healthwatch Oldham

Antenatal Services (Care During Pregnancy) Project Report

October 2018

Acknowledgements

Healthwatch Oldham (HWO) has four main areas of work: Listening to local people about their health and social care experiences, influencing services, providing information and guidance on health and wellbeing, and providing advocacy support to help resolve NHS Complaintcases

As part of our listening and influencing roles this report sets out the views of pregnant women and partners attending Antenatal Clinics at the Royal Oldham Hospital (ROH). This review of antenatal care highlights where services are working well and makes recommendations to the commissioners and providers of antenatal services.

Healthwatch Oldham would like to acknowledge and thank everyone who took part in the review whilst attending the Antenatal Clinic at the ROH. Thanks go to all the pregnant women and partners who took the time to complete the Antenatal Questionnaire and for their patience, honesty and willingness to share their experiences.

We would also like to thank the Antenatal Team at the Royal Oldham Hospital for inviting us to work in partnership and for making us feel welcome. Particular thanks go to Samantha Whelan the Patient Experience Midwife for her ongoing help, support and advice during the review.

Healthwatch Oldham would also like to thank the Healthwatch volunteers who gave up their time to help with this review and for their ongoing professionalism and commitment to the work of Healthwatch Oldham.

Disclaimer

Please note the stories within the report are subjective accounts by individuals interviewed for this report given on the day they were interviewed, and do not represent the views of Healthwatch Oldham. If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk

The Healthwatch Oldham 100

Planned changes to Health and Social Care Serviceswill affect local people across Oldham. So it is LPSRUWDQW WKDW WKH YLHZV RI ORFDO SHRSOH YRX She people who use services now, or in the future, to get involved.

The **Healthwatch Oldham 100 Project** is simple and straightforward. We would like at lea st 100 residents of Oldham to sign up to receive a regular short survey on health and social care services. The information we collect will be anonymous, so you can be completely open and honest, and you can opt out at any time.

Registering is quick so if you are interested please contact Martyn.Nolan@healthwatcholdham.co.uk and thank you! You can also follow us or contact us through the following:

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Executive Summary

Introduction

Healthwatch Oldham provides an independent consumer voice for Oldham residents who use NHS and social care services. Using the feedback and first -hand experiences of patients and families we monitor the quality of services to highlight where services are working well and make recommendations to commissioners and providers where we feel services can be improved.

We also share information about local health and social care services with Healthwatch England and the &DUH 4XDOLW\ &RPPLVVLRQ &4& 7KLV ZD\ ZH HQVXUH SHRSOH·V national level.

The Royal Oldham Hospital invited Healthwatch Oldham to undertake a review of the experiences of pregnant women and their partners/ birth partners attending their Antenatal Clinics. The project and the choice of questions used were discussed with staff at the ROH. This work corresponds with local plans to further improve maternity services both within the ROH and within the Oldham Neighbourhood Clusters.

What we did

Healthwatch Oldham gathered the views and experiences of pregnant women and their partners who attended the Royal Oldham Hospital (ROH) Antenatal Clinic as part of their pregnancy care.

The review was carried out through semi -structured, face to face int erviews and was open to pregnant women attending 1 of 5 randomly selected Antenatal Clinics held in May and June 2018. We then invited the father/ partners of the women who took part in the interview s to complete their own survey.

In total Healthwatch Old ham interviewed **66** pregnant women and **25** partners/birth partners , the majority resident in Oldham. All the responses were analysed in an anonymous and confidential way and DUH GHVLJQHG WR JLYH D VQDS VKRW RI SHRSOH·V H[SHULHQFHV the Oldham population.

Types of Antenatal Care

Antenatal Care is the care given to pregnant women before a baby is born. This care is designed to monitor the health of the pregnant women and baby throughout the pregnancy, checking on the development of the baby, detecting any complications, and providing advice and support to the parents leading up to the birth. At the first appointment the midwife will recommend Midwife Led Care, Consultant Led Care or Shared Care depending on a variety of factors including physical and mental health, family history and previous pregnancies.

All three types of Antenatal Care involve **ongoing support from a midwife,** however there are some key differences:

- **Midwifery Led (or community) Antenatal Care:** If no risk factors are identified then in most cases women will automatically be offered Midwifery Led Care in the community. In these cases, women will usually only attend the Antenatal Clinic at the ROH for routine ultrasound scans.

- **Shared Antenatal Care:** This is a popular option for women who are considered to have a low risk pregnancy but where there are some wider issues. Shared Care means that the mother sees the ROH Obstetric Consultant and community midwife during the pregnancy. This is often a popular option to ensure continuity of care in the community throughout the pregnancy and bir th. In these cases, women attend clinics both within the community and at the Antenatal Clinic at the ROH for specialist appointments and routine ultrasound scans.

- **Consultant led Antenatal Care:** Where women have a history of health issues from previous pregnancies and require more complex care, or where concerns arise during the pregnancy about the health of the mother or development of the baby, specialist Antenatal Care is led by the consultant and midwives based at the Royal Oldham Hospital.

Aim of the review

The Royal Oldham Hospital is one of three specialist neonatal centres in the region and provides maternity services to women from Oldham, Rochdale, Middleton and surrounding areas. Appr oximately 5,300 babies are expected to be delivered each year at the maternity unit.

This review was undertaken in partnership with the ROH Antenatal Department and the aim of the review was to:

- Explore the experiences of pregnant women and their partner s/birth partners accessing Antenatal Services at the ROH

- Explore how patient experience could be improved through the behaviours of Midwives (both at the ROH and in the community) and Consultants

- Capture the experiences of partners and birth partners attending antenatal appointments and whether they felt included in the antenatal process

Benefits of Father/partner involvement

As well as gathering the views of mothers using the ROH antenatal services this review also sought feedback from fathers/partners and birth partners. The aim was to understand the information needs of fathers/partners during the antenatal process and if th is engagement influenced them to adopt a healthier lifestyle . Research undertaken by The Royal College of Midwives identif ies link s between paternal involvement in the pregnancy and the healthier lifestyles of mothers in relation to improved diet and nutrition, reduction in smoking and alcohol consumption, and increased length of time breastfeeding.

