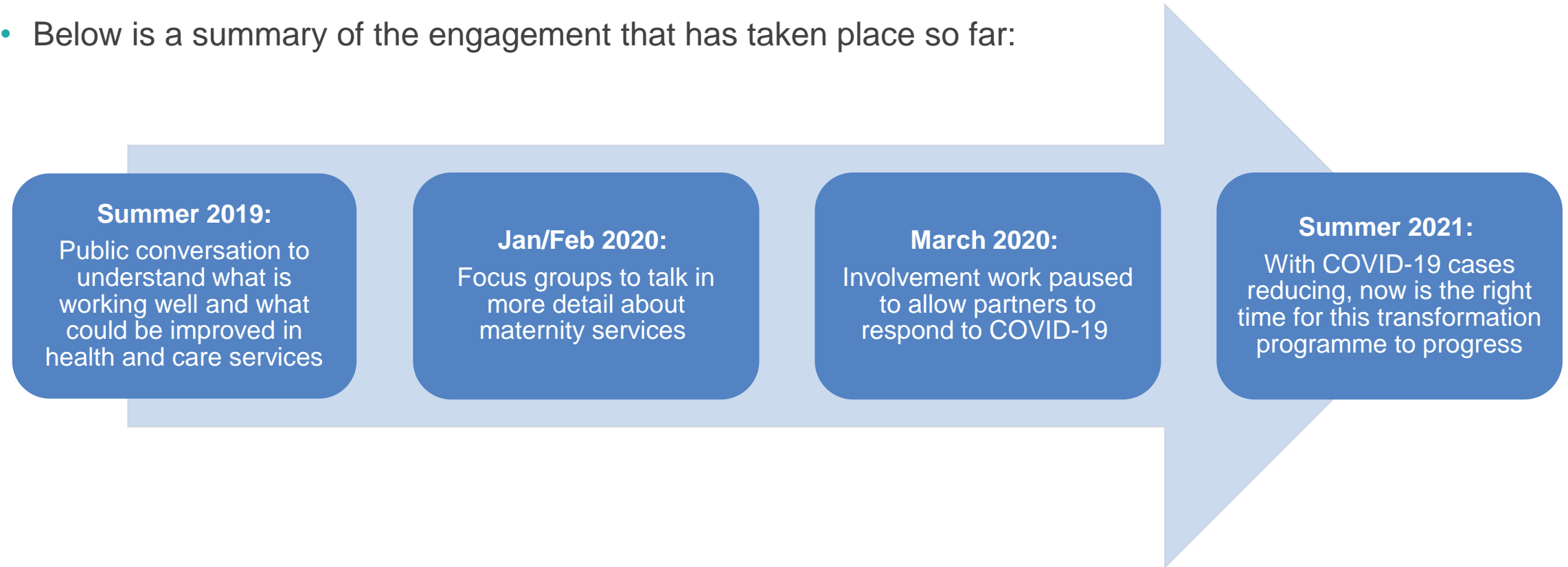
Introduction

- This report presents the findings from the ***Giving Everyone the Best Start in Life*** maternity survey held between 16 July and 15 August 2021
- The survey aimed to gather feedback on:
 - Experiences of maternity services in Staffordshire and Stoke-on-Trent, before and during COVID-19
 - Whether respondents would choose a homebirth and why
 - The proposed new continuity of carer and on-demand models of care.
- The report is produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).



Background to the engagement

- Over the past few years, Together We're Better has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.
- Below is a summary of the engagement that has taken place so far:



Feedback on maternity services was also gathered at two engagement events held on 16 July and 12 August 2021. The feedback from these events is presented in the [event report](#).



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Communications and engagement



Stakeholder engagement

- Stakeholders were targeted and contacted to promote the survey and engagement events
- Stakeholders included local charities, patient groups, schools and nurseries.



212
stakeholders
engaged with



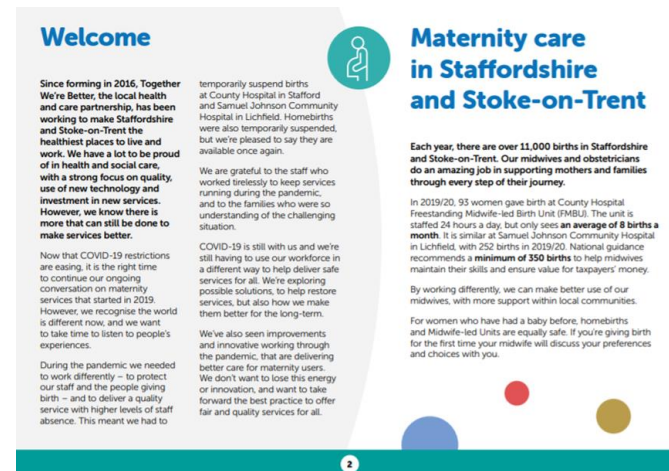
383
emails sent



462
telephone calls
made

Collateral and promotion

- The survey and events were promoted on the Together We're Better website and social media
- Videos were produced explaining the model of care
- An issues paper was created to describe the proposed changes
- A poster was shared with stakeholders to promote the events and survey.



TOGETHER WE'RE BETTER
Transforming health and care for Staffordshire & Stoke-on-Trent

Help shape the future of maternity services in Staffordshire and Stoke-on-Trent

Recently had a baby? Expecting a baby? Thinking of having a baby?

We want to improve midwifery services across Staffordshire and Stoke-on-Trent, by offering more personalised care around the needs of you and your family. If you or your partner have given birth in the last three years, are currently pregnant or are thinking of starting or expanding your family in the next few years, we want to hear from you to ensure we design future services based on what matters most to local families.

Join our virtual event:

- **Thursday 12 August, 7pm until 8.30pm**
(Breaks will be included and children are welcome)

Book your place today and make your voice count:
bit.ly/3BUCf3G

Can't attend? You can still make your voice count by completing our online survey. Scan the QR code for more information. If you need help completing the survey, contact us:

www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation
0333 150 2155 micsu.involvement@nhs.net

Together We're Better is the local health and care partnership
#TWBYourVoiceCounts



TWB Staffs & Stoke @TWBstaffsStoke · Aug 15

LAST CHANCE TO HAVE YOUR SAY!
We need your views on how maternity services could look in the future - our survey closes tonight at midnight!
Read more here and share your views: twbstaffsandstoke.org.uk/get-involved/m...

Tell us your experiences of using maternity services in Staffordshire

#TWBYourVoiceCounts





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Reporting methodology



Methodology



The survey was hosted online between 16 July and 15 August 2021. Paper versions were available on request.



The survey was promoted via the Together We're Better website and social media



Local stakeholders, such as nurseries and patient groups, were contacted by email and telephone to promote the survey and encourage participation.



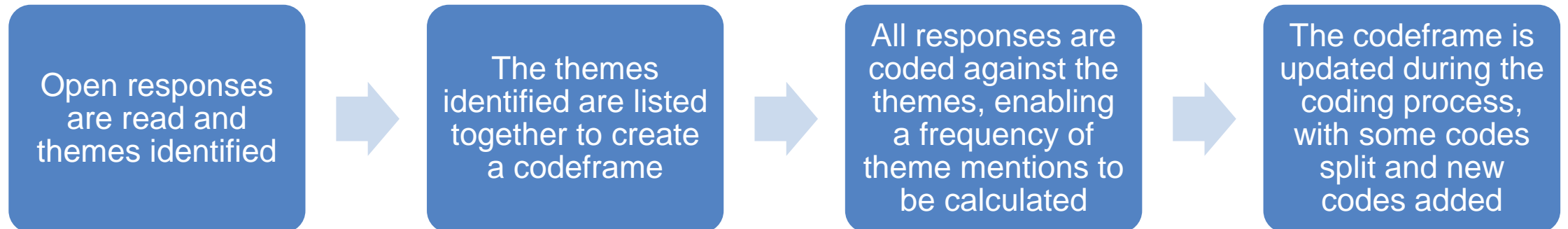
The survey received 240 responses

Structure of the survey

Section	Respondents asked this section
Are you responding as:	All respondents
Individual profiling and whether respondents were pregnant, had given birth during COVID-19 or were thinking of expanding their family	Individual respondents: Patient or member of the public, carer or NHS employee
Organisational profiling	Organisational respondents
Feedback on services before COVID-19	Respondents who were pregnant / given birth before COVID
Feedback on services during COVID-19	Respondents who were pregnant / given birth during COVID
Feedback on homebirths and planning where to give birth	Respondents who had given birth in the last three years, were currently pregnant or thinking of starting or expanding their family in the next few years (including partners)
Views on the Continuity of Carer model	All respondents
Views on the proposed on-demand service	All respondents
Demographic profiling	All respondents

Approach to analysis

- The survey used a combination of 'open text' questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses.
- Open responses received to the survey have been read and coded into themes. These themes include overarching 'main themes' and more detailed themes.
- Coding is a subjective process.
- Our coding process is summarised below:



Presentation of findings

- Responses to the survey are broken down by the following variables:
 - CCG area
 - Whether respondents were currently pregnant or not (including partners)
 - Whether respondents had given birth or were pregnant during or before COVID-19 (including partners).
- For some questions, not all variables are shown. This is because:
 - Some questions were only asked of specific groups within the survey
 - There were limited responses to the questions.
- Percentages may not add up to 100% due to rounding or where respondents could choose multiple responses.

Variable	Source
CCG	Profiled from postcode question
Respondents currently pregnant / their partner	Combination of: Are you or your partner currently pregnant? and are you pregnant at this time?
COVID-19	Question: Thinking about your most recent pregnancy, have you or your partner...?

















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Demographic profiling



Demographic profiling

Ethnicity 	Age 	Sex 	Gender reassignment 	Sexual orientation 	Relationship status 
<ul style="list-style-type: none">• 227 (96%) respondents were white	<ul style="list-style-type: none">• 62 (26%) were under 30• 142 (60%) were 30-39• 33 (14%) were 40 or over	<ul style="list-style-type: none">• 229 (96%) respondents were female	<ul style="list-style-type: none">• 2 (1%) respondents indicated they had gone through gender reassignment	<ul style="list-style-type: none">• 225 (95%) respondents were heterosexual• 6 (3%) were bisexual	<ul style="list-style-type: none">• 152 (64%) respondents were married• 63 (27%) lived with a partner
Religion 	Pregnancy 	Maternity 	Disability or long-term condition 	Armed forces 	Carer 
<ul style="list-style-type: none">• 132 (56%) respondents had no religion• 96 (41%) were Christian	<ul style="list-style-type: none">• 66 (28%) respondents were pregnant	<ul style="list-style-type: none">• 52 (22%) respondents had recently given birth	<ul style="list-style-type: none">• 37 (16%) had a disability or long-term condition that limited day-to-day activities	<ul style="list-style-type: none">• 3 respondents had served in the armed forces	<ul style="list-style-type: none">• 68 (30%) respondents were carers

Demographic profiling

Ethnicity		
White British	219	93%
White: Other White background	7	3%
Asian/Asian British: Indian	2	1%
Asian/Asian British: Pakistani	2	1%
White: Irish	1	0.4%
Mixed: White and Black Caribbean	1	0.4%
Black/Black British: Caribbean	1	0.4%
Any other ethnic group	2	1%
Prefer not to say	1	0.4%
Base	236	

Sex		
Female	229	96%
Male	8	3%
Prefer not to say	1	0.4%
Base	238	

Age		
16 – 19	1	0.4%
20 – 24	13	6%
25 – 29	48	20%
30 – 34	98	41%
35 – 39	44	19%
40 – 44	13	6%
45 – 49	5	2%
50 – 54	5	2%
55 – 59	4	2%
60 – 64	4	2%
65 – 69	2	1%
Prefer not to say	1	0.4%
Base	238	

Demographic profiling

Pregnant at this time		
Yes	66	28%
No	170	72%
Prefer not to say	1	0.4%
Base	237	

Recently given birth		
Yes	52	22%
No	183	78%
Prefer not to say	1	0.4%
Base	236	

Sexual orientation		
Heterosexual	225	95%
Bisexual	6	3%
Other	2	1%
Prefer not to say	4	2%
Base	237	

Religion		
No religion	132	56%
Christian	96	41%
Muslim	3	1%
Hindu	1	0.4%
Sikh	1	0.4%
Any other religion	2	1%
Prefer not to say	2	1%
Base	237	

Gender reassignment		
Yes	2	1%
No	231	99%
Prefer not to say	1	0.4%
Base	234	

Armed forces		
Yes	3	1%
No	231	99%
Base	234	

Demographic profiling

Disability or long-term health condition limiting day-to-day activities

Yes, limited a lot	4	2%
Yes, limited a little	33	14%
No	200	84%
<i>Base</i>	237	

Disability or long-term health condition

Mental health need	17	24%
Long-term illness	11	16%
Physical disability	7	10%
Sensory disability	4	6%
Learning difficulty or disability	1	1%
Other	13	18%
Prefer not to say	26	37%
<i>Base</i>	71	

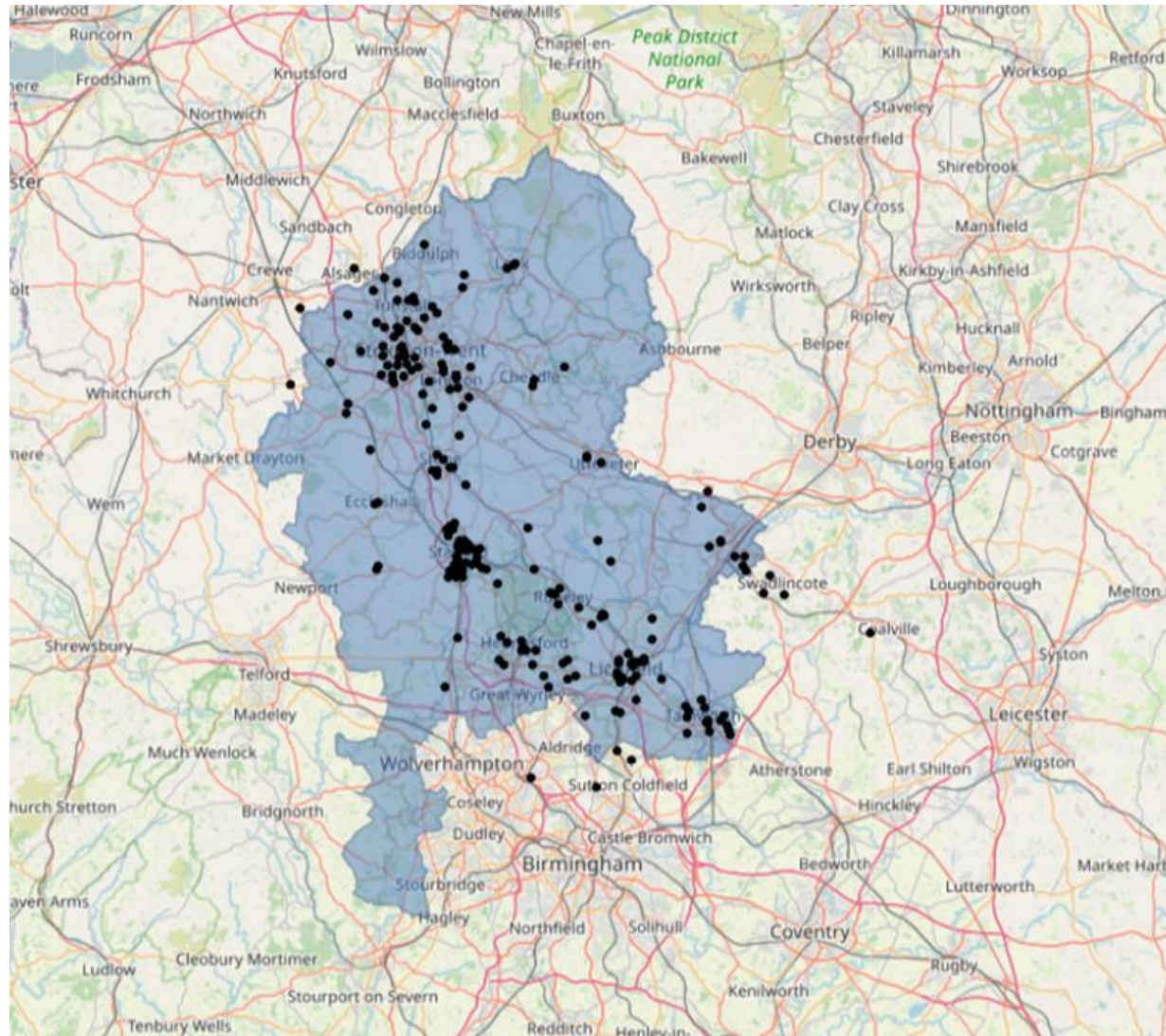
Relationship status

Married	152	64%
Lives with partner	63	27%
Single	6	3%
Civil partnership	5	2%
Divorced	3	1%
Separated	1	0.4%
Other	6	3%
<i>Base</i>	236	

Carer

Yes: person(s) aged under 24	58	26%
Yes – person(s) aged 25-49	2	1%
Yes: older person(s) aged over 50	11	5%
No	153	68%
Prefer not to say	4	2%
<i>Base</i>	225	

Location of respondents



CCG	No.	%
NHS Stafford and Surrounds CCG	65	27%
NHS South East Staffordshire and Seisdon Peninsula CCG	44	18%
NHS Stoke on Trent CCG	35	15%
NHS North Staffordshire CCG	34	14%
NHS Cannock Chase CCG	22	9%
NHS East Staffordshire CCG	14	6%
NHS Birmingham and Solihull CCG	3	1%
NHS Derby and Derbyshire CCG	3	1%
NHS South Cheshire CCG	2	1%
NHS West Leicestershire CCG	2	1%
NHS Shropshire CCG	1	0.4%
No postcode provided	10	4%
Postcode unable to be profiled	5	2%
Base	240	



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About you



About you

This section presents the feedback from the following questions:

Are you responding as:

As an individual responding to this questionnaire which of the following best applies to you?

Thinking about your most recent pregnancy, have you or your partner...?

Are you or your partner currently pregnant?

Was / is your pregnancy considered 'high risk'?

Are you thinking of starting or expanding your family in the next few years?

As an organisation responding to this questionnaire which of the following best applies to you?

Please provide the name of your organisation

Do you work in maternity services?

Do you work for an organisation that supports maternity services or those accessing maternity services (e.g. charity, voluntary organisation)?



Respondent types

99.6%

Responding as an individual (for example a patient, member of the public or NHS employee) (239)

0.4%

Responding on behalf of an organisation
(formal organisational response) (1)
This respondent indicated they were from an NHS organisation

Base: 240

As an individual responding to this questionnaire which of the following best applies to you?



