



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

# Giving everyone the best start in life

A summary of what you  
told us about maternity  
services in Staffordshire  
and Stoke-on-Trent





**Between 16 July and 15 August 2021, the Together We're Better health and care partnership for Staffordshire and Stoke-on-Trent ran a survey and held two workshops about local maternity services.**

This was the latest stage in a conversation we started in 2019.

Thank you to everyone who has taken time to share their views. Your comments will help us to understand local needs and improve health and care services.

This is a summary of what you told us, and how it will be used to inform future improvements to local services. You can read our full report of findings on our [website](#).

## Why change is needed

**In 2019, we shared the challenges our local maternity services face. We still face these challenges in 2021, alongside the additional pressures of responding to COVID-19.**

- There is a nationwide shortage of midwives
- Locally, midwives have been based 24/7 (before COVID-19) in some quieter units, while the busiest unit (Stoke-on-Trent) has sometimes faced shortages
- We need more midwives available to work in the community

We explain these issues in more detail in our [issues paper](#).

Our work to tackle them, and improve local maternity services, has already begun, but had to pause in 2020 due to the COVID-19 response.

## How COVID-19 has affected our work

**COVID-19 isn't over, and we're still having to use our workforce in a different way.**

We had to temporarily suspend homebirths and births at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield. Our midwives have been working very hard to deliver services safely, often with many colleagues unwell or isolating. They have also been supporting women who are very ill with COVID-19.

We want to thank the women and families who have been so understanding and supportive during this very difficult time. We also want to thank our maternity staff for their hard work and resilience.

# Listening to you

To help our clinicians and staff develop proposals for better services, we wanted to listen to the experiences of people who have had a baby, are pregnant, or are thinking of becoming pregnant, and to our maternity staff.

We wanted to understand:

- people's experiences of using our maternity services
- whether women and their partners would choose a homebirth, and why
- people's views on two proposed new models of maternity care.



**240**  
people responded to the survey



We held online workshops which were joined by **28 people**

## Survey



**90%**  
were patients or members of the public



**9%**  
were NHS employees



**75%**  
had used maternity services in the last three years



**28%**  
were currently expecting a baby (or their partner was)



**22%**  
had recently given birth

## Working with communities

We wanted to involve as wide a range of people as possible who use our services.

We phoned and emailed local voluntary organisations, patient groups, schools and nurseries, offering meetings and asking for their help to promote our survey and workshops.

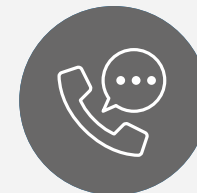
We put the word out on social media, contacting local community groups, the Eastern European (especially Polish) and South Asian communities, and organisations such as Staffordshire Women's Aid.



**212**  
stakeholders engaged with



**383**  
emails sent



**462**  
telephone calls made



# Your experiences before COVID-19

## What went well?

Many of you said you were well cared for in labour by supportive and “amazing” staff. We heard about lots of good care during pregnancy and after birth.

Samuel Johnson Community Hospital was praised for its calming environment. You told us staff were responsive and happy to talk through any concerns.



**58%**

said that maternity staff were professional and supportive



**43%**

said that quality of care was good

*“Both our children were born in Stafford, one when it was a full maternity ward and one after it had become midwife led. Everything was fantastic from the staff to the postnatal care.”*



## What could be improved?

- Better support for birth planning
- Getting the right information to promote good choices at each stage of the journey
- Being listened to and treated with respect
- Receiving more help with breastfeeding
- Consistent advice and seeing the same midwife

*“The care after delivery leaves a lot to be improved upon. It seems that the staff were under huge amounts of pressure from being understaffed. I think with this pressure they become uncaring, and it shows on their treatment of patients.”*

*“For midwives to actually discuss birth plans and patient wishes, to document these discussions and to relay this information to the delivery unit.”*

*“On reflection, I feel I was not given suitable information at key moments of my birth to make an informed choice. As a result I believe I ended up having interventions that were not necessary.”*



# Your experiences during COVID-19

The COVID-19 pandemic meant our services had to work differently to keep staff and patients safe.