However, the important role played by the father/partner in the antenatal process can often be overlooked. The Royal College of Midwives found that many fathers experienced barriers to getting involved which included a lack of awareness by health professionals of the benefits of their involvement at the antenatal stage , and lack of clarity about their role as neither patient or visitor , leading many to feel excluded (Steen et al 2011).

Further information can be found in Reaching out: Involving Fathers in Maternity Care [2]The Royal College of Midwives https://www.rcm.org.uk/sites/default/files/Father%27s%20Guides%20A4_3_0.pdf

Key Findings

There is much to be celebrated about the antenatal care provided both within the hospital setting at the Royal Oldham Hospital and within the community across Oldham

Overall most of the women who took part in the survey were very happy with the level of antenatal care they received with 92% feeling that their concerns were listened to and that they were involved in choices and decisions about their care. Many women shared their positive experiences about midwives providing compassionate care and taking time to provide information and advice and give clear explanations of what to expect.

However, there were a small number (7%) of women who felt their choices were not listened to and in one example this resulted in the woman electing to move to a different hospital.

The midwives at both the ROH and in the community received particular praise for their friendly approach. In fact, 98% of women felt that the midwives were good or very good compared to 89% of women who felt that the doctors were good or very good.

The doctors were seen as friendly and caring however there were concerns that they were rushed and were not able to give as much time as the midwives to answer questions.

Overall most of the fathers/ partners who took part in the survey were also happy with the level of care offered to the expectant mothers. In terms of adopting a healthier lifestyle 32% of fathers/partners said they already had a healthy lifestyle and 36% said they had made changes as a result of the LUSDU Weight Study. The most common lifestyle changes included a reduction in alcohol closely followed by a healthier diet.

Things that could be improved:

Areas highlighted for improvement included women seeing the same consultant at each appointment, clearer explanations by doctors, and a phone call or text message to say when results had been received and that all was well.

Long waiting times for midwife appointments at the ROH was an issue for many and not knowing how long the appointments would take was of concern for women and their partners taking time off work, and for those with toddlers.

A significant finding from the survey was that 30% of pregnant women did not attend their first antenatal appointment within the recommended timescales of 8 to 12 weeks. This can be significant as some tests such as sickle cell and thalassaemia need to be carried out within the first 10 weeks. Other feedback highlighted that many women were not clear about who was leading their care.

The majority of women at the time of interview had not been asked about all 11 topics covering lifestyle issues, antenatal classes, birthing options and breastfeeding that should be covered at antenatal appointments.

This may be due to some topics being discussed later in the pregnancy or in the case of Domestic Violence, this question is only asked when the woman attends an appointment alone which for some this situation would not arise. However, 62% of women were on their second or third pregnancy and felt they were not asked the questions because they ¶GLGQ·W DSSO\·

Whilst most fathers/ partners were happy with the level of care, the level of satisfaction about their concerns and questions being listened to was lower than that reported by the women. Nearly 50% of partners said they would welcome information specific to them.

The most repeated concern raised by both pregnant women and partners related to the lack of parking spaces when attending appointments, making them late for the appointment and many were anxious about how this would affect them on the day of the birth.

There was also a UHTXHVW IRU ¶SUHJQDG chairs to accommodate sitting for a long time in the waiting room and some negative experiences were raised about appointment letters not being received.

Main Recommendations

1. **First Antenatal Appointment** – Review the information routinely provided to pregnant women to ensure consistent messages are givenabout the benefits of attending the first antenatal appointment within the recommended guidelines .

2. **Antenatal Care Lead** – Ensure information about who is leading the antenatal care , and why, is part of the standard information provided at the outset to pregnant women by the community midwife . If the care lead changes ensure systems are in place to routinely explain this to both the pregnant woman and, where applicable their partner o r birth p artner , along with contact details.

3. **Rushed Appointments** – It is important that women and their partners feel they are given enough time to ask any question they want to about the pregnancy. Ensure realistic appointment times to allow for questions by both the pregnant mother and father/partner.

4. **Waiting Times** – This was an issue at all antenatal appointments both within the community and at the ROH. Realistic appointment times should be given in order to reduce waiting times for others, and as a minimum ensure that women and their partners know in advance if there is going to be a long wait to help manage time off work, childcare and parking times.

5. **Consultant led care** – Where possible follow up appointments should be made with the same consultant or named specialist midwife to ensure consistency of care, reassurance for the woman and her partner, and to reduce the number of times the woman needs to repeat her information

6. **Adequate provision of information for pregnant women** – Consider going through the standard topics at the first antenatal appointment , including written information on Domestic Violence, to ensure all topics are mentioned even if they need to be raised again later to ensure nothing is missed. This should apply to all pregnant women regardless of how many pregnancies they have as circumstances may change