90%

Patient or member of the public
(215)



1%

Carer
(2)



9%

NHS employee
(22)

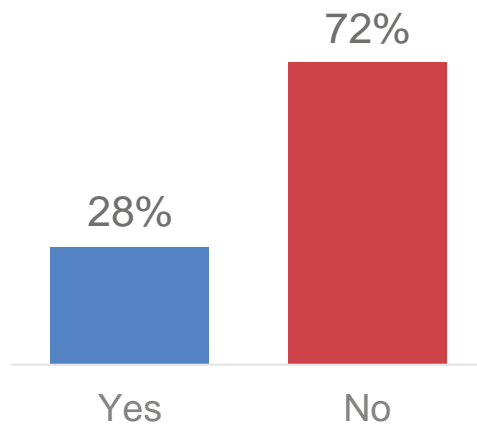
Base: 239

Pregnancy experiences

	No.	%
Given birth or were pregnant during the pandemic: after mid-March 2020 to now	140	59%
Given birth or were pregnant before the pandemic: from June 2018 to mid-March 2020	40	17%
Not given birth during the time periods above	59	25%
Base	239	



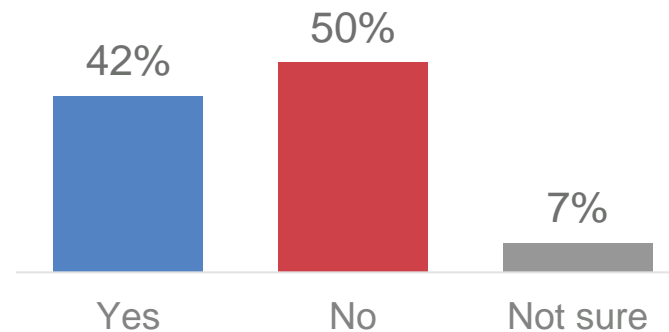
Are you or your partner currently pregnant?



Base: 239



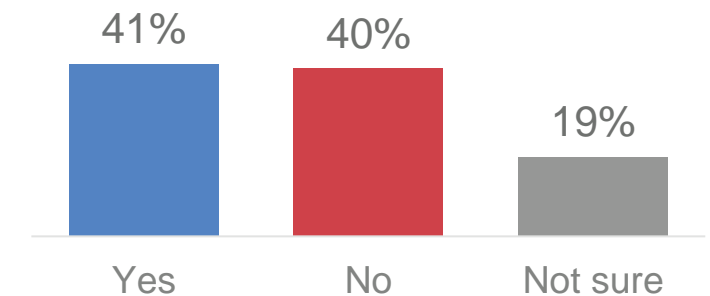
Was/is your pregnancy considered 'high risk'?



Base: 203



Are you thinking of starting or expanding your family in the next few years?



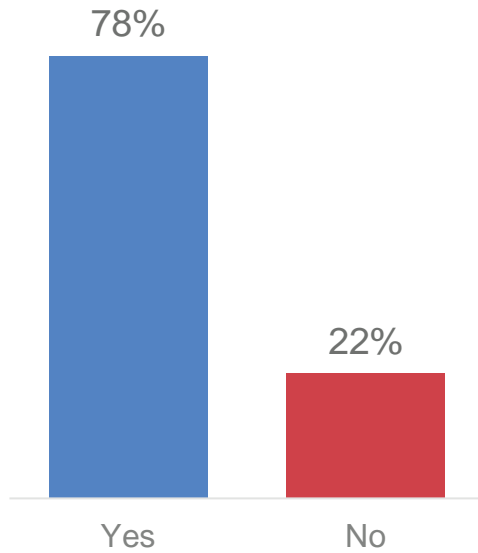
Base: 172

Working in maternity services

Only NHS employees and organisational respondents were asked these questions



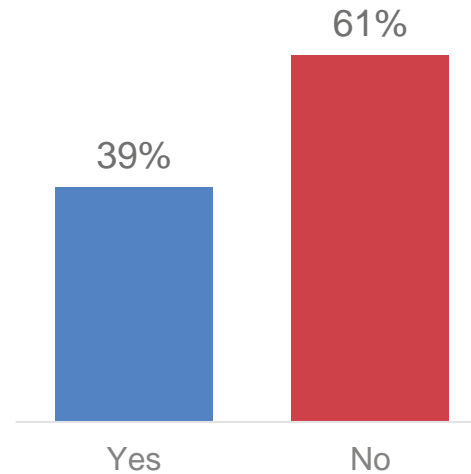
Do you work in maternity services?



Base: 23



Do you work for an organisation that supports maternity services or those accessing maternity services?



Base: 23



Organisations:

- UHNM
- MPFT
- Samuel Johnson Hospital
- Royal Stoke Hospital
- Birmingham Women's Hospital



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Your experiences before COVID-19



Your experiences of maternity services

This section presents the feedback from the following questions:

Thinking about the services you or your partner used before the COVID-19 pandemic, what do you feel went well?

Thinking about the services you or your partner used before the COVID-19 pandemic, what challenges did you face?

Thinking about the services you or your partner used before the COVID-19 pandemic, what ideas or suggestions do you have on how the service could be improved or changed?



Before COVID-19: What do you feel went well?

Main themes

- Access
- Breastfeeding
- Communication
- Estate and facilities
- General
- Homebirth
- Quality of care
- Staff

Key themes



Staff:
Staff were professional and supportive
(23 / 58%)



Quality of care:
Quality of care was good (e.g. felt safe)
(17 / 43%)

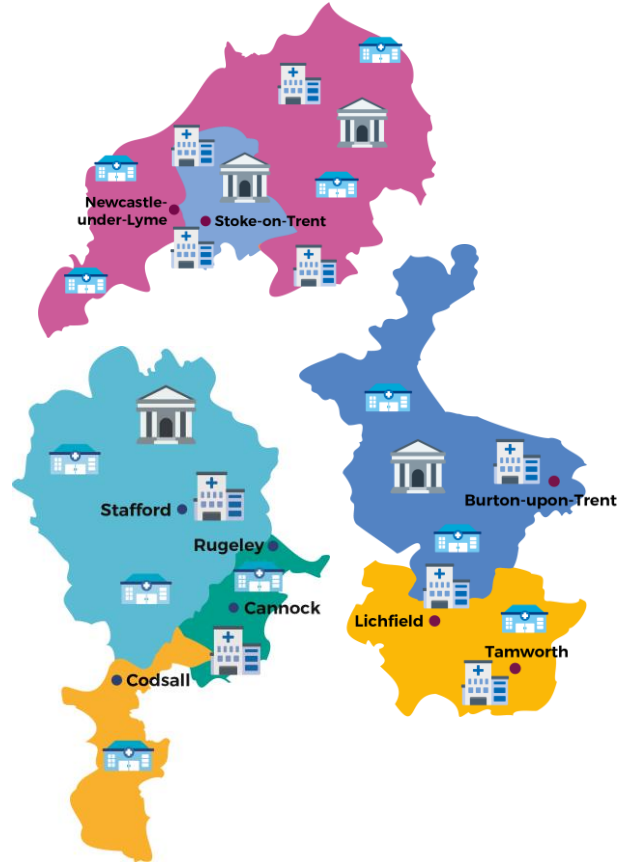


Communication:
Communication between staff and service users was good (e.g. was informed)
(8 / 20%)

Base: 40

Please see the Appendix for a full list of themes

Top themes on what went well



North Staffordshire:

Staff: Staff were professional and supportive (4 / 100%)

Quality of care: Quality of care was good (e.g. felt safe) (4 / 100%)

Stoke-on-Trent:

Limited feedback

Stafford and Surrounds:

Staff: Staff were professional and supportive (8 / 50%)

Cannock Chase:

Staff: Staff were professional and supportive (2 / 40%)

Quality of care: Quality of care was good (e.g. felt safe) (2 / 40%)

Access: Partner was allowed to attend appointments and scans (2 / 40%)

East Staffordshire:

Limited feedback

South East Staffordshire and Seisdon Peninsula:

Staff: Staff were professional and supportive (3 / 50%)

Base: 1-16

Example quotes

I was really well cared for by the community midwives and during my induction of labour

I gave birth at Stafford hospital, I felt much more comfortable there in a smaller environment as I struggle in situations with lots of people. I was made aware of the procedure if I/we needed to be taken to North Staffs. I felt safe and looked after.

Samuel Johnson provided the ultimate care. It was a calming environment. I was terrified of going into a hospital but SJ didn't have a hospital vibe. The care, support and everything was just perfect.

Before COVID-19: What challenges did you face?

Main themes

Access

Breastfeeding

Communication

General

Homebirth

Quality of care

Service provision

Staff

Key themes



Communication:

Communication between staff and service users was poor
(13 / 35%)



Quality of care:

Quality of care was poor (e.g. felt neglected, unsafe, unnecessary interventions)
(13 / 35%)



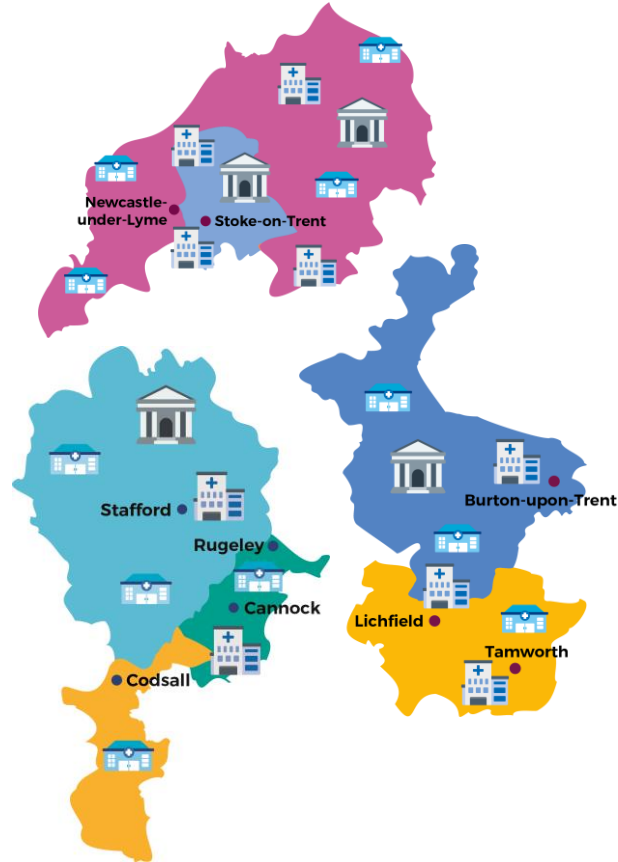
Staff:

Staff were unprofessional and unsupportive
(10 / 27%)

Base: 37

Please see the Appendix for a full list of themes

Top themes on challenges by area



North Staffordshire:

Communication: Communication between staff and service users was poor (3 / 75%)

Stoke-on-Trent:

Limited feedback

Stafford and Surrounds:

Quality of care: Quality of care was poor (e.g. felt neglected, unsafe, unnecessary interventions) (5 / 38%)

Communication: Communication between staff and service users was poor (5 / 38%)

Staff: Staff were unprofessional and unsupportive (5 / 38%)

Cannock Chase:

Quality of care: Concern over lack of care after birth (e.g. postnatal care) (2 / 40%)

Quality of care: Concern over lack of consistency and continuity of care (e.g. conflicting advice) (2 / 40%)

East Staffordshire:

Limited feedback

South East Staffordshire and Seisdon Peninsula:

Quality of care: Quality of care was poor (e.g. felt neglected, unsafe, unnecessary interventions) (2 / 33%)

Communication: Communication between staff and service users was poor (2 / 33%)

Base: 1-15

Example quotes

Breastfeeding was extremely hard for me. Support was there but often conflicting. My baby had urates as well and even though he wasn't dehydrated we were kept in a few days. The communication due to handovers was challenging.

I was refused a c section for my twins and now have life changing injuries. This is totally unnecessary.

*Midwife team - constant changes, rushing during the appointments, unable to reach on mobile, one phone line in the Cannock office manned at a very particular time
Health Visiting Team - the worst experience, passing me about due to boundary issues, not turning up to appointments, staff attitude was terrible - one staff member shouted at me in my own home with my new baby over the boundary issues. very unprofessional service throughout*

Before COVID-19: What ideas or suggestions do you have on how the service could be improved or changed?

Main themes

Access

Breastfeeding

Communication

Estate and facilities

General

Quality of care

Service provision

Specific groups

Staff

Key themes



Communication:

Communication with service users requires improvement
(e.g. discuss all options, more information, discuss birth plan)
(10 / 27%)



Staff:

Staff attitude towards patients should be improved
(6 / 16%)



Quality of care:

Quality of care should be improved
(e.g. avoid medical negligence, fewer interventions, meet patient needs, midwife care)
(8 / 22%)



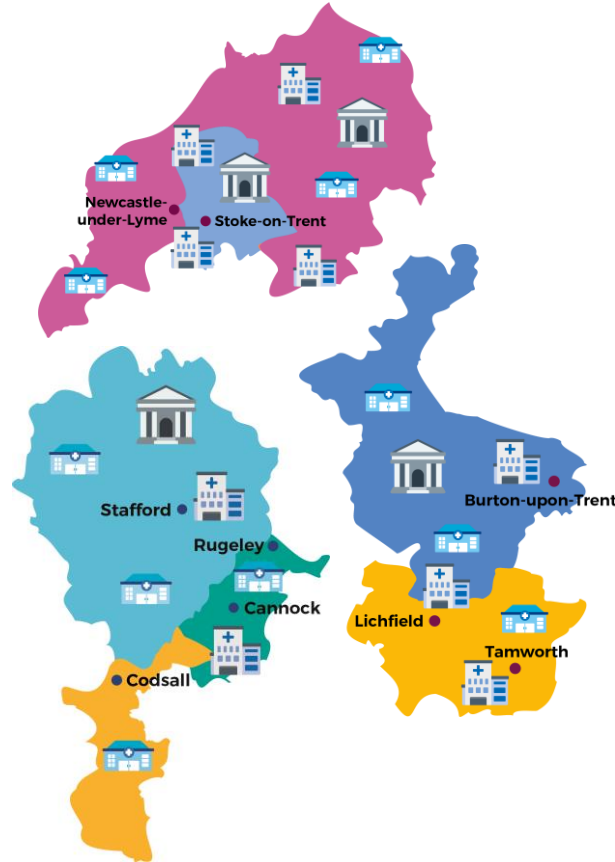
Staff:

Ensure appropriate staffing
(e.g. more staff, trained staff)
(6 / 16%)

Base: 37

Please see the Appendix for a full list of themes

Top themes on ideas or suggestions by area



North Staffordshire:

Limited feedback

Stoke-on-Trent:

Limited feedback

Stafford and Surrounds:

Staff: Ensure appropriate staffing (e.g. more staff, trained staff) (5 / 31%)

Cannock Chase:

Limited feedback

East Staffordshire:

Limited feedback

South East Staffordshire and Seisdon Peninsula:

Communication: Communication with service users requires improvement (e.g. discuss all options, more information, discuss birth plan) (3 / 50%)

Example quotes

More informative about future appointments and no advice was given around pregnancy/birthing classes, so had to do my own research about the type of birth I wanted

More staff for more care is clearly needed Having to really buzz for help and that's before covid

Midwife ownership of patients with good handovers if needed Clear expectations set of pregnancy care More information on induction and someone on ward to support hear concerns or reassure that what is happening is normal Better language around high risk factors Balanced views on midwife led vs consultant led



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Your experiences during COVID-19



Your experiences of maternity services

This section presents the feedback from the following questions:

Thinking about the services you or your partner have used during the COVID-19 pandemic, what do you feel went well?

Thinking about the services you or your partner have used during the COVID-19 pandemic, what challenges did you face?

Thinking about the services you or your partner have used during the COVID-19 pandemic, what ideas or suggestions do you have on how the service could be improved or changed?



During COVID-19: What do you feel went well?

Main themes

Access

Communication

COVID-19

Estate and facilities

General

Homebirth

Integration

Quality of care

Service provision

Staff

Technology

Key themes



Staff:
Staff were professional and supportive
(79 / 50%)



Quality of care:
Quality of care was good (e.g. well monitored, continuity of care)
(50 / 32%)

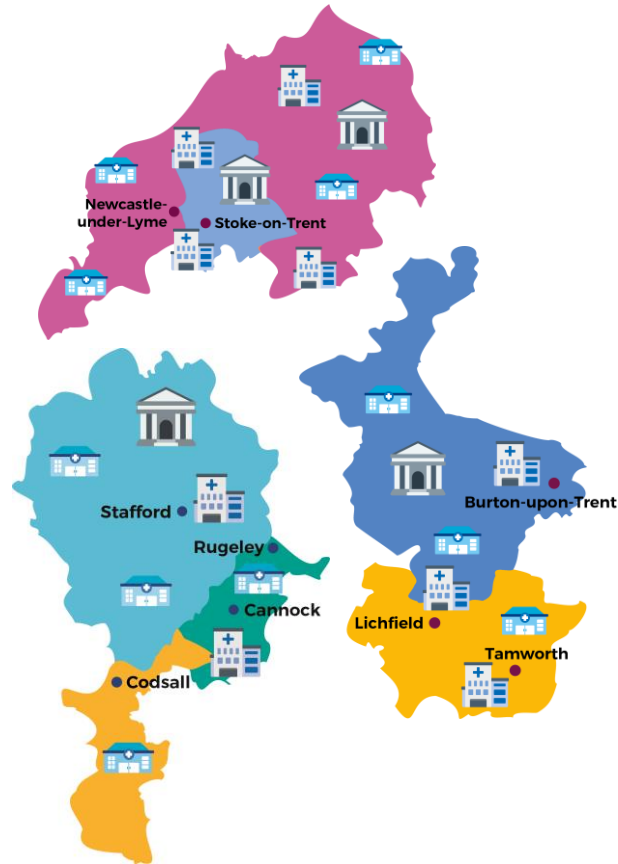


Access:
Partner was allowed to attend appointments/scans
(24 / 15%)

Base: 158

Please see the Appendix for a full list of themes

Top themes by area



North Staffordshire:

Staff: Staff were professional and supportive (18 / 62%)

Stoke-on-Trent:

Staff: Staff were professional and supportive (18 / 58%)

Stafford and Surrounds:

Staff: Staff were professional and supportive (18 / 46%)

Cannock Chase:

Staff: Staff were professional and supportive (4 / 31%)

Quality of care: Quality of care was good (e.g. well monitored, continuity of care) (4 / 31%)

East Staffordshire:

Staff: Staff were professional and supportive (4 / 57%)

Quality of care: Quality of care was good (e.g. well monitored, continuity of care) (4 / 57%)

South East Staffordshire and Seisdon Peninsula:

Staff: Staff were professional and supportive (9 / 38%)

Quality of care: Quality of care was good (e.g. well monitored, continuity of care) (9 / 38%)

Base: 7-31

Example quotes

Yet to give birth, but have been under consultant lead for the entire pregnancy. Could not fault Royal Stoke Hospital and their care so far. Very thorough, contactable, and dedicated.

Labour and giving birth I was well looking after and the midwives and other staff I met made me feel at ease despite staff stating I had had a traumatic birth.

I had a very Nice doctor that helped me in the end with delivering my baby boy.

During COVID-19: What challenges did you face?