We are grateful to the staff who worked so hard to keep services running during the pandemic, and to the families who were so understanding of the challenging situation.

## What went well?

We heard that things went well for many women - even in the especially challenging circumstances of COVID-19. You shared stories about good, supportive care and positive experiences during pregnancy and labour.



**50%**

said that staff were professional and supportive



**32%**

said that quality of care was good

*"All staff were all brilliant, extra caring given the restrictions. Always felt safe attending appointments."*

## What challenges did you face?

COVID-19 restrictions meant that partners were often not able to be there during appointments, scans, or labour, and this made things much more difficult and sometimes distressing. Many women said they felt very lonely without their partner to support them.



**52%**

said that partners were not allowed to attend appointments or scans or be there to give support during birth

We heard that care and communication were sometimes not good enough.



**25%**

said quality of care was poor



**21%**

said communication between staff and service users was poor

*"Attending appointments alone, being told bad news alone, left to deal with things after alone."*



## What could be improved?

- Allow partners to be there at appointments, scans and at birth
- Reopen midwife-led units
- Consistent advice and seeing the same midwife
- Staffing levels, and kindness and empathy of staff
- Breastfeeding support
- Well-organised services and good communication between professionals



# Choosing a homebirth – your views

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

You told us that, when planning where to give birth, you thought about issues like the location of hospitals. For women who were keen to have a homebirth, it was still important to weigh up the distance to travel if emergency care was needed. Some of you wanted a homebirth because you would be more relaxed at home and there would be no limitation on the time your partner could be there.

Total would consider:

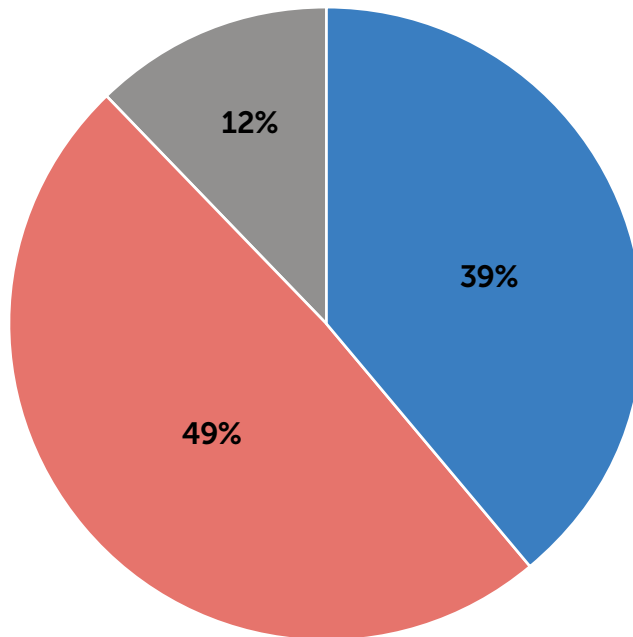
**39%**

Total would not consider:

**49%**

Total not sure:

**12%**



## What would make you decide to have a homebirth?



**25%**

said it would depend on the distance to emergency care if required



**15%**

would consider a homebirth for a low-risk pregnancy



**15%**

For another

homebirth was not an option because of their risk factors

*"No stress of having to get to hospital. Could have my partner with me throughout the whole process and I would never be alone."*

*"Wouldn't feel safe in the event of an emergency with me or the baby (situations can change even if low risk pregnancy) Pain relief is not available."*

# Our vision for change

Each year, there are over 11,000 births in Staffordshire and Stoke-on-Trent. Our midwives and obstetricians work hard to support mothers and families through every step of their journey. However, we know that there are some things that we need to change and improve.

Both COVID-19 and new national guidance reinforced our view that we need to work differently and use our community midwife teams to offer more personalised care.

Through your feedback, you have also told us that personalised care is very important in making you feel safe, supported, and able to make informed choices.



**Being listened to**



**Being given the right information, to help you make the best choices**



**Being able to see the same midwife, who knows and understands your situation**



**Feeling cared for and respected**

To provide this consistent, personalised care, we are proposing to move to a **continuity of carer model**.

## What is continuity of carer?



You have two midwives at your birth – whether this is at home, through an on-demand service or at the larger sites. Ideally, our midwives should work as a team, who regularly meet with you and help develop your birth plan.