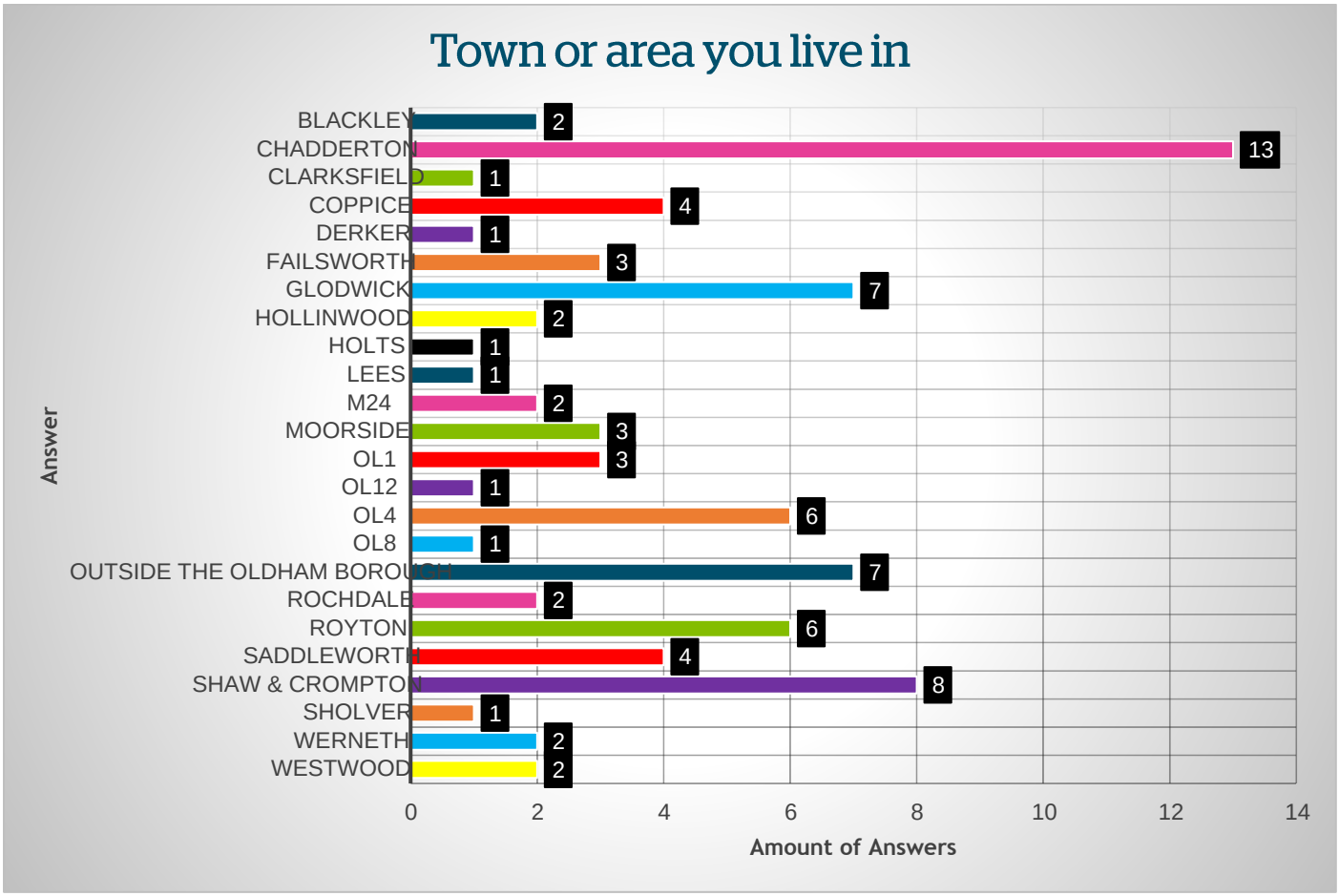
7. **Actively Involve Partners** – Ensure that partners are given the opportunity at each appointment to express any concerns they have or ask questions of relevance to them and feel actively involved in the antenatal discussions.

8. **Partner specific information** - Consider providing a partner leaflet and/or session that reflects the concerns and information partners would find useful , including healthy lifestyle advice along similar lines to those that their pregnant partners are advised on and encouraged to adopt .

9. **Parking Facilities** – The problems with parking was the most recurring issue raised by both expectant mothers and partners. Concerns included being late for antenatal appointments , increased anxiety and worry about how to manage this on the day of the birth . Look at the possibility of a small number of dedicated parking bays for use at the time of the birth.

Who did we speak to?

The following information includes both pregnant women and their partners/birth partners.



Age Range	16-	26-35	36-50	51-64	
	22	52	10		85

Ethnicity	White British	British Pakistani	Pakistani	British Bangladeshi	Bangladeshi	Romanian	TOTAL
Number of People	54	9			3		80