Main themes

Access

Breastfeeding

Communication

COVID-19

Estate and facilities

General

Homebirth

Quality of care

Service provision

Specific groups

Staff

Technology

Key themes



Access:

Partners were not allowed to attend appointments/ scans and support during birth
(e.g. restricted visiting)
(82 / 52%)



Quality of care:

Quality of care was poor
(e.g. felt neglected, issue was missed)
(39 / 25%)



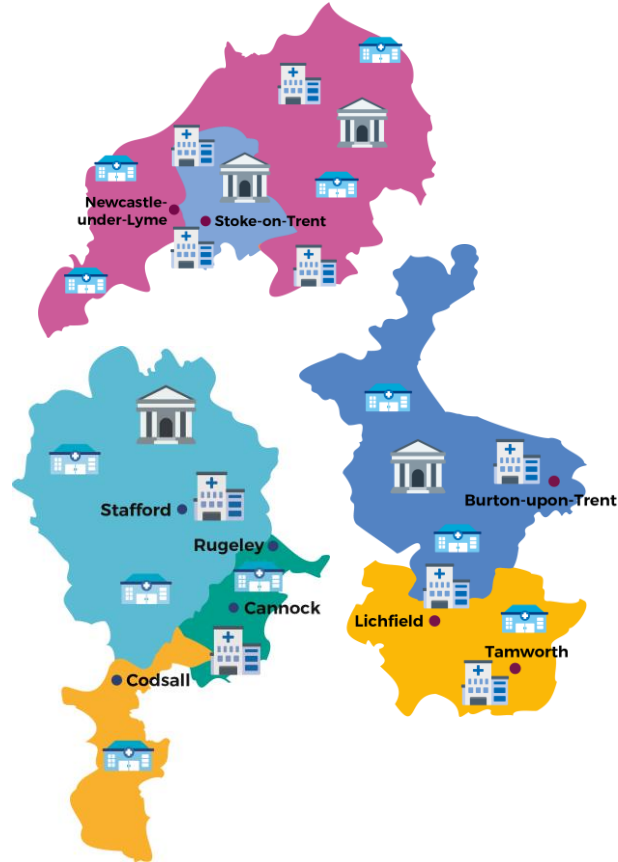
Communication:

Communication with service users was poor
(e.g. was not informed, not listened to)
(33 / 21%)

Base: 159

Please see the Appendix for a full list of themes

Top themes by area



North Staffordshire:

Access: Partners were not allowed to attend appointments / scans and support during birth (e.g. restricted visiting) (16 / 55%)

Stoke-on-Trent:

Access: Partners were not allowed to attend appointments / scans and support during birth (e.g. restricted visiting) (21 / 68%)

Stafford and Surrounds:

Access: Partners were not allowed to attend appointments / scans and support during birth (e.g. restricted visiting) (18 / 43%)

Cannock Chase:

Access: Maternity services are too far away (4 / 37%)

East Staffordshire:

Access: Partners were not allowed to attend appointments / scans and support during birth (e.g. restricted visiting) (4 / 67%)

South East Staffordshire and Seisdon Peninsula:

Access: Partners were not allowed to attend appointments / scans and support during birth (e.g. restricted visiting) (14 / 61%)

Base: 6-42

Example quotes

The staff are lovely but the lack of thought for dads is awful. So many dads have had to miss so much time with their new babies and I don't agree this has been done with covid being the main interest. Almost every other hospital across England has managed to allow dads full access again and Royal Stoke are slacking in this department, to the point I've spoken to many mums who have avoided MAU even when they felt they needed it.

Everything is on telephone. I needed someone to talk to face to face, to see how I was coping (or not coping) and to see how my baby was developing. I got an appointment to see a HV due to weight concerns, but it was very rushed, very impersonal and difficult due to everyone wearing face masks and maintaining such a distance.

Lack of communication, things getting missed, unnecessary treatment and induction. I had blood test results not being followed and checked, treatment being given and an early induction where it was not needed!

During COVID-19: What ideas or suggestions do you have on how the service could be improved or changed?

Main themes

Access

Breastfeeding

Communication

COVID-19

Estate and facilities

General

Homebirth

Quality of care

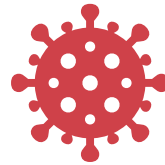
Service provision

Specific groups

Staff

Technology

Key themes



Access:

Partners and close family members with negative COVID test should be allowed to attend to support before and after birth
(59 / 39%)



Staff:

Ensure adequate staffing
(e.g. trained staff, staffing level, staff attitude)
(27 / 18%)



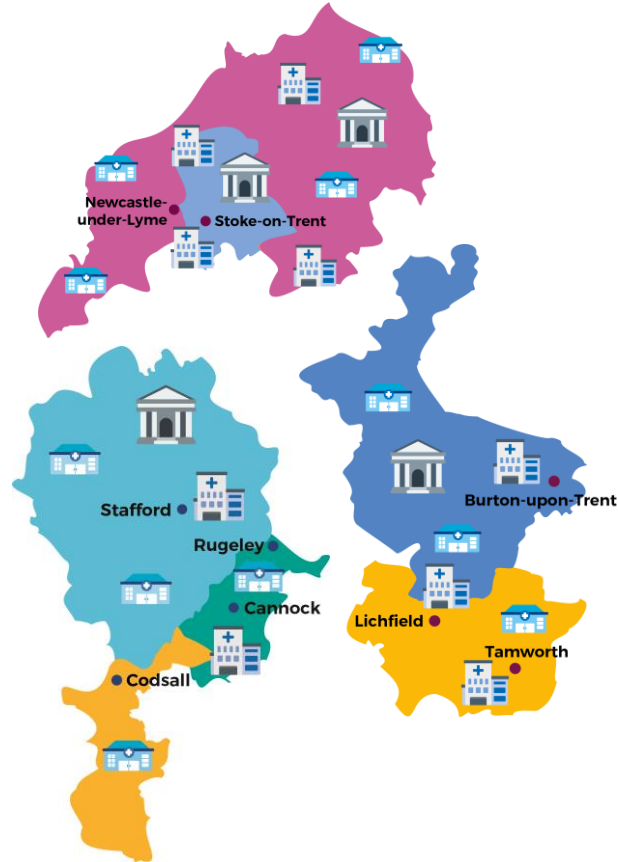
Communication:

Consider improving communication with service users
(e.g. listen, discuss, inform)
(26 / 17%)

Base: 152

Please see the Appendix for a full list of themes

Top themes by area



North Staffordshire:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (13 / 45%)

Stoke-on-Trent:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (16 / 55%)

Stafford and Surrounds:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (12 / 32%)

Cannock Chase:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (4 / 36%)

Access: Local maternity facilities should be reopened (e.g. Stafford, Samuel Johnson) (4 / 36%)

East Staffordshire:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (2 / 33%)

South East Staffordshire and Seisdon Peninsula:

Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (7 / 32%)

Base: 6-38

Example quotes

Partners should have COMPLETE access to scans, appointments and birthing ladies. They should be treated as equals as it is their child too. It's disgusting that this isn't already the case. Induction of labour is used far too often to control the numbers of women using the service, causing so much stress and anxiety for both women and babies. This should be reduced to only necessary cases. Midwives should be trained in compassion and breastfeeding support.

I think the restrictions around maternity should be eased for partners and having 2 birth partners. Aslong as we take tests prior to appointments, wear a mask until in the labour room there shouldn't be anytime limits are partners visiting there newborns. And both parents should be able to attend neonatal together. Mental health is not the best for anyone but especially at this time, these are times when we need are support there and to build bond with are babies. Not to feel alone, I appreciate its still very real with covid but it seems are hospital is the only trust to not of eased these.

More training for junior drs about patient interactions

Top themes before and during COVID-19

What went well

Before COVID-19	During COVID-19
Staff: Staff were professional and supportive (23 / 58%)	Staff: Staff were professional and supportive (79 / 50%)
Quality of care: Quality of care was good (e.g. felt safe) (17 / 43%)	Quality of care: Quality of care was good (50 / 32%)
Communication: Communication between staff and service users was good (8 / 20%)	Access: Partner was allowed to attend appointments/ scans (24 / 15%)

Challenges

Before COVID-19	During COVID-19
Communication: Communication between staff and service users was poor (13 / 35%)	Access: Partners were not allowed to attend appointments/ scans and support during birth (82 / 52%)
Quality of care: Quality of care was poor (13 / 35%)	Quality of care: Quality of care was poor (39 / 25%)
Staff: Staff were unprofessional and unsupportive (10 / 27%)	Communication: Communication with service users was poor (33 / 21%)

Ideas or suggestions

Before COVID-19	During COVID-19
Communication: Communication with service users requires improvement (10 / 27%)	Access: Partners and close family members with negative COVID test should be allowed to attend to support before and after birth (59 / 39%)
Quality of care: Quality of care should be improved (8 / 22%)	Staff: Ensure adequate staffing (27 / 18%)
Staff: Ensure appropriate staffing (6 / 16%) Staff: Staff attitude towards patients should be improved (6 / 16%)	Communication: Consider improving communication with service users (26 / 17%)

Planning where to give birth



Planning where to give birth

This section presents the feedback from the following questions:

What considerations did you / would you or your partner take into account when planning where to give birth?

If you were eligible, would you have considered / would you consider having a homebirth?

What would make you decide to have a homebirth?

Please explain why?

When planning where to give birth, how many miles did you travel?

When planning where to give birth, how many miles would you be willing to travel?

When planning where to give birth, how long did you to travel?

When planning where to give birth, how long would you be willing to travel to ensure quality of care?

Considerations when planning where to give birth

Main themes

Access

Breastfeeding

Communication

COVID

Estate and facilities

Experience

General

Homebirth

Quality of care

Service provision

Staff

Key themes



Access:

Location of hospital
/ birth unit is
important
(e.g. close to home,
distance)
(68 / 34%)



Estates and facilities:

Available facilities
are important
(e.g. birth pool,
private room,
hypnobirthing, doula
support)
(33 / 17%)



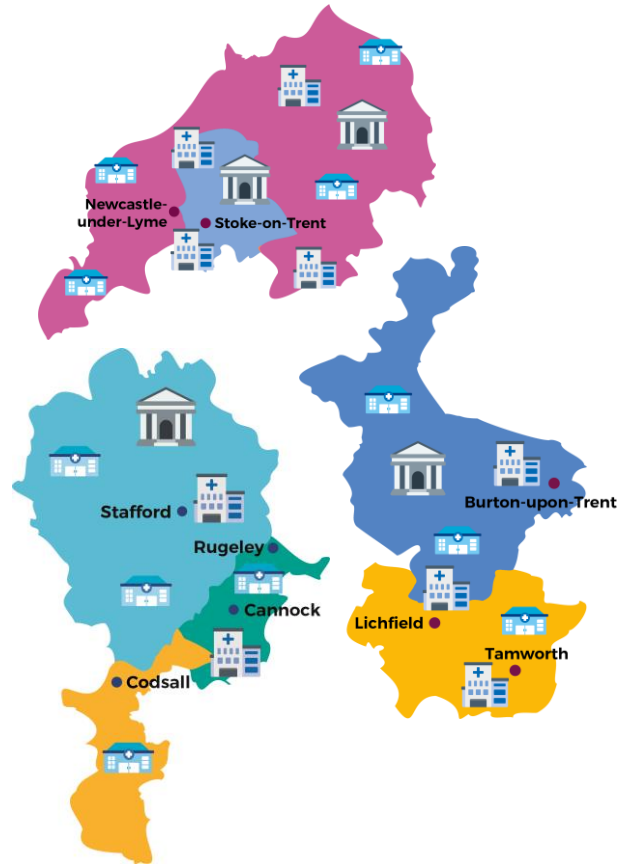
General:

There were no
options
(e.g. high-risk
pregnancy, COVID
restrictions)
(30 / 15%)

Base: 198

Please see the Appendix for a full list of themes

Top themes by area



North Staffordshire

Access: Location of hospital / birth unit is important (e.g. close to home, distance) (9 / 30%)

Stoke-on-Trent:

Access: Location of hospital / birth unit is important (e.g. close to home, distance) (11 / 34%)

Stafford and Surrounds:

Access: Location of hospital / birth unit is important (e.g. close to home, distance) (20 / 35%)

Cannock Chase:

Access: Location of hospital / birth unit is important (e.g. close to home, distance) (8 / 44%)

East Staffordshire:

Estate and facilities: Available facilities are important (e.g. birth pool, private room, hypnobirthing, doula support) (3 / 30%)

Service provision: Access to specialists and emergency care was considered (e.g. proximity to emergency care) (3 / 30%)

South East Staffordshire and Seisdon Peninsula:

Access: Location of hospital/birth unit is important (e.g. close to home, distance) (13 / 42%)

Considerations when planning where to give birth



Given birth /
pregnant during
pandemic

Access:
Location of
hospital / birth
unit is
important (e.g.
close to home,
distance)
(41 / 32%)



Given birth /
pregnant before
the pandemic

Access:
Location of
hospital / birth
unit is
important (e.g.
close to home,
distance)
(12 / 32%)



Not given birth
since June 2018

Access:
Location of
hospital / birth
unit is
important (e.g.
close to home,
distance)
(15 / 48%)



Currently pregnant

Access:
Location of
hospital / birth
unit is
important (e.g.
close to home,
distance)
(25 / 40%)



Not currently
pregnant

Access:
Location of
hospital / birth
unit is
important (e.g.
close to home,
distance)
(43 / 32%)

Example quotes

Honestly if I was able to I would now consider a home birth purely due to the visiting restrictions. However as a high risk pregnancy I know this is not an option. Following the absolutely excellent care my firstborn son received in 2019 when he was born I wouldn't feel safe giving birth anywhere but royal Stoke.

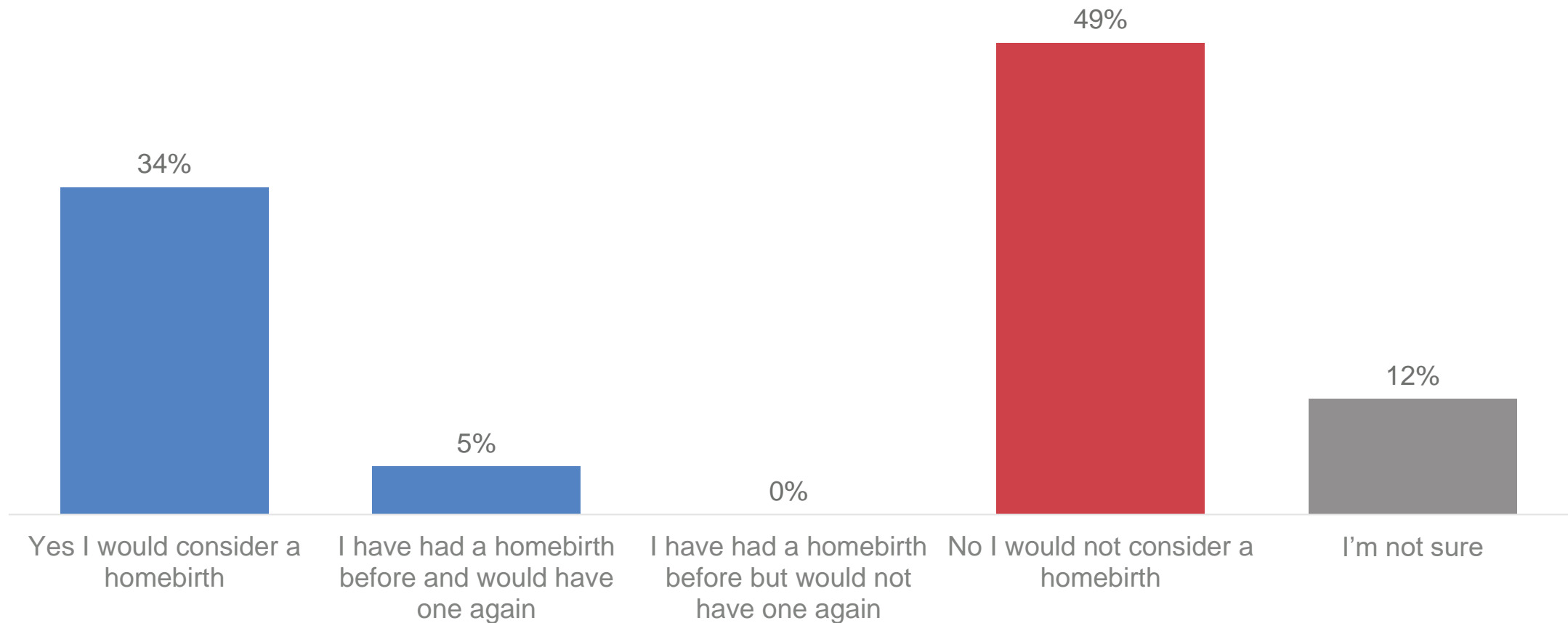
The distance we had to travel. Our 2nd child was born in a minute of arrival at Burton. Our first child was born at Samuel Johnson and our experienced was amazing and 30 minute closer

We have limited choice as Samuel Johnson is closed we would like to give birth here but our main priority was distance followed by friends experiences of birth

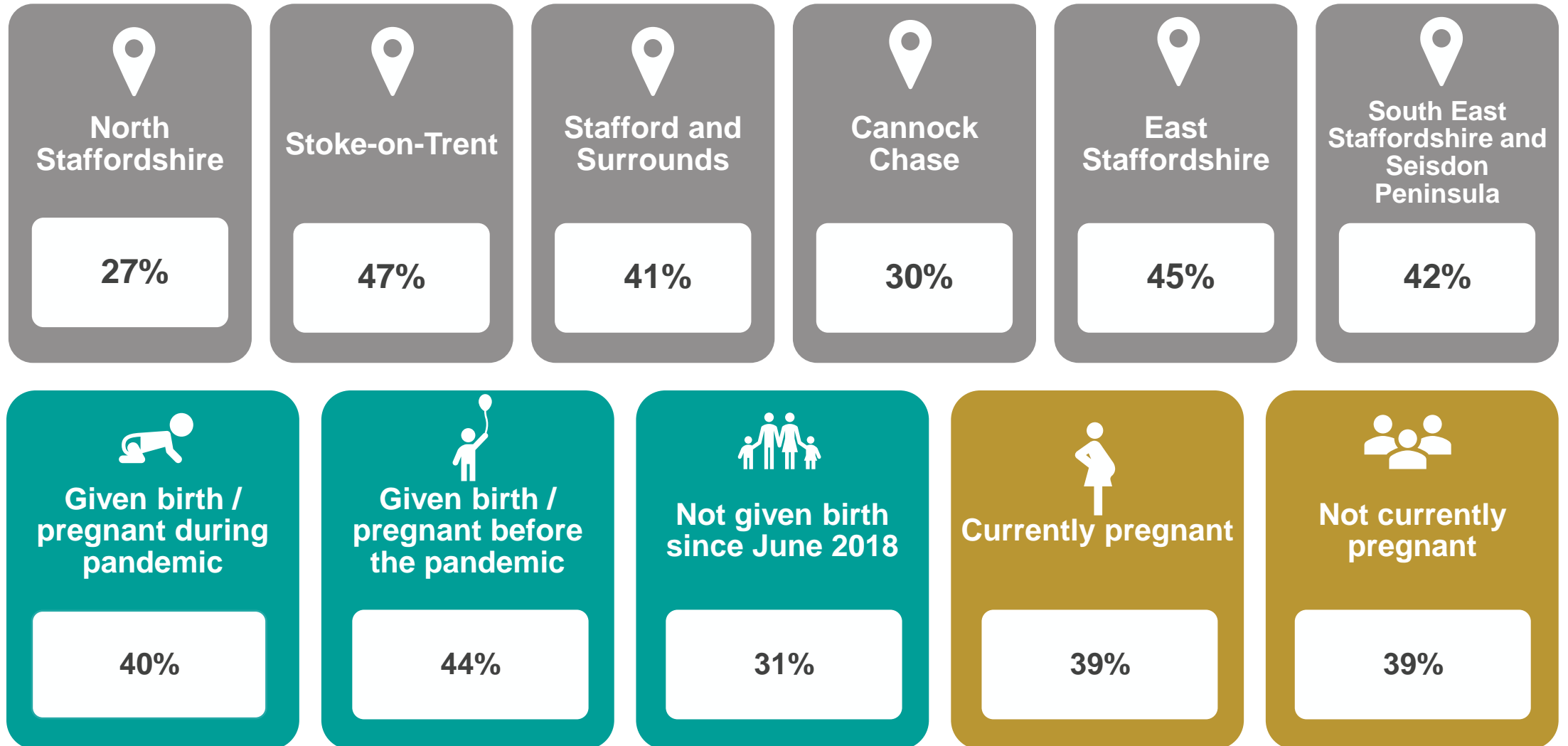
If you were eligible, would you have considered / would you consider having a homebirth?