This means that if your midwife is off sick or on leave, that you still know and trust your midwife when you give birth. We can also spot early signs if your birth is high-risk and can get you the specialist support and after care you need.

You can find out more on the Together We're Better [website](#).

To achieve continuity of carer, we need to make some changes to how some of our birthing units are staffed.



## How our birthing units are staffed: why changes are needed



We have two freestanding midwife-led units – County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield. They have had to close temporarily because of COVID-19.



Before COVID-19, both units were staffed 24 hours a day, but the numbers of births there were quite low. We were not making the best use of midwives' time and skills. At the same time, busier units sometimes had staff shortages.



COVID-19 is still with us, and still affecting our staffing levels.



Our priority remains the safe care of women and babies – this can only be done with enough staff. To provide high-quality care and continuity of carer, we must use our midwives' time as efficiently as possible.

## What does an on-demand service mean?



Rather than waiting 24/7 in the units, our midwives would be community-based. They would work as a team, within a local area, to support you to give birth at home or at your chosen unit. We will also use support staff at the birth units, to ensure that everything is ready in the birthing rooms when you arrive.



Introducing an on-demand model for the midwife-led units in Stafford and Lichfield would allow our midwives to work more flexibly. We would be making better use of our midwives, and providing more support within local communities.





# On-demand midwife-led units – your views



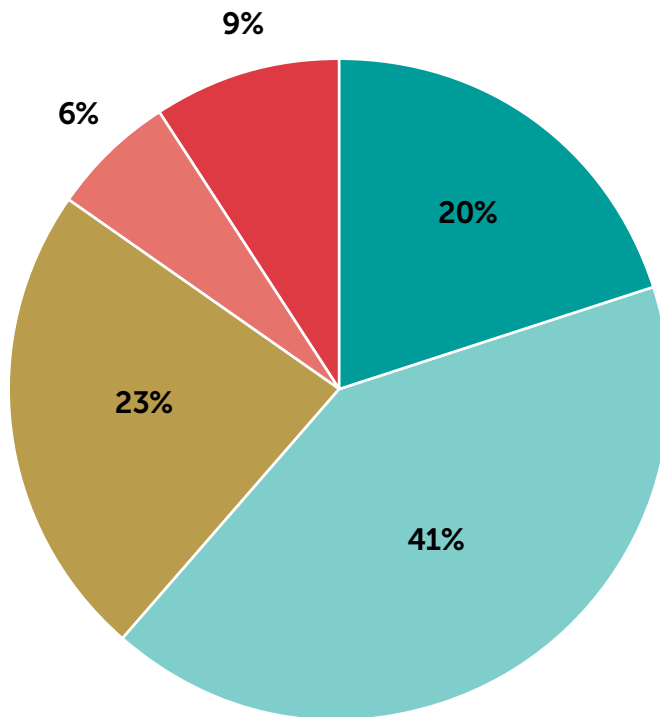
**61%**

of respondents agreed with the proposed on-demand service

Total agree  
**61%**

Total disagree  
**15%**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



Many of you like the idea of the on-demand midwife-led units, although there are concerns about whether the staffing levels would be right, and whether a woman might arrive at the unit before the midwife.

*"I think this is a great idea, it means women can give birth in Stafford if suitable and that we are unlikely to travel to Stoke in labour as high-risk pregnancies are either induced or C-section. It'll also be financially suitable for the trust meaning that money can be invested elsewhere."*

*"If the units are unmanned and a midwife struggles to get to the unit would this not put the mother in an awkward position?"*