			Other (Didn't state further)	
	83			85

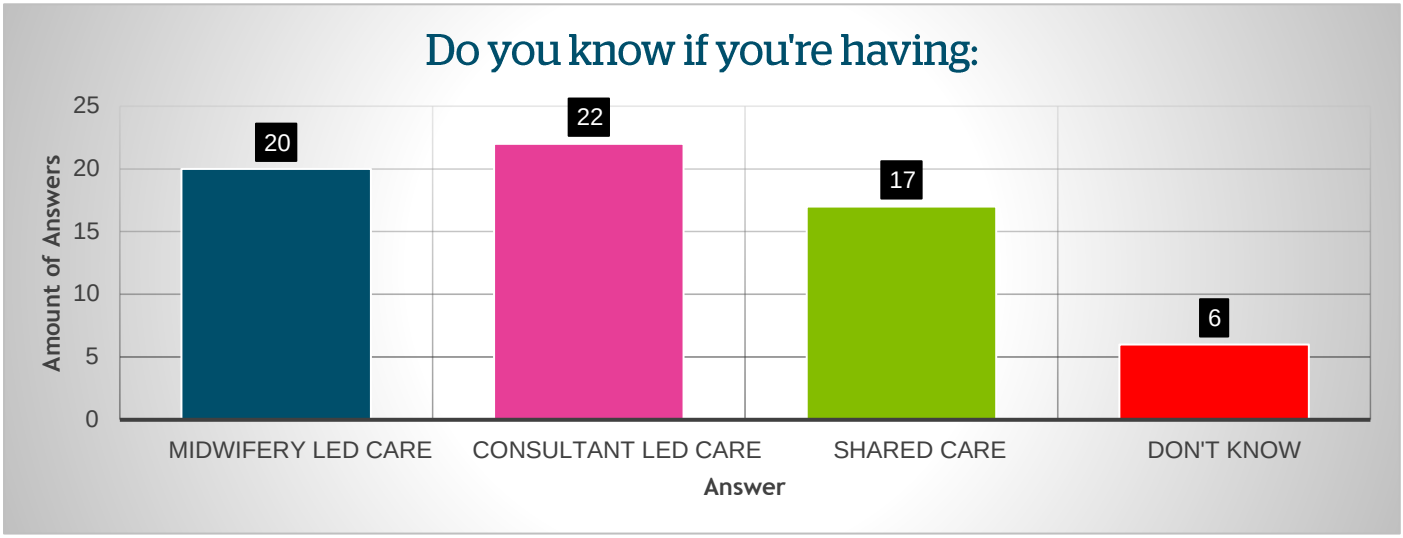
Detailed Findings

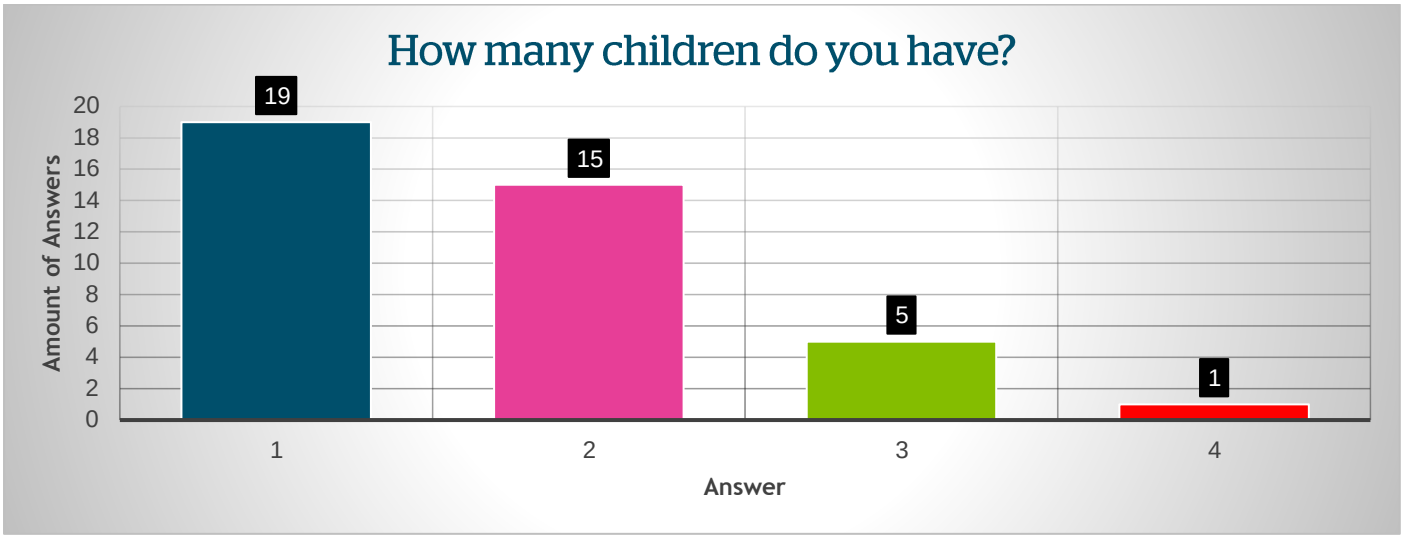
1. Do you know what type of Antenatal Care you are having?

This question was of particular of interest to the ROHAntenatal Department and was included at their request. Caution must be used in analysing the data as there was some confusion about the different types of antenatal care . Some women assumed that as they saw a consultant following thei r first or second scan that they were having shared care or consultant led care , although the majority of their appointments had been with the community midwife and they would contact the community midwife with any concerns.

The women who seemed the clearest on who was leading their care were those who had experienced difficulties during a previous pregnancy which meant they were fully aware they were having consultant led care which involved additional monitoring and appointments with a consultant .

"Gestational Diabetes...so Consultant led throughout. It means extra visits and more time consuming but all well worth it."





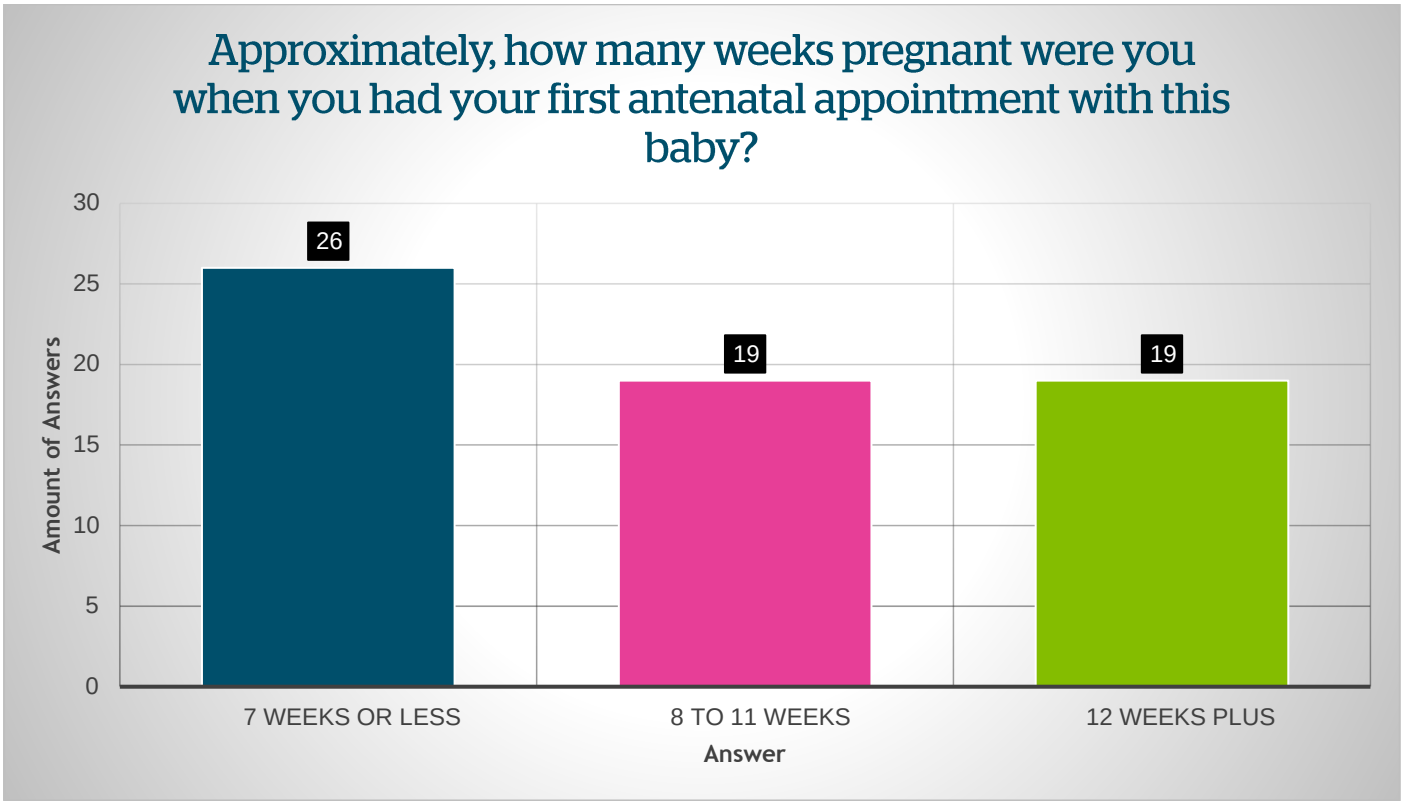
We then asked the women about their overall experience of attending antenatal appointments regardless of the type of antenatal care they were receiving:

2. When did you attend your first Antenatal Appointment?

7 K H 1 + 6 ¶ < R X U S U H J Q D Q F (https://www.nhs.uk/conditions/pregnancy-and-baby/) recommends that women who are expecting should start their antenatal care as soon as possible booking their first appointment between eight to twelve weeks.

'It's best to see your midwife or doctor as early as possible to obtain the information you need to have a healthy pregnancy. Some tests, such as screening for sickle cell and thalassaemia, should be done before you're 10 weeks pregnant'

As can be seen from the chart below 70%of women attended their first appointment within the timescale guidelines. However, 30%did not attend until 12 weeks and over and of these 21%(4) were pregnant for the first time.

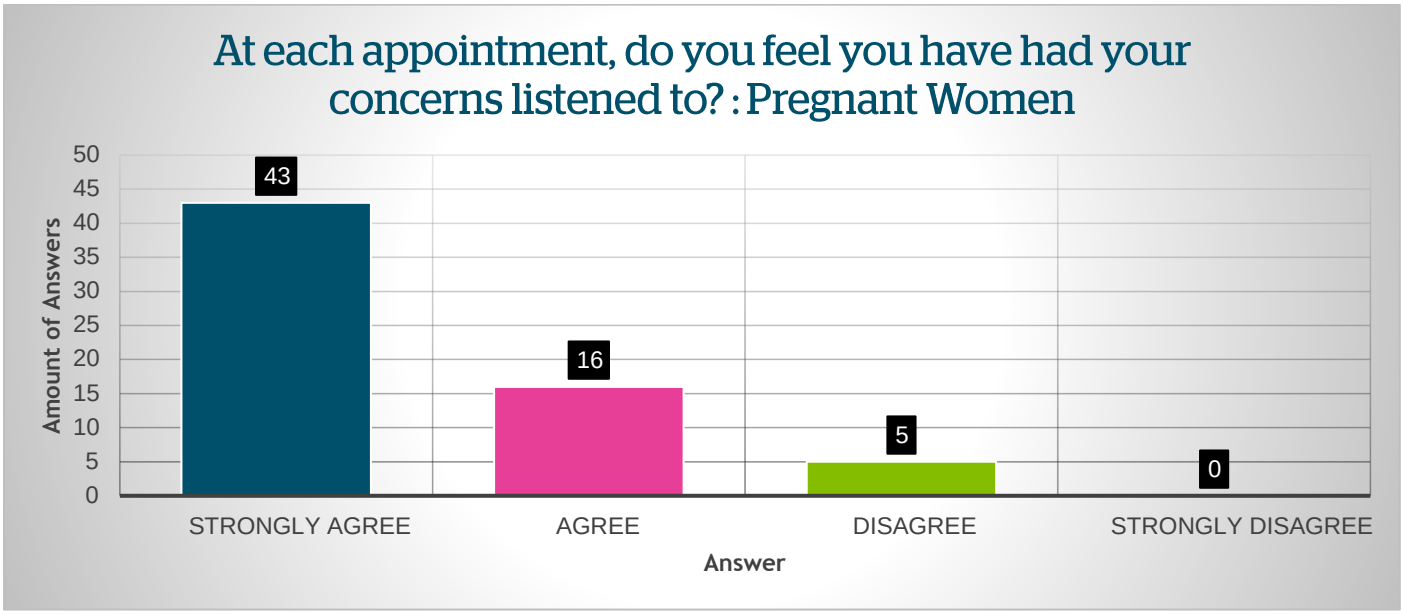


3. Did you feel that your concerns were listened to?

Views from pregnant women:

65% of women strongly agreed and overall **92%** of women either strongly agreed or agreed they had their concerns listened to at their appointments. Only **8%** disagreed.

"I feel sometimes that my concerns are not always listened to... I received mixed messages regarding when regular patterns of movement start in your pregnancy. When these movement don't then start at these stages I get worried and it increases my anxiety that is already bad."