Total would consider:
39%

Total would not consider:
49%



Percentage that would consider a homebirth



What would make you decide to have a homebirth?

Main themes

Access

Communication

Estates and facilities

General

Quality of care

Key themes



Access:
Access to
emergency care if
required (e.g.
distance)
(5 / 25%)



Quality of care:
Would consider
homebirth with low-
risk pregnancy
(3 / 15%)



Quality of care:
Homebirth is not
an option (e.g.
high-risk
pregnancy, had c-
section)
(3 / 15%)

Base: 20

Please see the Appendix for a full list of themes

Example quotes

Time to get to the hospital should an emergency arise & the additional risk being away from the hospital would have on me & baby.

Not for my first pregnancy however I would consider for any future pregnancies.

The fact that I would have my family and support system with me at home pushes me to consider a home birth in the future. However due to complications in my previous pregnancy I doubt this will be an option and I worry about how quickly I would be able to get to hospital if something went wrong at home.

Reasons for not considering a homebirth

Main themes

Access

Estate and facilities

General

Quality of care

Key themes



Quality of care:
Hospital is a safer
place to give birth
(e.g. access to
medical staff and
equipment)
(46 / 48%)



Quality of care:
Cannot have
homebirth due to
health concerns
(e.g. need c-section,
high-risk pregnancy)
(22 / 23%)

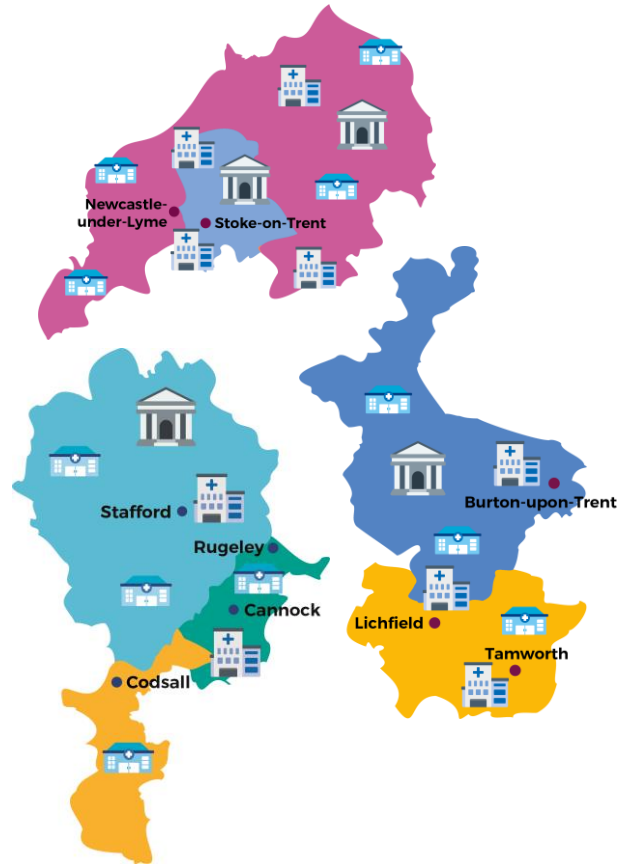


Quality of care:
Homebirth is
unsafe
(21 / 22%)

Base: 95

Please see the Appendix for a full list of themes

Top themes by area



North Staffordshire:

Quality of care: Hospital is a safer place to give a birth (e.g. access to medical staff and equipment) (7 / 39%)

Quality of care: Cannot have homebirth due to health concerns (e.g. need c-section, high-risk pregnancy) (7 / 39%)

Stoke-on-Trent:

Quality of care: Hospital is a safer place to give a birth (e.g. access to medical staff and equipment) (8 / 53%)

Stafford and Surrounds:

Quality of care: Hospital is a safer place to give a birth (e.g. access to medical staff and equipment) (19 / 66%)

Cannock Chase:

Quality of care: Homebirth is unsafe (6 / 67%)

East Staffordshire:

Quality of care: Homebirth is unsafe (2 / 50%)

South East Staffordshire and Seisdon Peninsula:

Quality of care: Hospital is a safer place to give a birth (e.g. access to medical staff and equipment) (5 / 39%)

Base: 4-29

Reasons for not considering a homebirth



Given birth /
pregnant during
pandemic

**Quality of
care:**
Hospital is a
safer place to
give a birth
(e.g. access to
medical staff
and
equipment)
(30 / 53%)



Given birth /
pregnant before
the pandemic

**Quality of
care:**
Hospital is a
safer place to
give a birth
(e.g. access to
medical staff
and
equipment)
(6 / 32%)



Not given birth
since June 2018

**Quality of
care:**
Hospital is a
safer place to
give a birth
(e.g. access to
medical staff
and
equipment)
(10 / 53%)



Currently pregnant

**Quality of
care:**
Hospital is a
safer place to
give a birth
(e.g. access to
medical staff
and
equipment)
(15 / 50%)



Not currently
pregnant

**Quality of
care:**
Hospital is a
safer place to
give a birth
(e.g. access to
medical staff
and
equipment)
(31 / 48%)

Example quotes

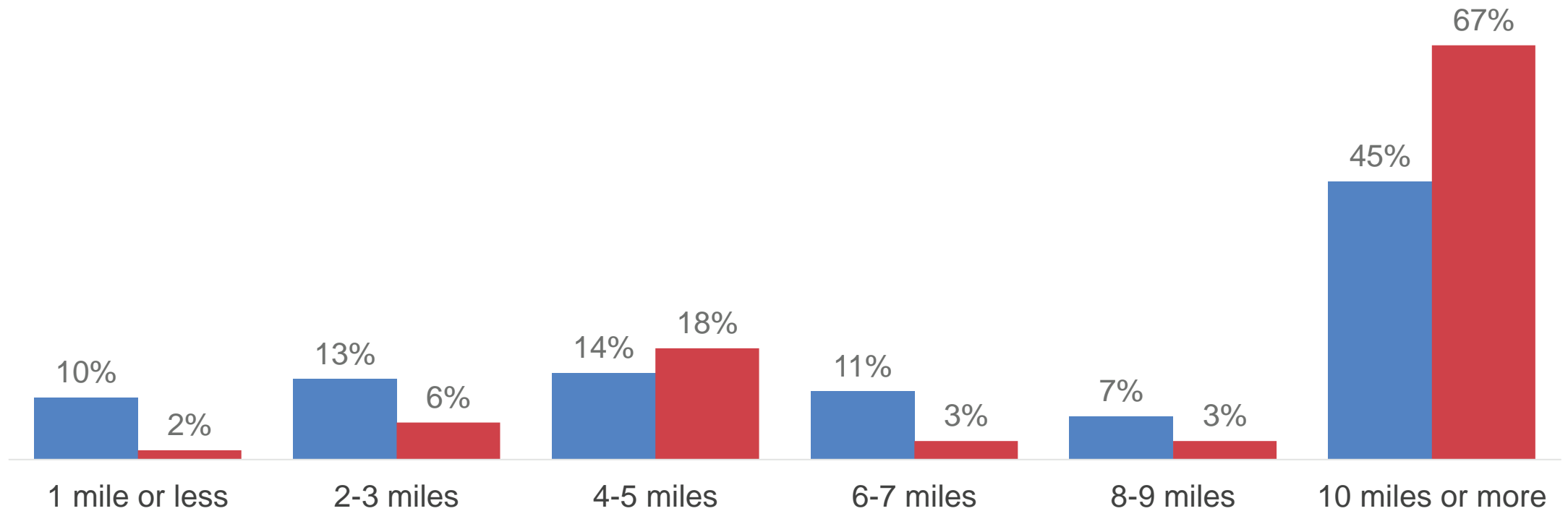
Prefer to have medical staff present in case of an emergency

I feel that my baby is safer in a hospital environment and more likely to be born alive and all complications can be dealt with very swiftly. I have a grievance with the ambulance service and would not want to risk needing one if I were to birth at home and any complications arose.

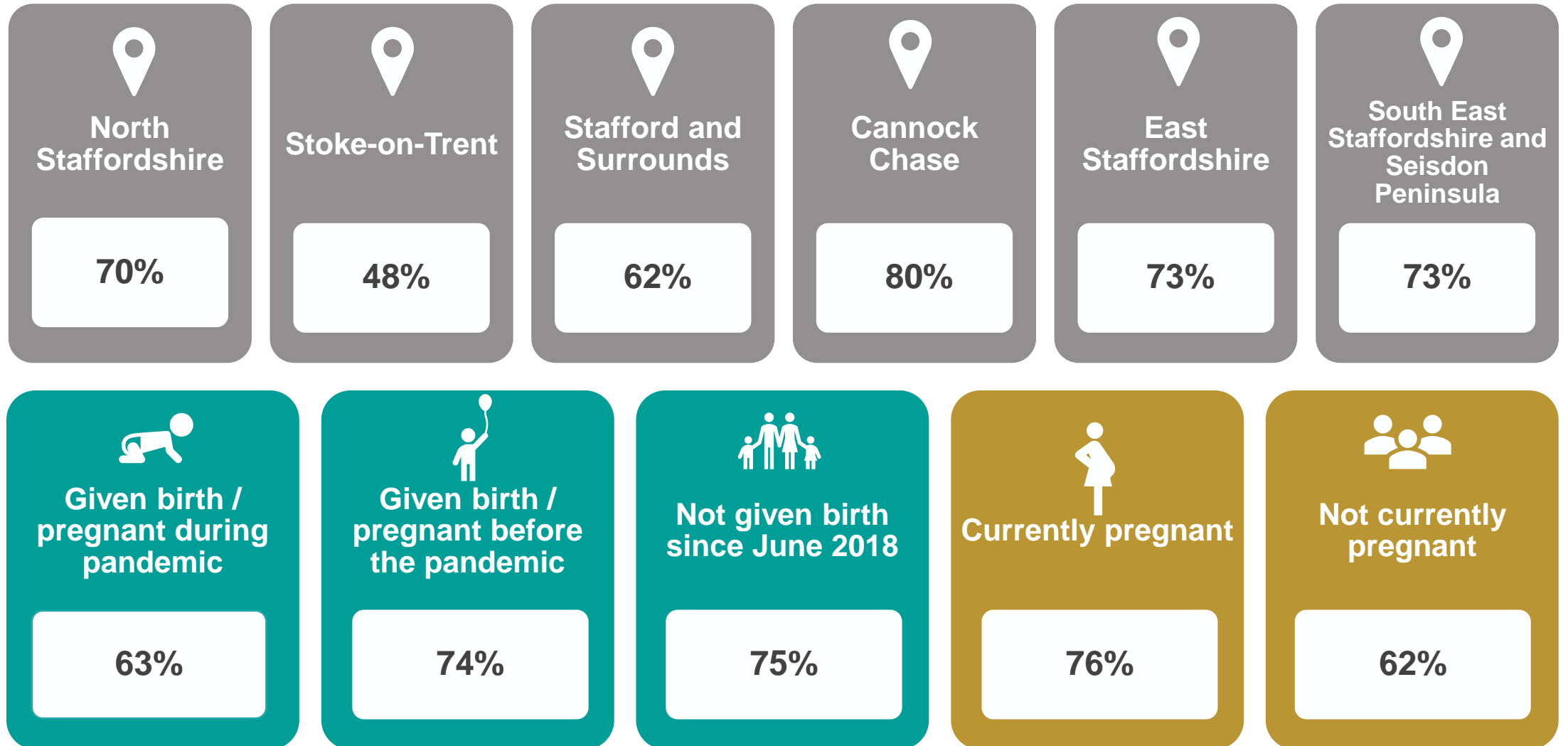
Not allowed due to twins. Wouldn't have felt safe either way as would've worried if something went wrong and wouldn't be confident an ambulance would get to me quick enough.

Travel distance

- When planning where to give birth, how many miles did you travel?
- When planning where to give birth, how many miles would you be willing to travel?

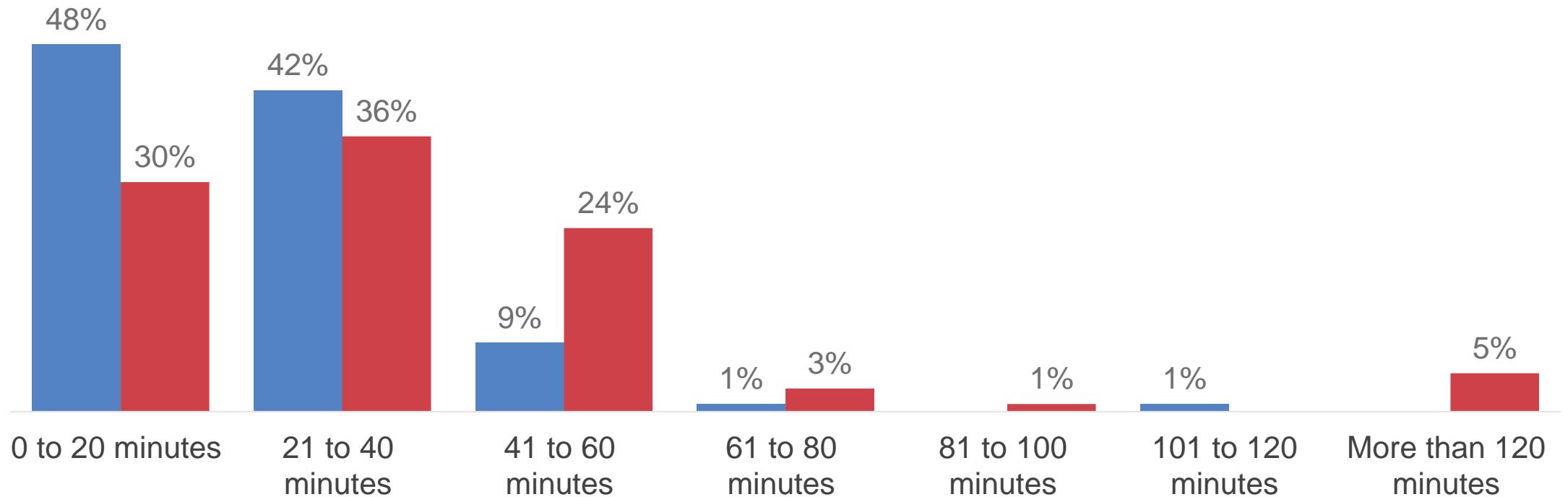


Percentage that would be willing to travel 10+ miles

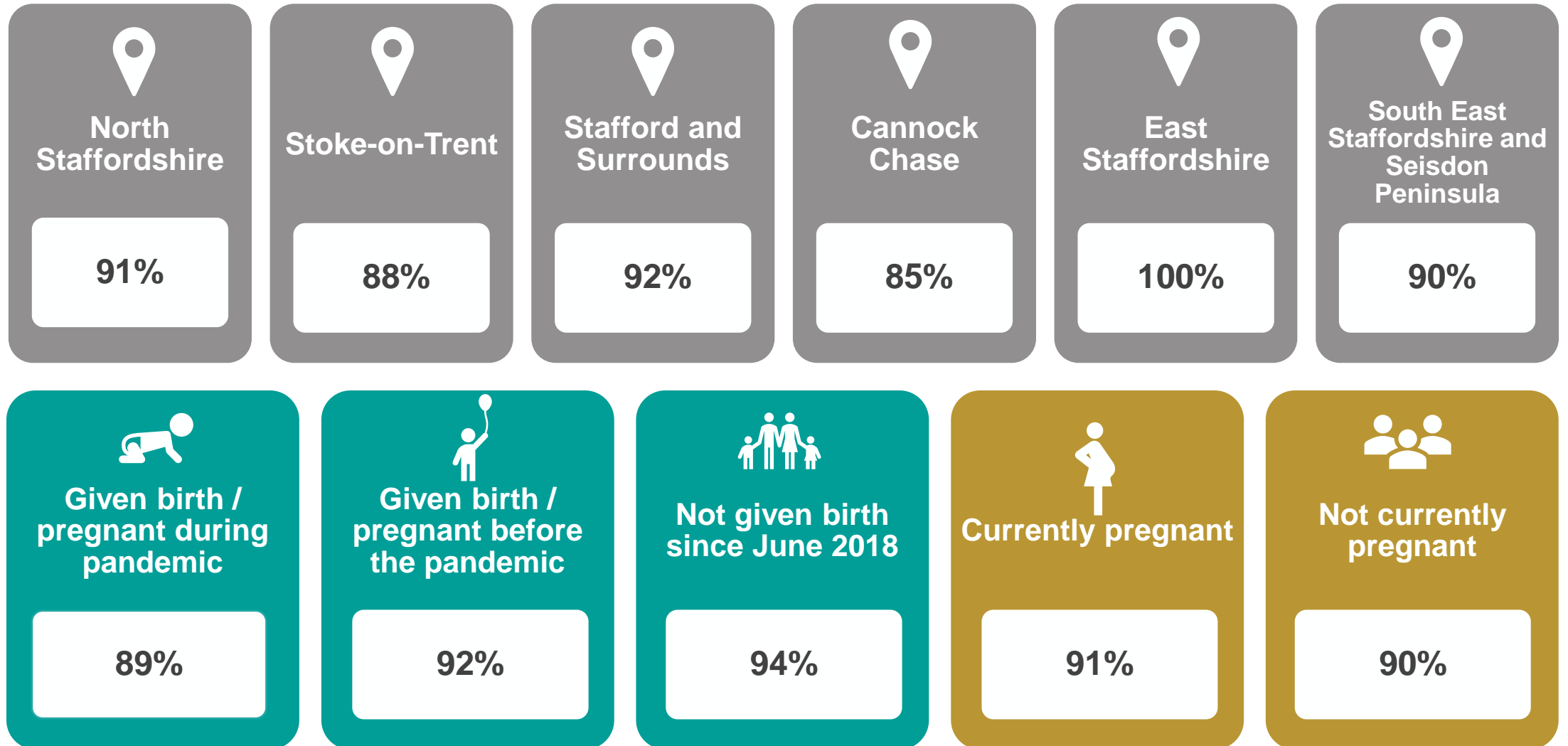


Travel time

- When planning where to give birth, how long did you to travel?
- When planning where to give birth, how long would you be willing to travel to ensure quality of care?