# Continuity of carer – your views



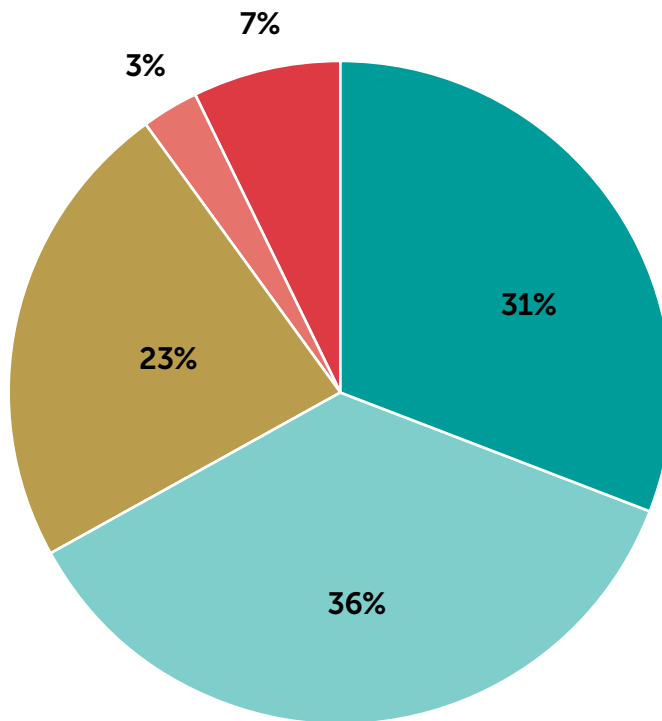
**67%**

of respondents agreed that this was a good model

Total agree  
**67%**

Total disagree  
**10%**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



Your comments told us how important continuity of carer is. Being able to see the same midwife throughout your journey makes you feel more supported and less anxious.



Easier and better communication



Potential complications more easily identified



Not having to repeat your story many times



More consistent advice



Building up a relationship over time



Better scope for developing a birth plan and seeing it through.

You told us that it was difficult not having continuity of carer during COVID-19.

*"I had a different midwife on each routine appointment which resulted in issues being missed or not followed up."*

*"Having more continuity of care would be beneficial, I have had 4 or 5 different midwives so far, although all professional and helpful I would have appreciated having one or two midwives monitoring my progress from start to finish."*



# How we have listened to you

The COVID-19 pandemic has increased pressure on our maternity services, but we want to make things better for the women and families who use them.

Opposite, you can read about some of the plans we already have in place for improvements.



## University Hospitals of North Midlands NHS Trust (UHNM)

- Royal Stoke University Hospital
- County Hospital, Stafford



## University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)

- Queen's Hospital, Burton
- Samuel Johnson Community Hospital, Lichfield

### You told us:

*Community midwives should support women to make birth plans*

*Please re-open midwife-led units (MLUs)*

*More midwives are needed on the wards*

*Please let partners attend appointments and scans and stay during labour*

*Please provide more bereavement support*

### What we are doing

#### UHNM

We plan to re-start our antenatal education programme from Feb 2022  
Birth plans will be included on 'My Pregnancy Notes' – your personal digital care record

We're continuing to review our maternity workforce, to find out how many more midwives we need, and where they are needed

This will help us establish how soon we can re-open the MLU at County Hospital

COVID-19 is still with us, but at present, partners can attend all antenatal appointments and scans, and all women can have partners with them throughout labour

We now have two full-time bereavement midwives in post to provide support. They will liaise with families and provide ongoing support

#### UHDB

We've started a pilot of personalised care support care plans

We still want to re-open the MLU at Samuel Johnson Community Hospital when we have enough midwives

We've received investment to increase our number of midwives

We have a bereavement midwife in post at Queen's Hospital, Burton

# Next steps

## We are carefully reviewing what you have told us.

Our midwives and staff are now exploring how an on-demand midwife-led service and continuity of carer model could work. We believe that the continuity of carer model and moving to an on-demand midwife-led service will make the best use of our midwives' time and offer more personalised care.

Before we can introduce these new ways of working, and reopen services, we will need to recruit and train more staff. We know there is a national shortage of midwives at the moment so this may take some time.

Our maternity services are also still coping with high numbers of staff sickness. At the same time our maternity wards are seeing a rise in very poorly women with COVID-19. To ensure we can continue to deliver safe care we will need to go on working differently for some time. In the meantime, we will continue to work towards our vision of delivering continuity of care.

If you are expecting a baby, your midwife will discuss your choices with you as you work together to develop a birth plan.

**Thank you again  
for sharing your  
experiences and  
views with us.  
We will keep  
you informed as  
our plans move  
forward.**



## Contact us

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