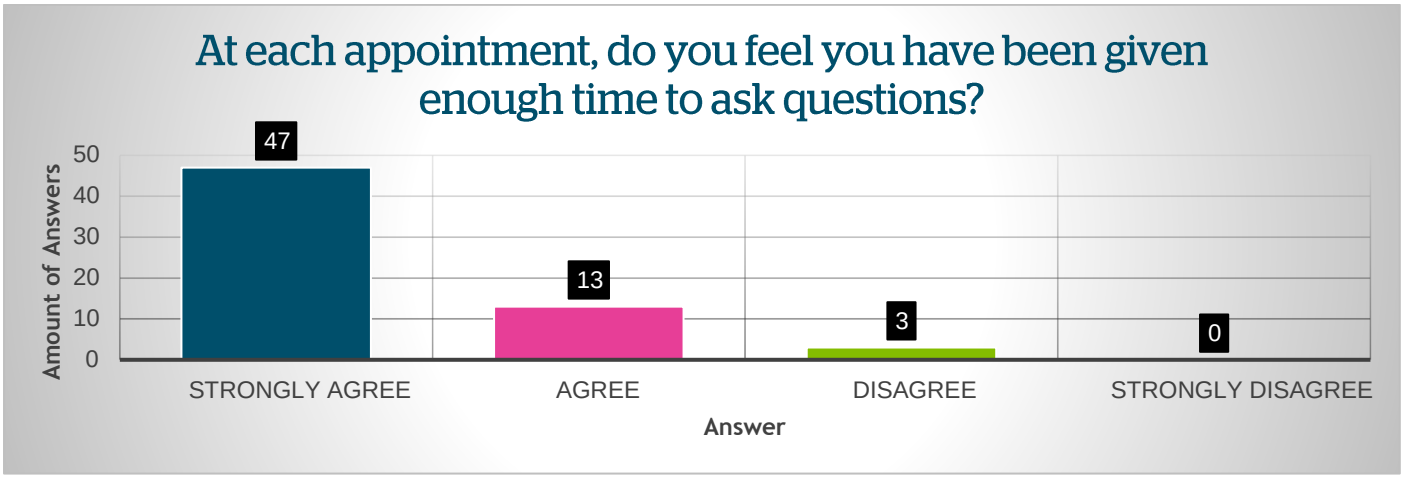


Views from partners/birth partners:

40% of partners strongly agreed that their concerns were listened to which is slightly less than that reported for the women. However, the overall result of **91%** of partners who strongly agreed or agreed that their concerns were listened is similar to that repo rted by women and only **9%** felt their concerns were not listened to.

4. Were you given enough time to ask questions at each antenatal appointment?

95% of women strongly agreed or agreed that they were given the opportunity to ask questions, with **5%** disagreeing.

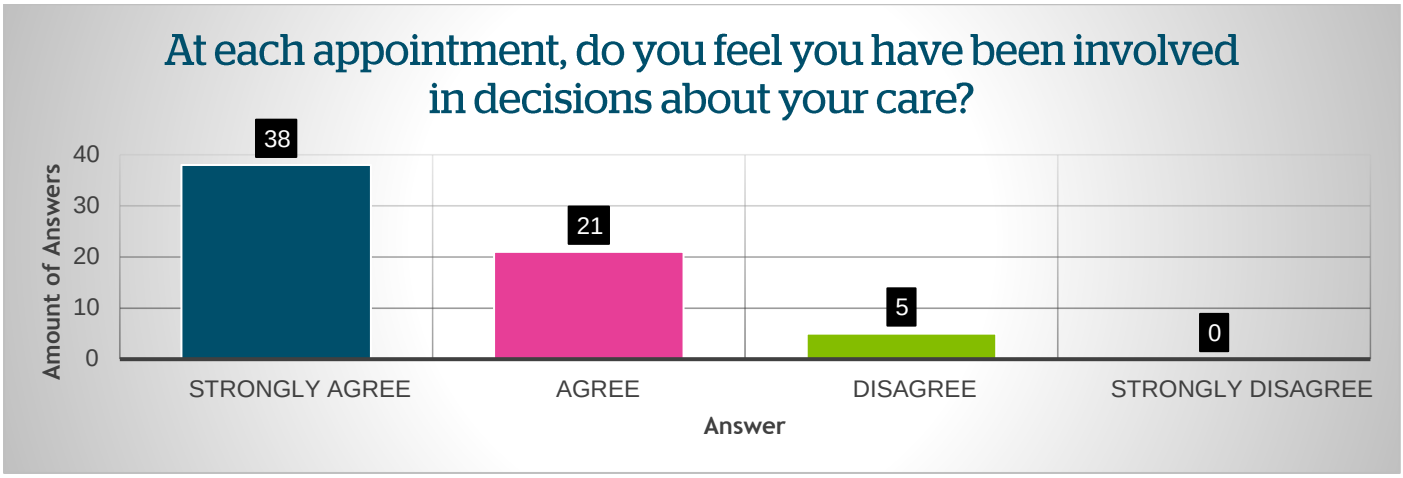


"Don't get the opportunity to ask questions when seeing the doctor as continually repeating yourself about things that are on your notes."

"All good. I ask lots of questions and get answers. The dietician who saw my wife gave her tips on diet...I use some of the suggestions now which has made my diet healthier, it helps educate me." Feedback from partner

5. Do you feel you have been involved in decisions about your care?

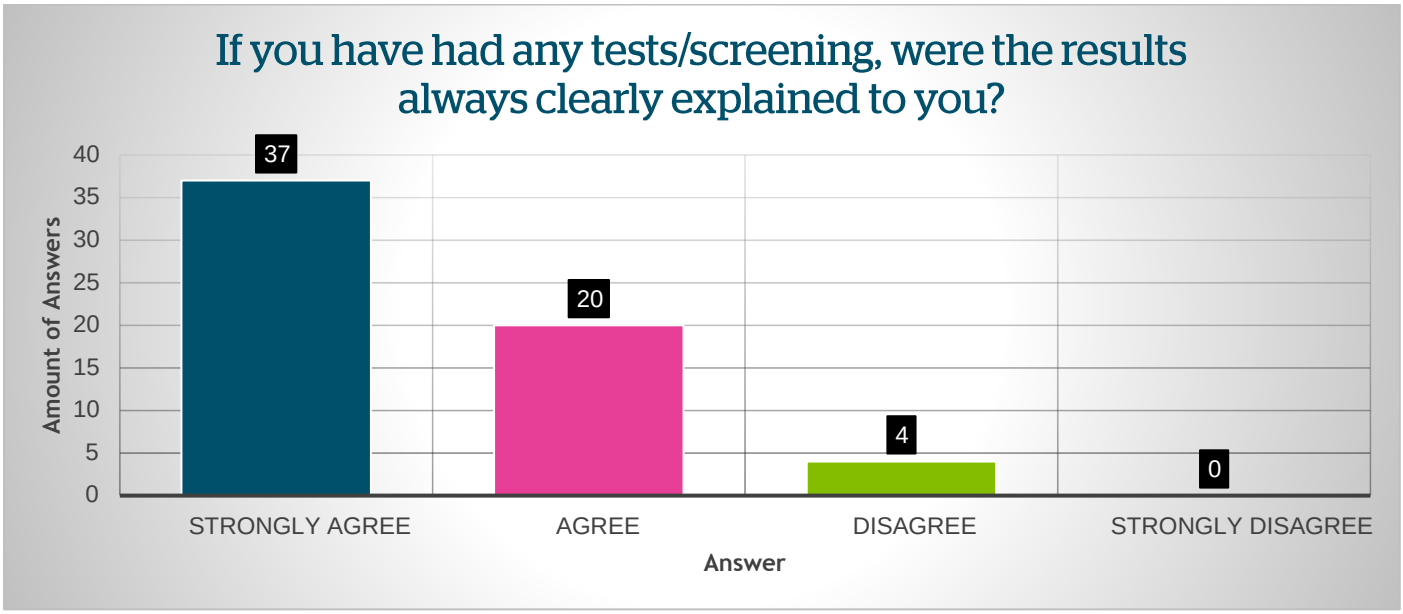
92% of women either strongly agreed or agreed that they were involved in decisions about their care whilst **8%** of women disagreed.