Percentage that would be willing to travel for up to 60 minutes





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

Continuity of carer



Continuity of carer

This section presents the feedback from the following questions:

We would like to understand your views on the Continuity of Carer model. To what extent do you agree or disagree with the Continuity of Carer model?

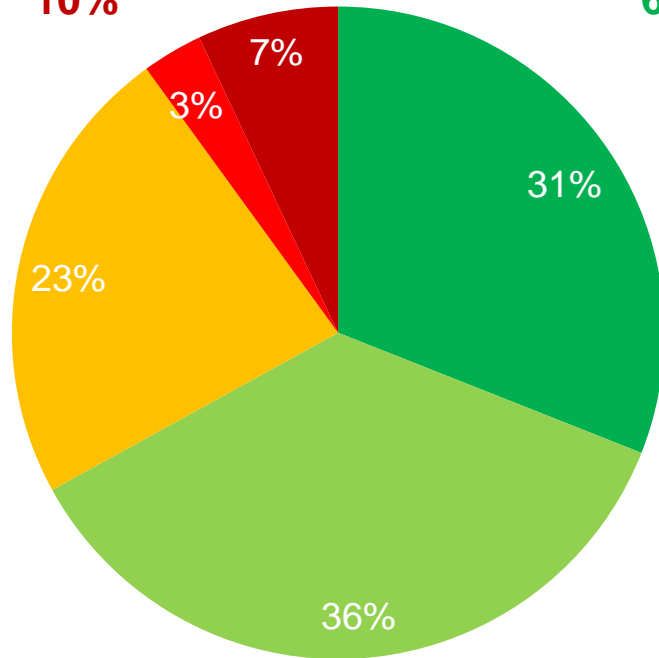
Tell us what you think about the proposed Continuity of Carer model.



To what extent do you agree or disagree with the Continuity of Carer model?

Total disagree:
10%

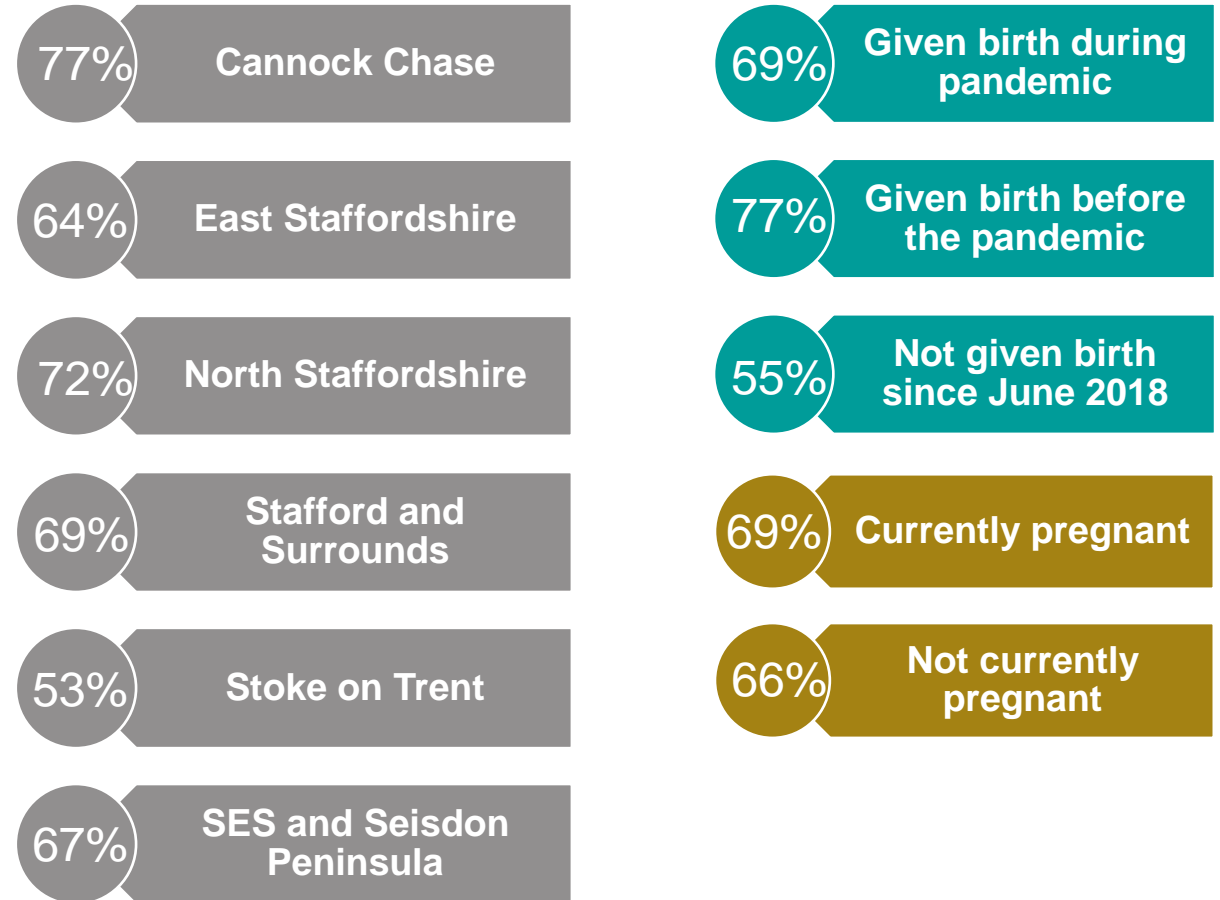
Total agree:
67%



■ Strongly agree
■ Agree
■ Neither agree nor disagree
■ Disagree
■ Strongly disagree

Base: 231

Agreement by respondent groups



Base: 14-166

Feedback on the proposed continuity of carer model

Main themes

Access

Communication

Cost and efficiency

General

Homebirth

Integration

Patient choice

Quality of care

Service provision

Specific groups

Staff

Key themes



General:
Agreement with the
concept of
Continuity of Carer
model
(46 / 31%)



Quality of care:
Continuity of carer
model will help to
improve quality of
care (e.g. meet
patient needs,
holistic care, safety
of care)
(30 / 20%)

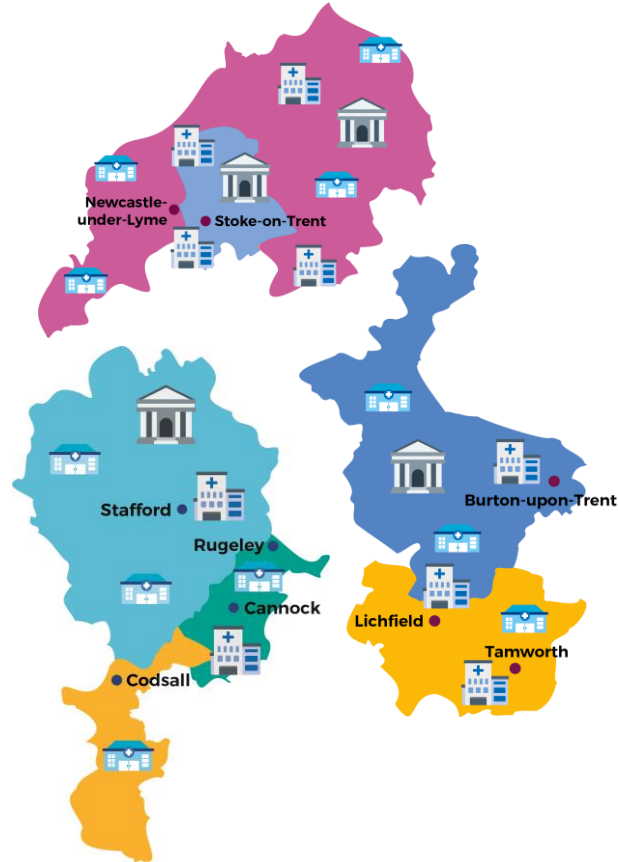


Quality of care:
Proposal will
improve women's
confidence
(e.g. less anxiety,
build trust)
(28 / 19%)

Base: 147

Please see the Appendix for a full list of themes

Top themes on Continuity of Carer by area



North Staffordshire:

Quality of care: Proposal will improve women's confidence (e.g. less anxiety, build trust) (8 / 42%)

Stoke-on-Trent:

General: Agreement with the concept of Continuity of Carer model (4 / 21%)

Stafford and Surrounds:

General: Agreement with the concept of Continuity of Carer model (17 / 39%)

Cannock Chase:

General: Agreement with proposal (4 / 33%)

East Staffordshire:

General: Agreement with the concept of Continuity of Carer model (3 / 27%)

Quality of care: Continuity of carer model will help to improve quality of care (e.g. meet patient needs, holistic care, safety of care) (3 / 27%)

Staff: Ensure adequate staffing (e.g. staffing level, trained staff) (3 / 27%)

South East Staffordshire and Seisdon Peninsula:

General: Agreement with the concept of Continuity of Carer model (8 / 25%)

Base: 11-44

Key themes on continuity of carer



Given birth /
pregnant during
pandemic

General:
Agreement
with the
concept of
Continuity of
Carer model
(30 / 38%)



Given birth /
pregnant before
the pandemic

General:
Agreement with
the concept of
Continuity of
Carer model
Quality of care:
Continuity of
carer model will
help to improve
quality of care
Quality of care:
Proposal will
improve women's
confidence
(7 / 27%)



Not given birth
since June 2018

Staff:
Ensure
adequate
staffing (e.g.
staffing level,
trained staff)
(10 / 25%)



Currently pregnant

General:
Agreement
with the
concept of
Continuity of
Carer model
(13 / 34%)



Not currently
pregnant

General:
Agreement
with the
concept of
Continuity of
Carer model
(13 / 34%)

Example quotes

I like the thought of having already met the midwife present at the birth. It sounds as though home and midwife led centres are being encouraged more, my husband was reluctant so the extra reassurance may have helped.

I just don't think it would be adhered too and staff would be moved around to make up the shortfall elsewhere to cover sickness/holidays

This would be brilliant if it was happening, yes I have one allocate midwife but she's very chaotic and like I said previously I've seen her twice and I'm 34 wks. I don't feel like I built up a rapport with her as she was very dismissive and reluctant to refer me to the consultant to discuss an elective c-section giving me weeks of anxiety until I called the midwife triage line and asked for advice. Only then did I get referred to the consultant.



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

On-demand service



On-demand service

This section presents the feedback from the following questions:

We would like to understand your views on the on-demand service. To what extent do you agree or disagree with the proposed on-demand service?

Tell us what you think about the proposed on-demand service.

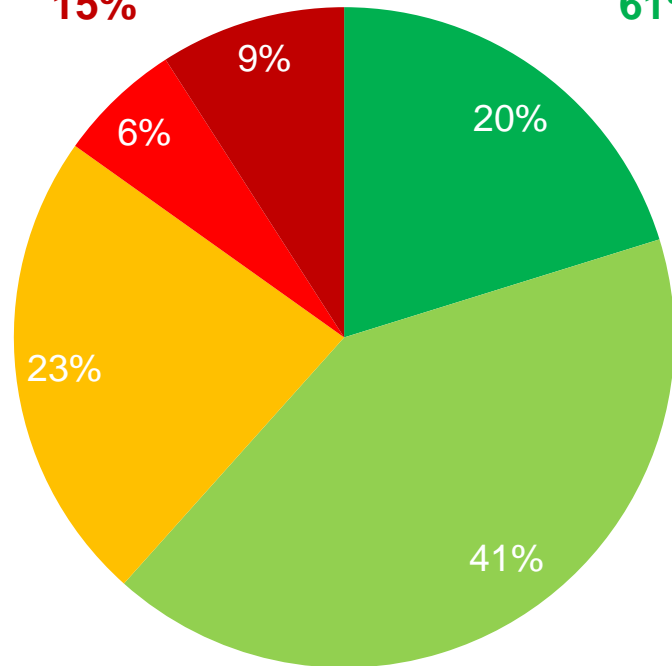
What would you call the new on-call service?



To what extent do you agree or disagree with the proposed on-demand service?

Total disagree:
15%

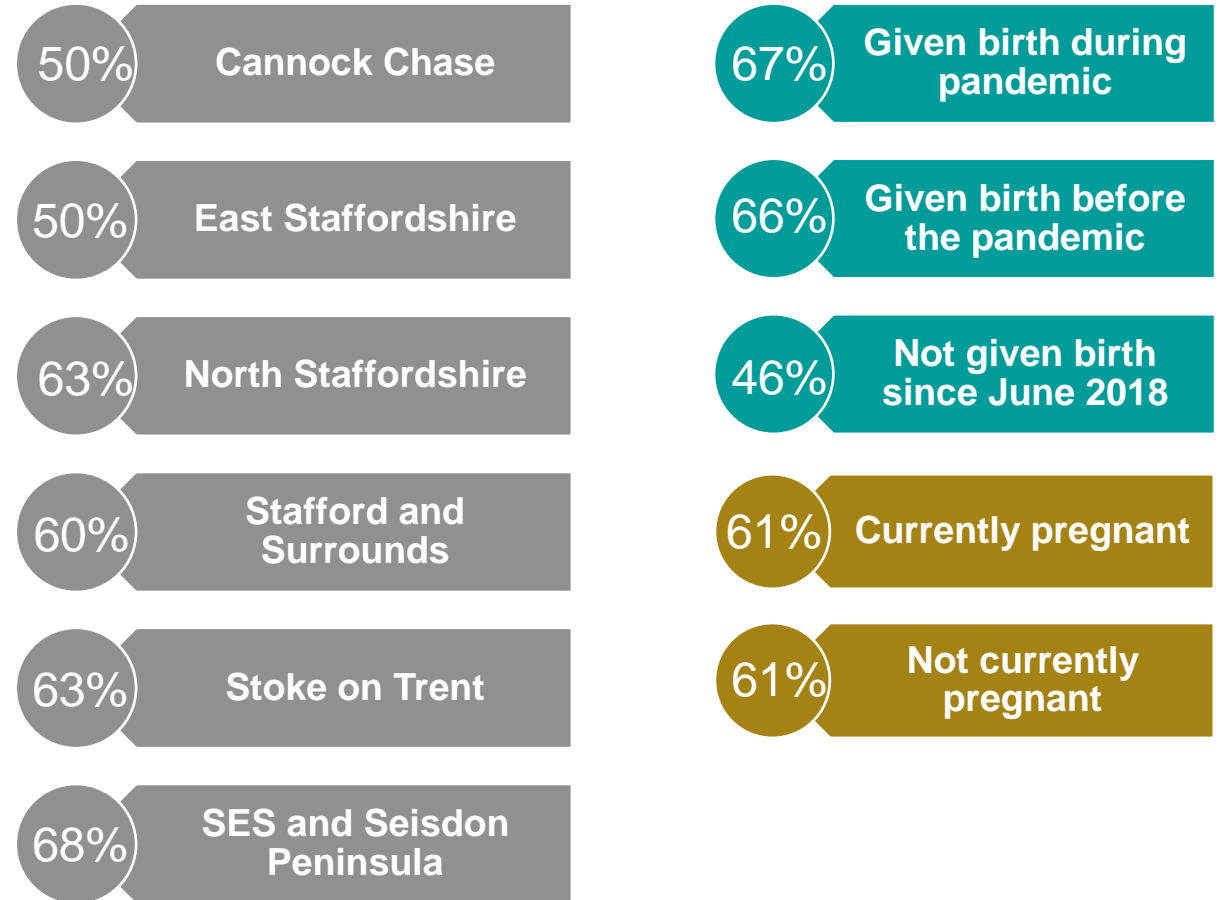
Total agree:
61%



■ Strongly agree
■ Agree
■ Neither agree nor disagree
■ Disagree
■ Strongly disagree

Base: 223

Agreement by respondent groups



Base: 14-161

Feedback on the proposed on-demand model

Main themes

Access

Communication

Cost and efficiency

Demographics

General

Integration

Patient choice

Quality of care

Service provision

Specific groups

Staff

Key themes



Staff:

Ensure adequate staffing
(e.g. staffing level,
skill mix, proficient
staff)
(20 / 22%)



General:

Agreement with
proposal
(14 / 16%)



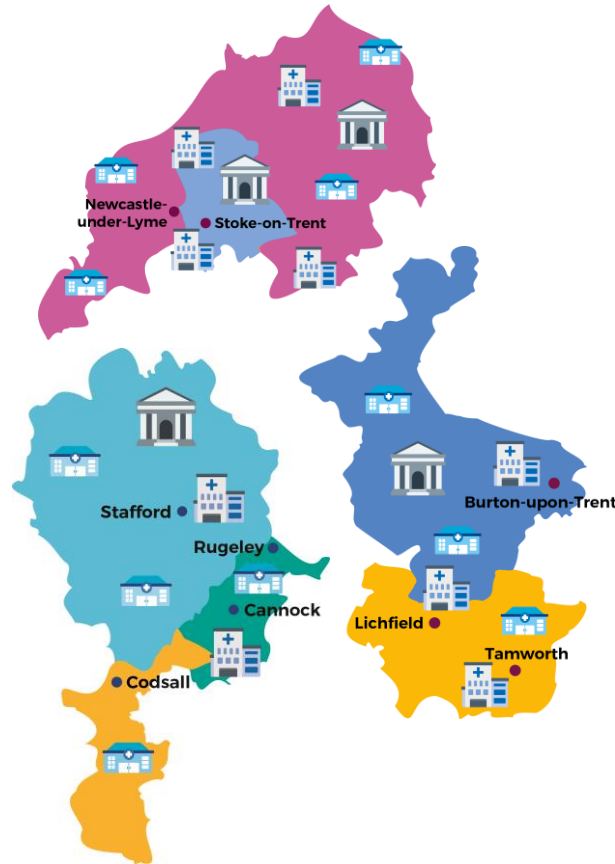
General

More details about
the service are
required
(e.g. access for high-
risk pregnancy,
integration with
specialists and
emergency care)
(12 / 13%)

Base: 90

Please see the Appendix for a full list of themes

Top themes on the on-demand service by area



North Staffordshire:

General: Agreement with proposal (2 / 25%)

Cost and efficiency: Concern over lack of capacity and resources to meet demand (e.g. resources, facilities) (2 / 25%)

Stoke-on-Trent:

Staff: Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff) (2 / 18%)

General: Agreement with proposal (2 / 18%)

General: More details about the service are required (2 / 18%)

Cost and efficiency: Concern over lack of capacity and resources to meet demand (2 / 18%)

Access: Ensure access to the service 24/7 (2 / 18%)

Stafford and Surrounds:

Staff: Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff) (7 / 23%)

Cannock Chase:

Staff: Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff) (3 / 30%)

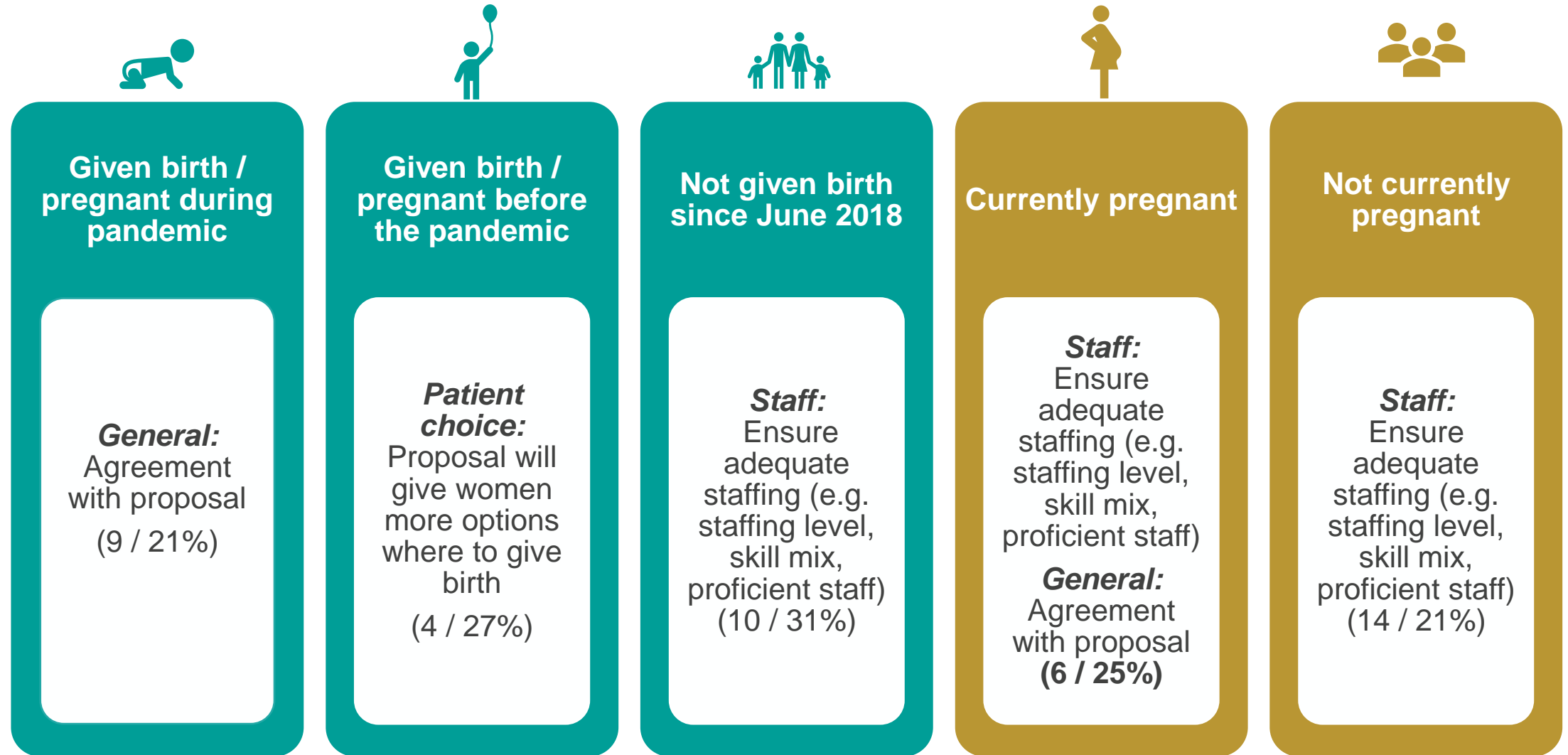
East Staffordshire:

Staff: Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff) (2 / 40%)

South East Staffordshire and Seisdon Peninsula:

Staff: Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff) (4 / 20%)

Key themes on the on-demand service



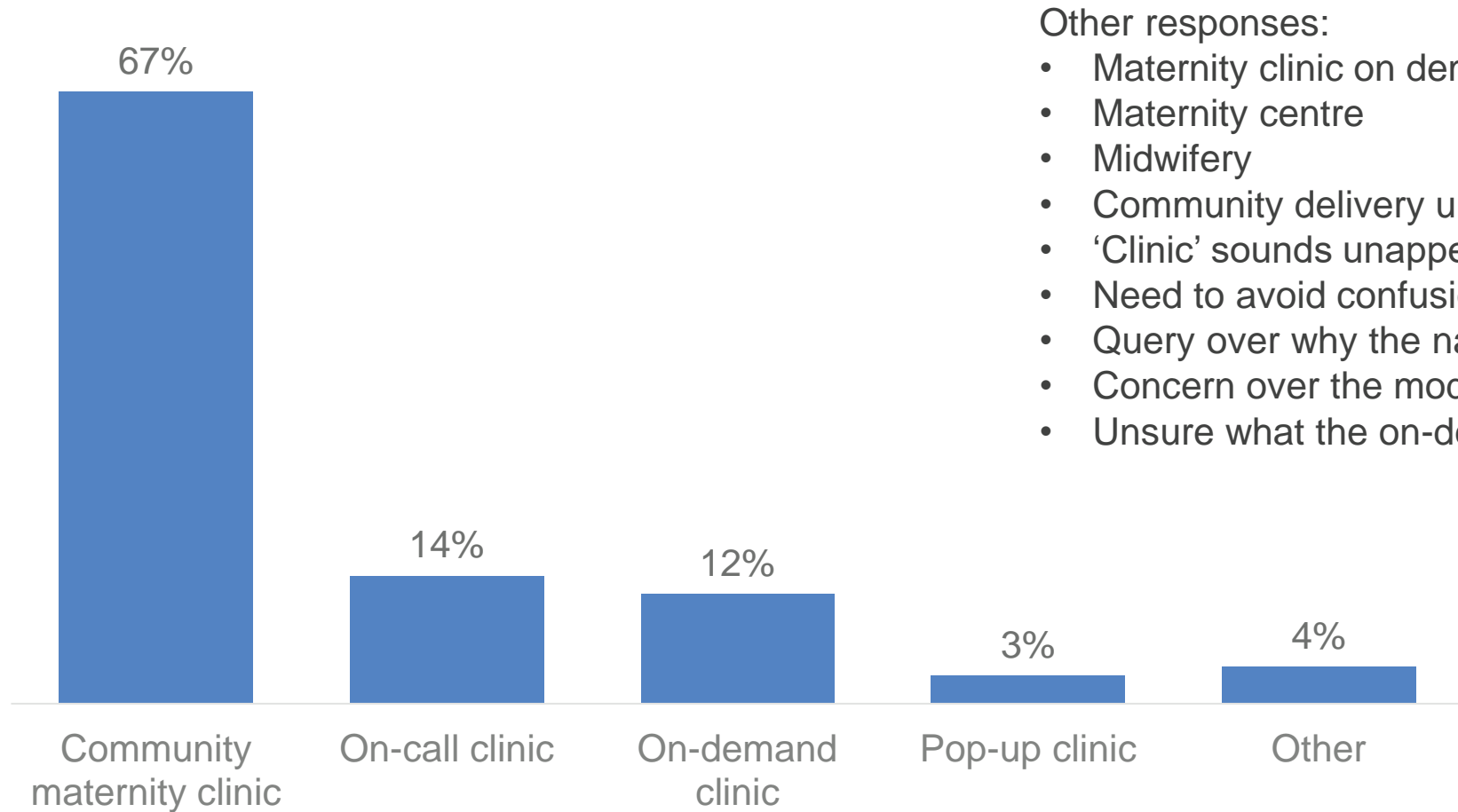
Example quotes

If the units are unmanned and a midwife struggles to get to the unit would this not put the mother in an awkward position? Are we building these new units rather than using the existing hospital?

In demand is good but workforce again should be considered - ensuring your staff are happy to work on-calls and how many midwives are available to be on call.

On demand services rely on adequate staffing, this is far from the reality of the NHS at present so having staff available for women would actually fall short of the women's expectation of the service. It also means women may turn up to stand alone units without staff being present when they attend in labour and haven't given adequate warning. Running units like this without core staff has proven in the past to be ineffective and at times dangerous. If these staff are caring for women at the high risk unit who opens the low risk unit? You'd need 50% of a the team on call at anyone time which is not feasible for staff to maintain.

What would you call the new on-call service?



Other responses:

- Maternity clinic on demand
- Maternity centre
- Midwifery
- Community delivery unit
- 'Clinic' sounds unappealing
- Need to avoid confusion
- Query over why the name needs to change
- Concern over the model and service not being available
- Unsure what the on-demand service is.

Base: 218



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

Summary of findings



Summary

Experiences of maternity services

Partners not being able to attend was a key challenge during COVID-19.

Respondents suggested family with a negative COVID-19 test should be allowed to attend.

Communication with service users was a key area identified for improvement.

Mixed feedback on staff and quality of care, both during and before COVID-19.

Planning where to give birth

Location of hospital / birth unit a key consideration when planning where to give birth.

103 (49%) respondents would not consider a homebirth, with concerns on safety and quality of care.

Continuity of carer model

154 (67%) agreed with the continuity of carer model.

Generally positive feedback, focusing on quality of care.

On-demand service

137 (61%) agreed with the on-demand model service.

Need to ensure adequate staffing.

Further details required.

146 (67%) would call the on-call service 'community maternity clinic'.



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

Appendix



Before COVID-19: What do you feel went well?

Specific themes	Code	Count
Staff	Staff were professional and supportive	23
Quality of care	Quality of care was good (e.g. felt safe)	17
Communication	Communication between staff and service users was good (e.g. was informed)	8
Access	Partner was allowed to attend appointments and scans	6
Quality of care	County Hospital (Stafford) provided good quality of care	6
Access	Had access to specialist care when it was needed (e.g. immediate access)	4
Access	Having regular appointments was important	4
General	Everything went well	3
Access	Having access to the midwifery-led units was important	3
Quality of care	Maternity unit at Samuel Johnson Community Hospital provided good quality of care	2
Communication	Relationship with staff was poor (e.g. no connection with midwife and health visitor)	2
Breastfeeding	Concern over lack of breastfeeding support at hospital	1
Quality of care	Having the same community midwife throughout a pregnancy was good	1
Homebirth	Homebirth went well	1
Breastfeeding	Breastfeeding support was good (e.g. on ward and at home)	1
Access	Positive to have access to community services (e.g. health visitor-led groups)	1
Quality of care	Royal Stoke University Hospital provided good services	1
Estate and facilities	Positive to have access to birthing pool	1
Quality of care	Triage line at New Cross Hospital was friendly and helpful	1
<i>Base</i>		40

Before COVID-19: What challenges did you face?

Specific themes	Code	Count
Communication	Communication between staff and service users was poor	13
Quality of care	Quality of care was poor (e.g. felt neglected, unsafe, unnecessary interventions)	13
Staff	Staff were unprofessional and unsupportive	10
Breastfeeding	Concern over poor breastfeeding support (e.g. lack of support)	8
Quality of care	Concern over lack of care afterbirth (e.g. postnatal care)	8
Quality of care	Concern over lack of consistency and continuity of care (e.g. conflicting advice)	7
Access	Concern over restricted access to maternity care (e.g. out of area patients, criteria to give birth out of hospital)	4
Communication	Concern over lack of communication between staff (e.g. community and hospital midwives)	2
Access	Partners were not allowed to support during and after birth	2
Quality of care	Discharge process was poorly organised	1
Access	Children were not allowed to attend appointments (e.g. problems with childcare)	1
Quality of care	Maternity unit at Queen's Hospital (Burton) provided poor quality of care	1
Staff	Staff were professional and supportive (e.g. during labour)	1
General	There were no challenges	1
Homebirth	Concern over poor support of homebirth	1
Quality of care	Maternity unit at Samuel Johnson Community Hospital provided good quality of care	1
Access	Concern over distance to travel during labour	1
Service provision	Concern over limited availability of antenatal classes	1
General	Other	1
Base		37

Before COVID-19: What ideas or suggestions do you have on how the service could be improved or changed?

Specific themes	Code	Count
Communication	Communication with service users requires improvement (e.g. discuss all options, more information, discuss birth plan)	10
Quality of care	Quality of care should be improved (e.g. avoid medical negligence, fewer interventions, meet patient needs, midwife care)	8
Staff	Staff attitude towards patients should be improved	6
Staff	Ensure appropriate staffing (e.g. more staff, trained staff)	6
Access	Partners should be allowed to stay with woman during and after birth (e.g. allow siblings to visit)	4
Breastfeeding	Consider the need to improve breastfeeding support	4
Quality of care	Consider the need for continuity and consistency of care	4
Communication	More advice around c-section and labour is needed	4
Quality of care	Consider the need to improve discharge process (e.g. better organised, safe discharge)	3
Access	Consider improving access to maternity services (e.g. availability of appointments, access to health visitors, postnatal care, run appointments on time)	3
Service provision	Full maternity unit is needed at Stafford	2
Service provision	More midwifery-led units are needed (e.g. reopen Samuel Johnson)	2
Specific groups	Consider improving care for women after c-section	2
Specific groups	Consider the needs of first-time mothers (e.g. more support is needed)	1
Specific groups	Consider the needs of women with mobility problems	1
Service provision	Consider the need to access specialist care on site	1
Estate and facilities	Hospital food should be improved	1
Breastfeeding	Breastfeeding should be a choice (e.g. don't push)	1
Quality of care	Maternity unit at Samuel Johnson Community Hospital provided good quality of care	1
Service provision	More antenatal classes are needed	1
General	No comment	2
General	Other	1
Base		37

During COVID-19: What do you feel went well?

Specific themes	Code	Count
Staff	Staff were professional and supportive	79
Quality of care	Quality of care was good (e.g. well monitored, continuity of care)	50
Access	Partner was allowed to attend appointments/scans	24
Communication	Communication was good (e.g. well informed, listened)	14
General	Services provided were good (e.g. well organised)	14
Access	Continuing access to services during pandemic was good (e.g. regular appointments, self-referral to community midwives)	13
General	Nothing or very little went well	11
Access	Being able to attend face-to-face appointments was good	11
COVID-19	COVID-19 safety measures were in place (e.g. face masks, social distancing)	9
Quality of care	Postnatal care was good	8
Access	Concern that partner was unable to attend appointments and hospital	7
Quality of care	Postnatal care requires improvement (e.g. better monitoring of baby and mother)	5
Quality of care	Quality of care was poor	3
Quality of care	Breastfeeding support was good	3
Access	Consider improving access to midwife appointments (e.g. more frequently, booking appointments)	2
Quality of care	Concern over lack of continuity of care	2
Quality of care	Pre-COVID care was better (e.g. not rushed)	2
Technology	Online notes system works well	2
Homebirth	Being able to have a homebirth was good	2
Communication	Communication with services users was poor (e.g. nothing was explained)	2
Service provision	Local maternity facilities should be reopened (e.g. Stafford)	2
Access	Response time of the ambulance crew was efficient	1
Integration	Communication between different care providers was effective (e.g. sharing information)	1
Integration	Integration between different Trusts requires improvement	1
Access	Concern that scheduled appointments were not run on time	1
Service provision	Concern over lack of community midwife services	1
Service provision	More support is required for women following miscarriage (e.g. mental health support)	1
Access	Concern over access to maternity services (e.g. long waiting time)	1
Estate and facilities	Hospital was clean	1
COVID-19	COVID-19 safety measures were not in place	1
Homebirth	Concern that homebirth was unavailable	1
General	No comment	4
General	Other	2
Base		158

During COVID-19: What challenges did you face?

Specific themes	Code	Count
Access	Partners were not allowed to attend appointments/scans and support during birth (e.g. restricted visiting)	82
Quality of care	Quality of care was poor (e.g. felt neglected, issue was missed)	39
Communication	Communication with service users was poor (e.g. was not informed, not listened to)	33
Quality of care	Restrictions had negative impact on mental health of pregnant women	31
Quality of care	Postnatal care for baby and women should be improved (e.g. few health visitor visits)	28
Staff	Staff attitude towards patients should be improved (e.g. rude, not supportive)	24
Quality of care	Concern over lack of continuity and consistency of care	22
Staff	Consider the need for more staff (e.g. lack of trained staff)	16
Access	Consider improving access to midwife appointments (e.g. more frequently, booking appointments)	14
Breastfeeding	Concern over lack of breastfeeding support	13
Access	Maternity services are too far away	10
Access	Appointments do not run on time (e.g. long wait for antenatal clinics, induction)	9
Access	Concern over closure of local facilities due to pandemic	8
Service provision	Concern over lack of antenatal classes for parents during pandemic	7
Specific groups	Consider the needs of first-time mums (e.g. more support is needed)	6
COVID	COVID-19 safety measures were not in place	3
Quality of care	Concern over lack of face-to-face appointments	3
Staff	Staff were professional and supportive	3
Access	Children were not allowed to attend appointments (e.g. issues with childcare)	2
General	There were no challenges	2
Specific groups	Consider the needs of vulnerable services users (e.g. disabled)	2
Access	Referral to specialists services was too slow	2
Communication	Concern over lack of communication between staff	2
Technology	Online system was not accessible (e.g. hard to login)	2
Service provision	More support is required for women following miscarriage	2
Service provision	Concern over lack of mental health support for pregnant women	2
COVID	Wearing a mask in theatre to give birth was uncomfortable	2
Specific groups	Concern over lack of support for women after c-section	2
Estate and facilities	Concern over poor standard of cleaning	1
Quality of care	Quality of care was good	1
Homebirth	Homebirth was not allowed	1
General	No comment	4
General	Other	3
Base		159

During COVID-19: What ideas or suggestions do you have on how the service could be improved or changed?