"Because I opted for a c-section early on in my pregnancy the ROH wouldn't support me with this. I then went to the 'birth options clinic' and was referred to Rochdale Infirmary, the consultant there agreed to do a c-section and will do this at a planned date @ ROH."

6. Were test screening results clearly explained?

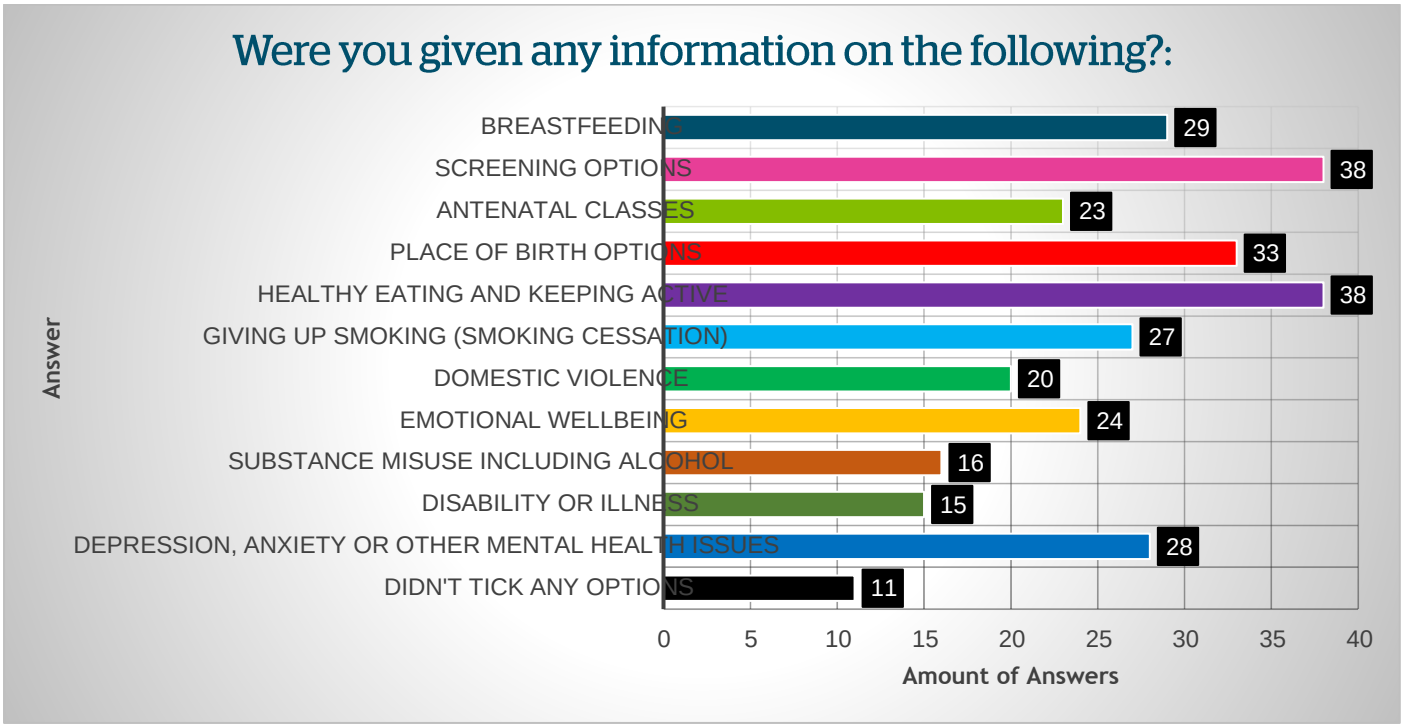
94% of women either strongly agreed or agreed that results were clearly explained , **6%** disagreed



"It would be reassuring to get a phone call after tests, the current system is only to call if a problem. Even a text message would help. To confirm they have received the test and all ok. I have been advised about all tests available and will have them all."