Specific themes	Code	Count
Access	Partners and close family members with negative COVID test should be allowed to attend to support before and after birth	59
Staff	Ensure adequate staffing (e.g. trained staff, staffing level, staff attitude)	27
Communication	Consider improving communication with service users (e.g. listen, discuss, inform)	26
Access	Local maternity facilities should be reopened (e.g. Stafford, Samuel Johnson)	20
Breastfeeding	Breastfeeding support requires improvement	14
Quality of care	Afterbirth and postnatal care should be improved (e.g. frequency of health visitor visits, should be face-to-face)	12
Quality of care	Quality of maternity care requires improvement (e.g. midwives care, care in hospital)	11
Quality of care	Consider the need for continuity and consistency of care	11
Access	Consider improving access to midwife appointments (e.g. more frequently, booking appointments, home visits)	8
Communication	Restrictions were not well communicated	7
Quality of care	Restrictions had negative impact on mental health of pregnant women	7
Specific groups	Consider the needs of women after c-section (e.g. more support is needed)	6
Integration	Consider improving communication between staff (e.g. midwives, GP, hospital)	6
Staff	Staff were professional and supportive	5
Service provision	Service provision should be the same as before pandemic	4
Specific groups	Consider the needs of first-time mothers	3
Service provision	More support is required for women following miscarriage	3
Service provision	Antenatal classes for parents should be reopened	3
General	Service works well and no improvement is required	2
Staff	Consider provision of training for staff (e.g. mental health)	2
Technology	Consider improving access to online notes (e.g. more user friendly)	2
Estate and facilities	Consider the need to improve cleaning during pandemic	2
Quality of care	Consider reducing interventions during birth	2
Service provision	Consider improving support for bottle feeding	2
Homebirth	Concern over lack of provision of homebirths during pandemic	2
Access	Referrals to specialists require improvement (e.g. antenatal referrals)	2
Access	Consider the need for clear pathway for pregnant women to access maternity care (e.g. before 15 weeks, patients with hyperemesis)	2
Access	Children should be allowed to attend appointments (e.g. hard to organise childcare during COVID)	1
Specific groups	Ensure that services reflect the needs of diverse community (e.g. ethnic minority groups)	1
Specific groups	Consider the needs of patients who cannot drive	1
Specific groups	Consider the needs of vulnerable services users (e.g. disabled)	1
Confidentiality	Ensure confidentiality of service users	1
Estate and facilities	Consider improving facilities for patients (e.g. waiting rooms)	1
Service provision	Consider that mothers should leave baby alone to pick up food in day room	1
Access	Consider improving follow-up appointments after test	1
Homebirth	Consider the need for adequate resourcing of the homebirth team	1
Communication	Consider provision of virtual tours of maternity units	1
Access	Consider extending working hours of health visiting hub	1
Access	Appointments should be run on time	1
Quality of care	Duration of appointments should be longer	1
Communication	Consider greater promotion of this survey	1
COVID	Restrictions were unreasonable (e.g. wearing face mask in theatre)	1
Technology	Consider provision of online support for mothers (e.g. breastfeeding, virtual groups)	1
Service provision	Consider the need for consultant-led maternity unit at Stafford	1
Quality of care	Consider the needs of partners	1
General	No comment	2
General	Other	2
Base		152

What considerations did you/ would you or your partner take into account when planning where to give birth?

Specific themes	Code	Count
Access	Location of hospital/birth unit is important (e.g. close to home, distance)	68
Estate and facilities	Available facilities are important (e.g. birth pool, private room, hypnobirthing, doula support)	33
General	There were no options (e.g. high-risk pregnancy, COVID restrictions)	30
Quality of care	Quality of care was important (e.g. fewer interventions, continuity of care, neonatal and postnatal care)	27
Access	Access for partners and visitors was considered	26
Communication	Feedback from services users was considered (e.g. reputation)	26
Service provision	Access to specialists and emergency care was considered (e.g. proximity to emergency care)	25
Homebirth	Prefer homebirth (e.g. relaxed environment, fewer interventions)	15
Quality of care	Prefer giving birth at a hospital (e.g. safer)	15
Experience	Experience of previous births was taken into account	15
Quality of care	Prefer giving birth at midwifery-led unit (e.g. non-clinical environment)	13
Staff	Availability of staff and their attitude to patients was important (e.g. staffing ratios)	12
Service provision	Concern over closure of local birth units (e.g. Stafford)	10
COVID	Looked at what restrictions were in place (e.g. COVID level)	5
Staff	Advice of consultant/midwife was followed	4
Communication	Quality of communication with service users was considered	3
Breastfeeding	Access to breastfeeding support was considered	2
General	The needs of pregnant women and babies were considered	2
Communication	Consider greater promotion of homebirth	1
Homebirth	Concern over lack of access to homebirth	1
General	Comment about the survey	1
General	Other	5
Base		198

What would make you decide to have a homebirth?

Specific themes	Code	Count
Access	Access to emergency care if required (e.g. distance)	5
Quality of care	Would consider homebirth with low-risk pregnancy	3
Quality of care	Homebirth is not an option (e.g. high-risk pregnancy, had c-section)	3
Access	Homebirth allows partners and family members to provide support	2
Access	Would consider a homebirth if free-standing maternity unit is unavailable	2
General	Would consider homebirth for further pregnancies (e.g. not the first one)	2
General	No comment (e.g. N/A)	1
Quality of care	Knowing that it would be safe is important	1
Estates and facilities	Knowing that it would be clean is important	1
Communication	Would consider positive feedback of women who had homebirth	1
Communication	More information about pros and cons of homebirth is needed	1
Quality of care	Available support from medical staff during homebirth would be considered	1
General	Experience of previous births would be considered (e.g. complications)	1
Base		20

Please explain why?

Specific themes	Code	Count
Quality of care	Hospital is a safer place to give a birth (e.g. access to medical staff and equipment)	46
Quality of care	Cannot have homebirth due to health concerns (e.g. need c-section, high-risk pregnancy)	22
Quality of care	Homebirth is unsafe	21
Quality of care	Would not consider homebirth due to previous birth experience (e.g. had complications)	11
General	Do not feel comfortable giving birth at home	5
Quality of care	Hospital provides more options for pain relief	5
Access	Concern over long distance to the nearest hospital	4
Estate and facilities	Concern over cleaning afterwards	3
Access	Ambulance is unreliable	2
Estate and facilities	No room at home to give birth (e.g. too many people)	2
General	Partner does not support homebirth	1
Quality of care	Concern over poor quality of midwifery care	1
<i>Base</i>		95

Feedback on the proposed continuity of carer model

Specific themes	Code	Count
General	Agreement with the concept of Continuity of Carer model	46
Quality of care	Continuity of carer model will help to improve quality of care (e.g. meet patient needs, holistic care, safety of care)	30
Quality of care	Proposal will improve women's confidence (e.g. less anxiety, build trust)	28
Staff	Ensure adequate staffing (e.g. staffing level, trained staff)	22
Access	Proposal will improve access to maternity services (e.g. easy to contact midwife, more available appointments)	9
General	More details about the model are required	8
Communication	Ensure appropriate communication with service users (e.g. discuss all options, birth planning support)	8
Quality of care	Existing model of care also provides continuity of care	8
Patient choice	Women should have a choice where to give birth (e.g. access to maternity units across the county, homebirth)	7
Cost and efficiency	Concern over lack of capacity and resources to implement this model	6
Patient choice	Consider the need for a choice of midwife	5
Service provision	Concern over closure of maternity units (e.g. Stafford)	4
Cost and efficiency	Consider improving existing maternity services instead of implementing a new model	4
Access	The service should be available for all women (e.g. including high-risk pregnancy, homebirth, equal access)	4
Quality of care	On-demand service is not safe (e.g. midwife might not always be available, midwife should be based at maternity unit)	4
Access	Partners and close family members should be allowed to attend appointments and provide support	3
General	Consider the need to implement this model effectively	3
Quality of care	Consider the need for clear criteria on who can be supported by this model (e.g. be careful with high-risk pregnancy)	3
Quality of care	Hospital is a safer place to give birth (e.g. equipment, specialists)	3
Staff	Seeing one midwife is better than a team of midwives	3
Quality of care	Consider the need to improve postnatal care (e.g. breastfeeding support)	2
Integration	Ensure integration between community teams and hospitals outside of the area	2
Staff	Concern that proposal will increase workload of midwives (e.g. burn staff out)	2
Homebirth	Homebirth is unsafe	2
Specific groups	Proposal will support vulnerable women	1
Homebirth	Homebirth is more relaxing	1
Cost and efficiency	Proposal will help to reduce pressure on hospitals	1
Specific groups	Consider the needs of ethnic minority community (e.g. language, culture)	1
Service provision	Consultant-led maternity unit is needed at Stafford Hospital	1
Access	Stand-alone maternity units should be open 24/7	1
Integration	Integration between community midwives team and obstetric team is needed	1
Quality of care	Midwifery-led units provide good birthing experience (e.g. not hospital environment)	1
General	Unsure	3
General	No comment	4
General	Other	8
Base		147

Feedback on the proposed on-demand model

Specific themes	Code	Count
Staff	Ensure adequate staffing (e.g. staffing level, skill mix, proficient staff)	20
General	Agreement with proposal	14
General	More details about the service are required (e.g. access for high-risk pregnancy, integration with specialists and emergency care)	12
Cost and efficiency	Concern over lack of capacity and resources to meet demand (e.g. resources, facilities)	11
Access	Ensure access to the service 24/7	8
Quality of care	On-demand service is unsafe (e.g. midwife not arriving in time, midwives should be stationed at a unit)	8
General	Concern that women will not use this service (e.g. lack of trust)	6
Patient choice	Proposal will give women more options where to give birth	5
Communication	Ensure appropriate communication with service users (e.g. listen, inform)	5
Access	Proposal will improve access to midwife services (e.g. less travelling)	4
Quality of care	Proposal will improve quality of care (e.g. continuity of care)	4
Access	Ensure adequate midwife response time (e.g. timely)	4
Quality of care	Proposal will have negative impact on quality of care	4
General	Disagreement with proposal	3
Service provision	Consider restoring maternity services at County Hospital in Stafford (e.g. consultant-led unit)	3
Access	Consider the need for clear and easy pathway to access the service (e.g. without GP)	2
Quality of care	Consider the need to improve maternity care (e.g. less intervention, after care, continuity of care)	2
Communication	Utilise different channels to communicate with service users (e.g. social media, central number)	2
Staff	Concern that proposal will increase midwife's workload	2
Access	Maternity units should be in accessible locations (e.g. locally)	2
Specific groups	Consider improving care for high risk pregnant women (e.g. continuity of care)	2
Cost and efficiency	Consider improving existing services instead of implementing this model	2
Cost and efficiency	Consider experience of other on-demand maternity services (e.g. didn't work)	2
Access	Concern over access to specialist or emergency care if necessary (e.g. available intervention in a unit, transport)	2
Access	Partners and close family members should be allowed to attend appointments and provide support	1
Cost and efficiency	Proposal will help to save NHS money	1
Demographics	Consider demographics of different areas to meet demand	1
Cost and efficiency	Concern that proposal will increase unnecessary travel for midwives	1
Integration	Ensure integration between this service and obstetrics team	1
Quality of care	Consider the need for some women to be seen without partner present (e.g. abuse)	1
Communication	Proposal will increase confusion	1
Quality of care	Concern over support after birth provided by this model (e.g. breastfeeding)	1
Cost and efficiency	Proposal can help to reduce pressure on GPs	1
General	Unsure	2
General	No comment	3
General	Other	3
Base		90

Giving everyone the best start in life: Maternity Workshops

Summary of feedback



Contents

- This report presents the findings from the *Giving Everyone the Best Start in Life* maternity workshops held on 16 July and 12 August 2021
- The purpose of the events was to understand experiences of using maternity services during the COVID-19 pandemic and gathering feedback on the proposed new model of care
- The report is produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

Structure of presentation:

Background and objectives

Methodology

Demographic profiling

Summary of experiences – using maternity services during the pandemic and views on homebirths

Summary of feedback on continuity of carer

Summary of feedback on the on-demand service

Summary of findings





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Staffordshire & Stoke-on-Trent

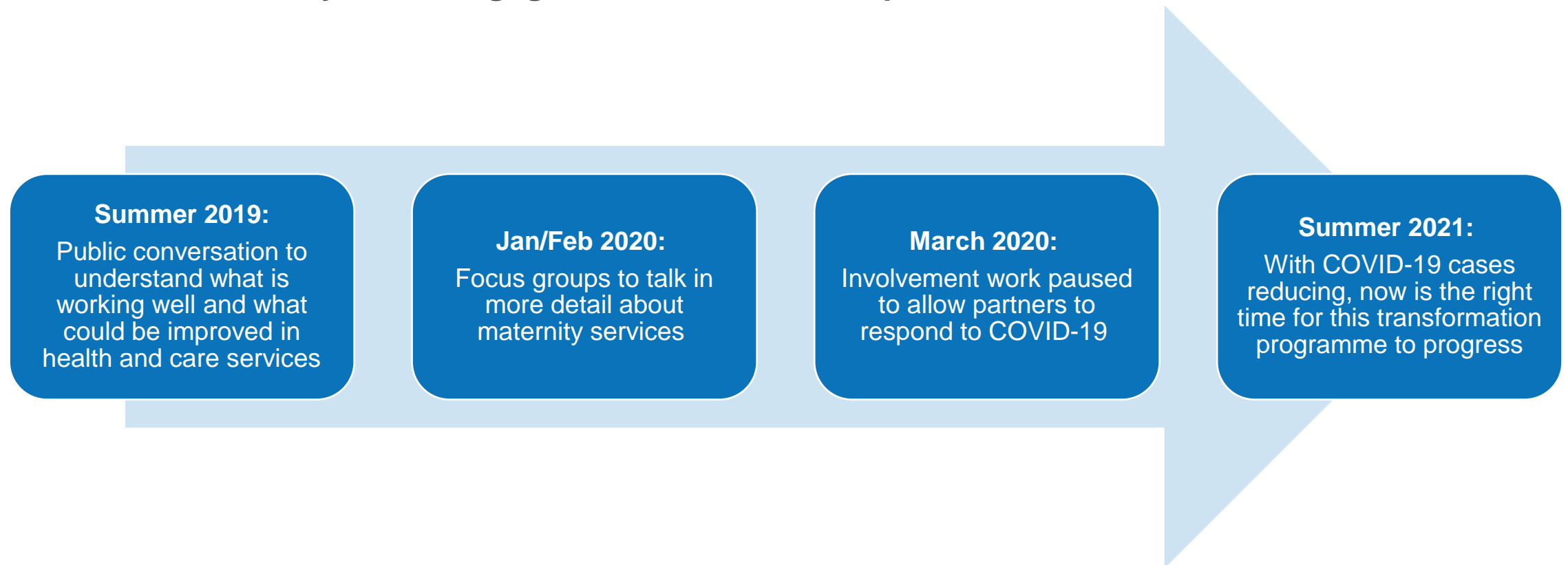
Background and objectives



Background to the workshops

Over the past few years, Together We're Better has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

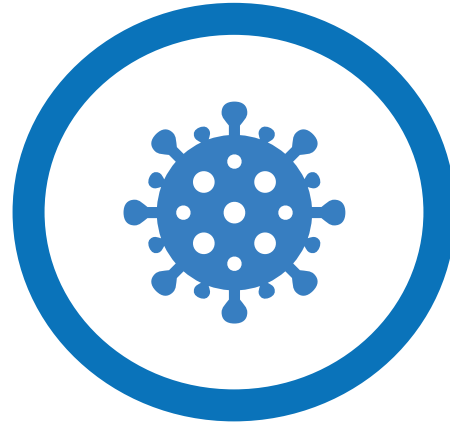
Below is a summary of the engagement that has taken place so far:



Objectives of the workshops



Listening to
experiences of
maternity services



Looking at feedback from
previous events and asking if
the information still applies,
or if there's anything else that
needs to be considered when
designing future services



Getting feedback
on the emerging
proposals for future
maternity care services





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Methodology



Methodology

- The workshops were held on Microsoft Teams
- Participants registered in advance through an online form
- The workshops began with all participants viewing a presentation
- At the July event, participants were split into smaller breakout groups to allow detailed discussion. As the August event was smaller, discussions were held as one group
- Feedback was collated on a Jamboard during the event. This acted as a virtual ‘flipchart’ with participants able to add their feedback directly to the board
- Participants were also asked to complete a demographic profiling survey.

Jamboard:

What do you feel went well?



Demographic profiling survey:

About you

We would like to know a little more about you. The following questions will help us understand more about who has responded to this engagement. This will help us to ensure we have listened to as many different people as possible. You can leave this section blank if you wish.

Which of the following describes you? (Please tick as many as appropriate)

- ☐ I am currently using maternity services
- ☐ I have used maternity services in the last 12 months
- ☐ I am hoping to have a baby and use maternity services
- ☐ I work in maternity services

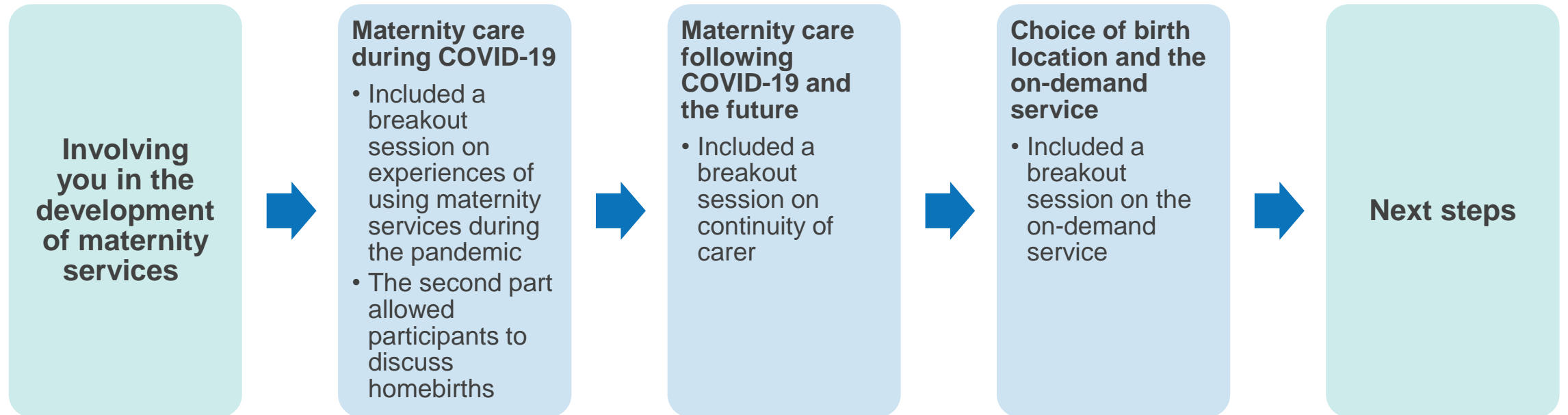
Please provide your full postcode. Providing your full postcode does not mean we will be able to identify you individually. It will help us to ensure we have gathered views from all areas.

Enter your postcode here:

What is your ethnic group? (Choose one option that best describes your ethnic group or background)

- ☐ White: English/Welsh/Scottish/Northern Irish/British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Any other White background (please specify in the box below)
- ☐ Mixed/Multiple ethnic groups: White and Black Caribbean

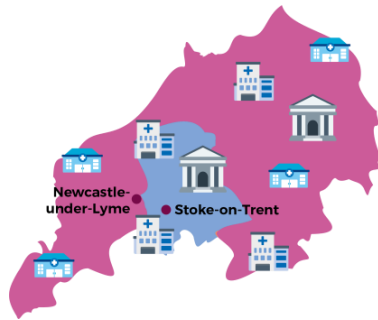
Structure of the event



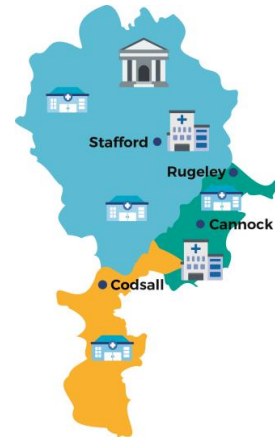
Participant profile

July event

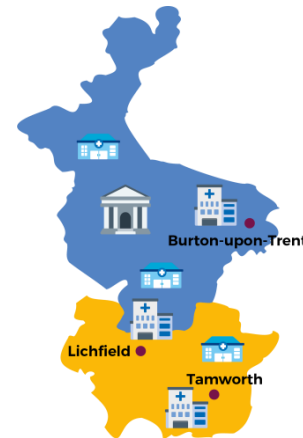
August event



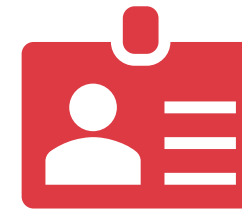
North Staffordshire
(4 participants,
1 group)



South West Staffordshire
(4 participants,
2 groups)



South East Staffordshire
(2 participants,
1 group)



Staff
(12 participants,
1 group)



August event (mixed)
(6 participants,
1 group)

Staff attending were from organisations including University Hospitals of North Midlands NHS Trust, Stafford and Surrounds CCG, North Staffordshire Combined Healthcare NHS Trust and Derby and Derbyshire CCG. Four attendees indicated they worked in maternity services.



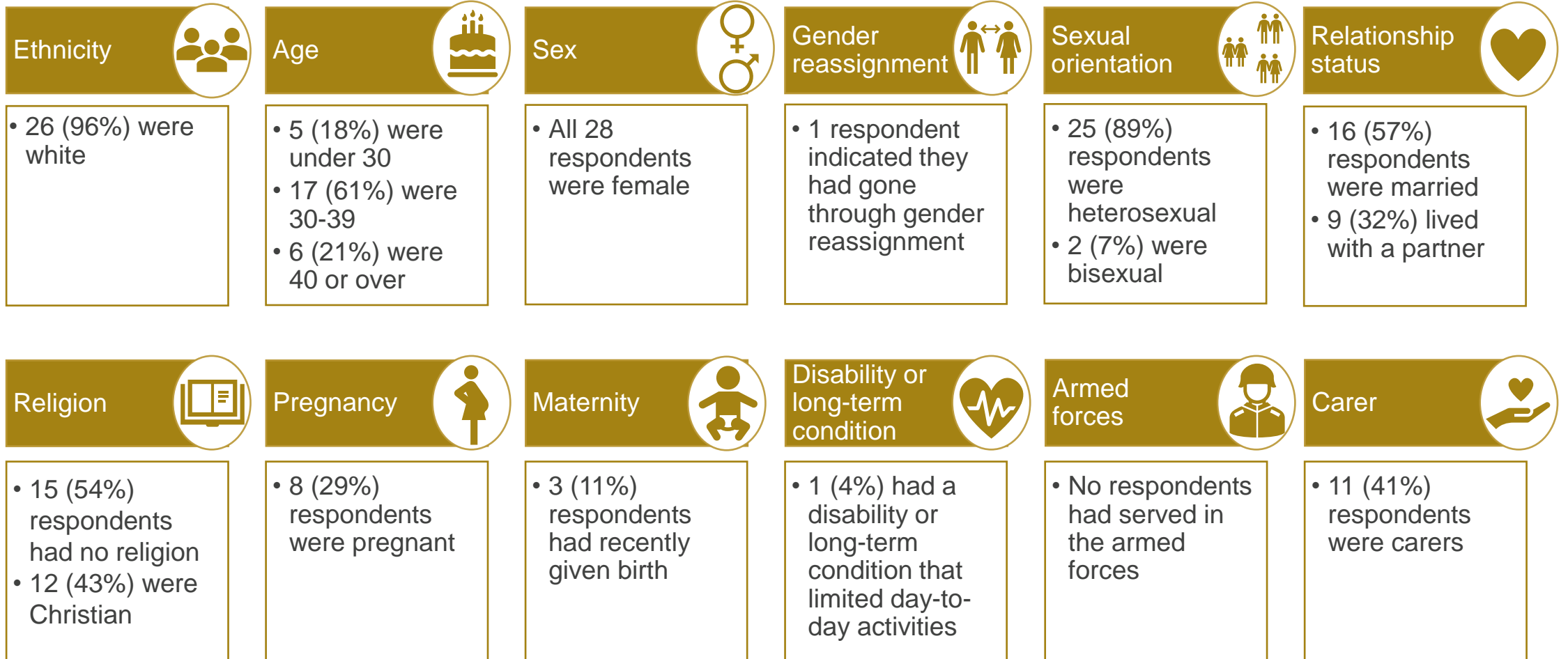
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Demographic profiling



Demographic profiling

A demographic profile of the participants from both events is presented below.
These figures are based on the 28 respondents to the demographic profiling survey.



Demographic profiling

These figures are based on the 28 respondents to the demographic profiling survey.

Ethnicity		
White British	25	93%
White: Other White background	1	4%
Asian/Asian British: Indian	1	4%
Base	27	
Religion		
Christian	12	43%
No religion	15	54%
Prefer not to say	1	4%
Base	28	
Sex		
Female	28	100%
Base	28	
Gender reassignment*		
Yes	1	4%
No	26	96%
Base	27	

Age		
25-29	5	18%
30-34	9	32%
35-39	8	29%
40-44	3	11%
45-49	-	-
50-54	3	11%
Base	28	
Pregnant at this time		
Yes	8	29%
No	19	68%
Prefer not to say	1	4%
Base	28	
Recently given birth		
Yes	3	11%
No	25	89%
Base	28	

Demographic profiling

These figures are based on the 28 respondents to the demographic profiling survey.

Disability or long-term health condition		
Yes, limited a little	1	4%
No	26	96%
Base	27	

Disability or long-term health condition		
Physical disability	2	29%
Long-term illness	1	14%
Prefer not to say	4	57%
Base	7	

Carer		
Yes – person(s) aged under 24	10	37%
Yes – older person(s) aged over 50	1	4%
No	16	59%
Base	27	

Sexual orientation		
Heterosexual	25	89%
Bisexual	2	7%
Prefer not to say	1	4%
Base	28	

Relationship status		
Married	16	57%
Lives with partner	9	32%
Separated	1	4%
Widowed	2	7%
Base	28	

Armed forces		
No	28	100%
Base	28	

Summary of experiences – using maternity services during the pandemic and views on homebirths



Your feedback on experiences of using maternity services during the pandemic

In the first breakout session, participants were asked the following questions:

Thinking about the services you or your partner have used during the COVID-19 pandemic...

- 1. What do you feel went well?**
- 2. What challenges did you face?**
- 3. What ideas or suggestions do you have on how the service could be improved or changed?**



What do you feel went well?

Key themes



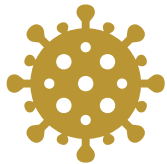
**Good quality
of care**



**Staff were caring
and listened**



**Partner able
to attend**



**Care not affected
by COVID-19**



**Same midwife for
each appointment**



**Good
communication**

What do you feel went well?

Feedback from the North

- Some outstanding experiences
- Brilliant antenatal care in Stoke-on-Trent.

Feedback from the South West

- Partner able to attend ultrasound appointment
- Good care from midwives and doctors
- Impressed with how services have continued more generally
- Able to have the same midwife for each appointment
- Birth preferences listened to
- Notes viewable on the Badger app
- Able to access a bereavement midwife.

Feedback from the South East

- Good to book over the phone
- Appointments ran smoothly
- High quality care.

What do you feel went well?

Feedback from staff

- Great care from staff
- Care not affected during labour
- Question and answer sessions from Heads of Midwifery were extremely useful.

Feedback from the August event

- Good aftercare post-birth in the hospital
- Compassionate and caring staff
- Good COVID precautions (e.g. face masks, lateral flow testing)
- Partner able to attend scans and appointments

What challenges did you face?

Key themes



**Partners not being
able to attend**



**Lack of
home visits**



**Lack of
face-to-face care**



**Lack of access
to services
(GP, counselling)**



**Need clearer communication
(e.g. between services,
breastfeeding, restrictions)**



**Consider support for mothers
experiencing loss or with
experience of loss**



**Poor quality of care
in some instances**

What challenges did you face?

Feedback from the North

- Partners not being able to attend appointments or scans
- Unclear messaging on breastfeeding
- Poor quality of care on ward
- Needed support for birth after previous losses
- Need to consider early pregnancy loss
- Poor vegetarian food options in hospital.

Feedback from the South West

- Partners not being present for some aspects of care
- Responding to guidance and keeping public up-to-date
- Lack of interaction affecting children's development
- Lack of check-ups and visits after birth
- Badger notes not kept up-to-date
- Miscarriage surgery cancelled and moved; difficult both practically (e.g. nil by mouth) and emotionally
- Felt people were not listening after birth
- Lack of knowledge of GPs around medicines
- Difficult to access GP appointments for antibiotics
- Lack of access to community midwives with unanswered calls
- Different midwife for each appointment
- Lack of access to counselling
- Lack of information

Feedback from the South East

- Long wait at consultant appointment
- Lack of face-to-face health visitor appointments after birth

What challenges did you face?

Feedback from staff

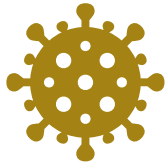
- Difficult for the partners not being able to attend appointments
- Poor communication between GP practice and maternity services causing confusion
- Mixed messages when other Trusts eased restrictions
- Feeling of real loneliness after labour
- Lack of visits from health visitors
- Services changing venues
- Lack of face-to-face contact
- Need to consider early pregnancy loss
- Need regular communication to keep patients up-to-date
- Staff unable to keep up with additional support that partners would usually do

Feedback from the August event

- Lack of continuity of care
- Restricted visiting for partner
- Lack of communication between different departments
- Staff shortages resulting in staff unable to provide effective support
- Lack of access to Samuel Johnson Hospital
- Long distance to travel to hospital
- Difficult to access health visitors

What ideas or suggestions do you have on how the service could be improved or changed?

Key themes



**Clear messages on
COVID-19 restrictions
in maternity**



**Provide clear
information explaining
what to expect**



**Provide support
around birthing plans**



**Provide support
after loss**



**Provide support for
breastfeeding and
around nutrition**



**Greater access to
birthing pools**

What ideas or suggestions do you have on how the service could be improved or changed?

Feedback from the North

- Better breastfeeding support
- Provide access to support for tongue-tie
- Add birth plan onto maternity care programme to avoid repeating plan to staff

Feedback from the South West

- Provide information on baby's movements
- Give information on what scans and frequency of appointments to expect at first appointment
- Offer dietetic education sessions or referrals for obese pregnant mothers or those with impaired glucose / gestational diabetes.

Feedback from the South East

- No feedback

What ideas or suggestions do you have on how the service could be improved or changed?

Feedback from staff

- Provide support and mental health assessments after miscarriage and loss
- Communicate clearly to pregnant women what to expect around COVID-19 restrictions and how it impacts maternity care
- Provide clearer messages for first-time mums on what to expect and what to do
- Allow booking over the phone to continue when appropriate.

Feedback from the August event

- More support when putting together birthing plan
- Tours of the maternity unit prior to giving birth to ease concerns
- More contact from health visitors
- Access to antenatal classes
- Greater access to birthing pools in Burton.

Your feedback on considering homebirths

The second part of the first breakout session asked the following questions:

Thinking about homebirths ...

- 1. What considerations did you / would you or your partner think about when planning where to give birth?**
- 2. What would make you decide to have a homebirth?**



What considerations did you / would you or your partner think about when planning where to give birth?

Key themes



**Distance to
hospital**



**Risks and
safety**



**Access to
birthing
pools**



**Access to
birthing
partners**



**Access to birthing
options
(e.g. hypnobirthing,
pain relief)**



**Lack of
information
about options**



**Previous
experiences**



**Relaxing
environment**

What considerations did you / would you or your partner think about when planning where to give birth?

Feedback from the North

- Lack of knowledge that homebirths were an option
- Access to waterbirths at home
- Preference for hospital setting
- Safety reasons
- Concerned over risk of transfer.

Feedback from the South West

- Risks and safety concerns
- Lack of knowledge
- Proximity to hospital in an emergency
- Access to hypnobirthing
- Access to birthing partners and doulas.

Feedback from the South East

- High risk, so homebirth not an option
- Not confident in discussing choices
- Lack of discussions with midwife
- Not feeling educated enough to make informed decisions.

What considerations did you / would you or your partner think about when planning where to give birth?

Feedback from staff

- Risk and safety concerns
- Information from midwives
- Distance from hospital in case of complications.

Feedback from August event

- Health issues of baby
- Access to pain relief
- Knowing when the midwife would arrive
- Whether it is my first child
- Any previous complications or birth trauma
- Distance to hospital in an emergency
- How relaxing the environment is
- Access to birthing pool
- Childcare concerns
- Previous experience with hospital staff
- Visiting for partners
- Having to clean afterwards
- Monitoring after birth

What would make you decide to have a homebirth?

Key themes



More information on the processes and how to prepare to make an informed choice



Easy access to hospital if complications occur



Previous birth experiences



Able to have partners present



Access to pain relief



Access to trained staff on-time

What would make you decide to have a homebirth?

Feedback from the North

- No feedback.

Feedback from the South West

- More information and videos
- Knowing the staff present
- Knowing what would happen if complications
- Being able to have two birthing partners
- Knowing what to expect and how to prepare home for the birth.

Feedback from the South East

- Hospital is close so would not consider it
- Knowing the steps and procedures taken if an emergency occurs at home
- Access to childcare
- Familiar environment
- Partners able to be present
- Need to provide clear information on the process
- Need to allow women to discuss their choices to make a decision.

What would make you decide to have a homebirth?

Feedback from staff

- Closer access to services if there are any complications
- More information available to make an informed choice (e.g. processes and equipment)
- Able to have partner present in lockdown
- Information on pain relief on offer.

Feedback from the August event

- No complications with first birth and not expecting any with second birth
- Fear about giving birth while travelling to hospital
- Feeling confident that midwife would be able to arrive quickly
- Staff who are well-trained and supported
- Previous negative hospital experience
- Only if forced due to lack of nearby midwife-led unit/hospital.

Summary of feedback on continuity of carer



Your feedback on continuity of carer

This breakout session asked participants to discuss and feedback on the following question:

Tell us what you think of the continuity of carer model.

In your response think about:

- Anything else we need to consider with the continuity of carer e.g. what could be improved?
- Negative impacts you think any specific groups may experience?
- How we need to change the continuity of carer model to overcome any negative impacts?



Feedback on continuity of carer

Key themes



**Positive feedback
on the model**



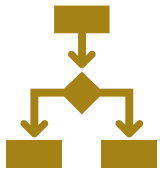
**Need to be able to build
relationship with midwife**



**Good to have the same
midwife throughout
pregnancy and birth**



**Consider impact on staff
and recruitment**



**Consider choice
of midwives**



**Consider community
midwives attending
births**



**Consider access to
translators and
interpreters**



**Consider the need for
effective communication
between midwives**

Feedback on continuity of carer

Feedback from the North

- Positive feedback on model
- Positive to have same midwife
- Consider community midwives at birth due to positive experiences of community midwives.

Feedback from the South West

- Need to consider how the team of midwives will work
- Consider what happened if women want to change their assigned midwife
- Positive to not have to repeat story each time – would be good to have one midwife who has knowledge of history
- Consider access to translators and interpreters.

Feedback from the South East

- Positive to get to know staff
- Experiences of seeing different midwives each time
- Positive experience with community midwife
- Would be good if community midwife could be at the birth
- Consider that some women do not have good relationships with their community midwives
- Access to the same midwife throughout would provide more personalised care, building a relationship when going through a life-changing experience
- Consider how the model would work with student midwives.

Feedback on continuity of carer

Feedback from staff

- Consider impact on staffing and recruitment
- Consider job satisfaction of midwives and their preferences of location
- Consider choice of midwife to deliver baby
- Would have preferred to see the same midwife throughout pregnancy and birth.

Feedback from the August event

- Need to consider how model would work
- Continuity of care would be welcome
- Positive to know more than one midwife through pregnancy so they would be there for the birth
- Model would give confidence to use midwife-led unit
- Need to ensure communication between midwives
- Ensure that the patient does not need to manage communication between midwives
- Need more information on birth choices.

Summary of feedback on the on-demand service



Your feedback on the on-demand service

This breakout session asked participants to discuss and feedback on the following question:

Tell us what you think about the on-demand service.

In your response think about:

- Anything else we need to consider with the on-demand service e.g. what could be improved?
- Negative impacts you think any specific groups may experience?
- How we need to change the on-demand service to overcome any negative impacts?



Feedback on the on-demand service

Key themes



**Positive feedback
on the model**



**Need clear
communication**



**Consider access
to the units**



**Need to ensure women
can discuss their
choices**



**Consider visits to the
unit before birth**



**Potential to cause
greater anxiety**



**Positive to have
homebirths option**



**Consider the need for
maternity services
locally**

Feedback on the on-demand service

Feedback from the North

- Positive and will improve care for women and staff.

Feedback from the South West

- Need to be very clear on access to the units and consider travel distance
- Need careful communication, considering the changes to services to County Hospital
- Difficult to access birth centre at County Hospital due to the layout of corridors
- Those living in Stafford want to go to County Hospital
- Need to consider pre and postnatal depression.

Feedback from the South East

- Need to consider high-risk and consultant-led births
- Provides a more homely environment (County Hospital is a busy environment)
- Good to have the option of a homebirth
- Need to consider negative experiences of quality of care
- Would have preferred to see the same midwife for postnatal care
- Need a broader discussion around choices and homebirths.

Feedback on the on-demand service

Feedback from staff

- Potential for greater anxiety as need to prepare more
- Consider visits to the unit
- Need to communicate effectively and ensure women are aware of their birth choices
- Potential to ease travel concerns
- Need to consider access to birthing units and ensuring availability across the county
- Liaising and co-ordinating directly with the midwife would be more reassuring
- Consider the need to be able to comfortably ask questions to reduce anxiety.

Feedback from the August event

- Not clear how staffing will work
- Positive if it means midwife-led units remain open and ensures service provision across Staffordshire
- Consider relationships with midwives
- Consider making County and Samuel Johnson hospitals consultant-led services to relieve pressure on Stoke and UHDB.



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

Summary of findings



Summary of findings

Services during COVID-19

- Mixed feedback on quality of care
- Care not affected by COVID-19
- Good to have same midwife for each appointment
- Difficult with partners not being able to attend
- Lack of home visits and face-to-face care
- Lack of access to services (GP, counselling)
- Need clearer communication (e.g. between services, breastfeeding, restrictions)
- Consider support for mothers experiencing loss or with experience of loss
- Provide support for breastfeeding and around nutrition.

Homebirths

- Consider distance to hospital
- Risks and safety
- Access to birthing options (e.g. waterbirths, hypnobirthing)
- Lack of information about options
- More information on the processes and how to prepare to make an informed choice
- Easy access to hospital if complications occur
- Access to pain relief
- Able to have partners present.

Continuity of carer

- Positive feedback on the model
- Need to be able to build relationship with midwife
- Good to have the same midwife throughout pregnancy and birth
- Consider impact on staff and recruitment
- Consider choice of midwives
- Consider community midwives attending births
- Consider access to translators and interpreters
- Need to consider communication between midwives and ensuring the onus to manage communication is not on the patient.

On-demand service

- Positive feedback on the model
- Need clear communication
- Consider access to the units and the provision of services across the county
- Need to ensure women can discuss their choices
- Consider visits to the unit before birth
- Potential to cause greater anxiety
- Positive to have homebirths option.