7. Were you given information on any of the following topics?

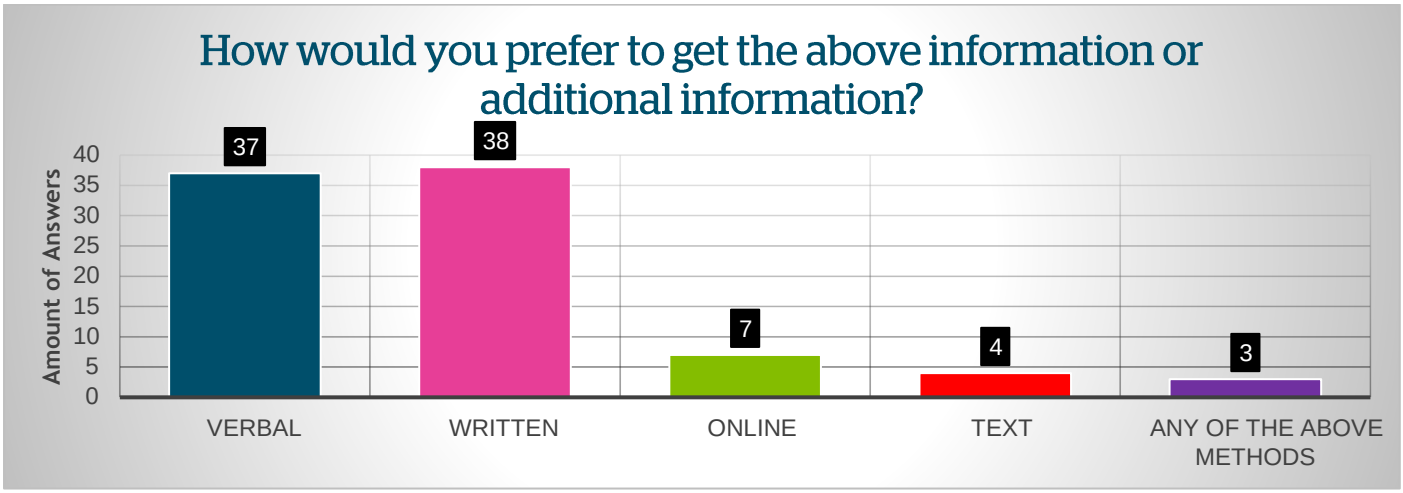
During the antenatal visits all pregnant women should be offered information on 11 key topics. Of those that answered the question only **12%** at the time of interview had either received written information or been asked about all of the topics. Of the remaining **88%** the most common responsesthe women gave in relation to information they had received at that point were; screening options, healthy eating and keeping active, and place of birth options .



"It is important for me to receive information on above topics and be included. My partner doesn't ask questions and has a couple of complications, I attend every appointment, so I can be kept as informed as possible." Feedback from partner

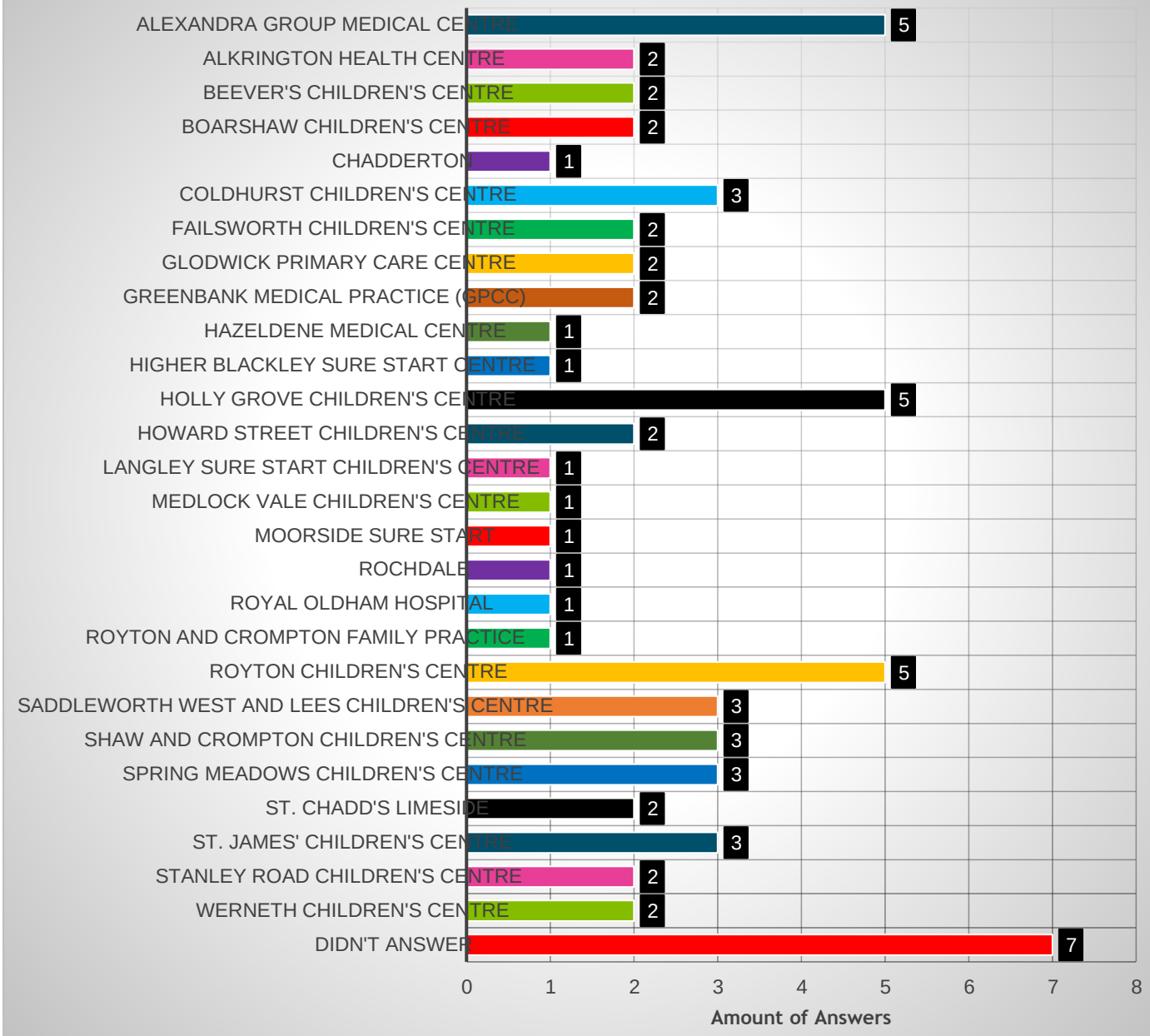
8. All women were asked how they would prefer to receive the information on the subjects stated in the previous question.

The preferred options were written (**57%)** or verbal (**56%)** information.



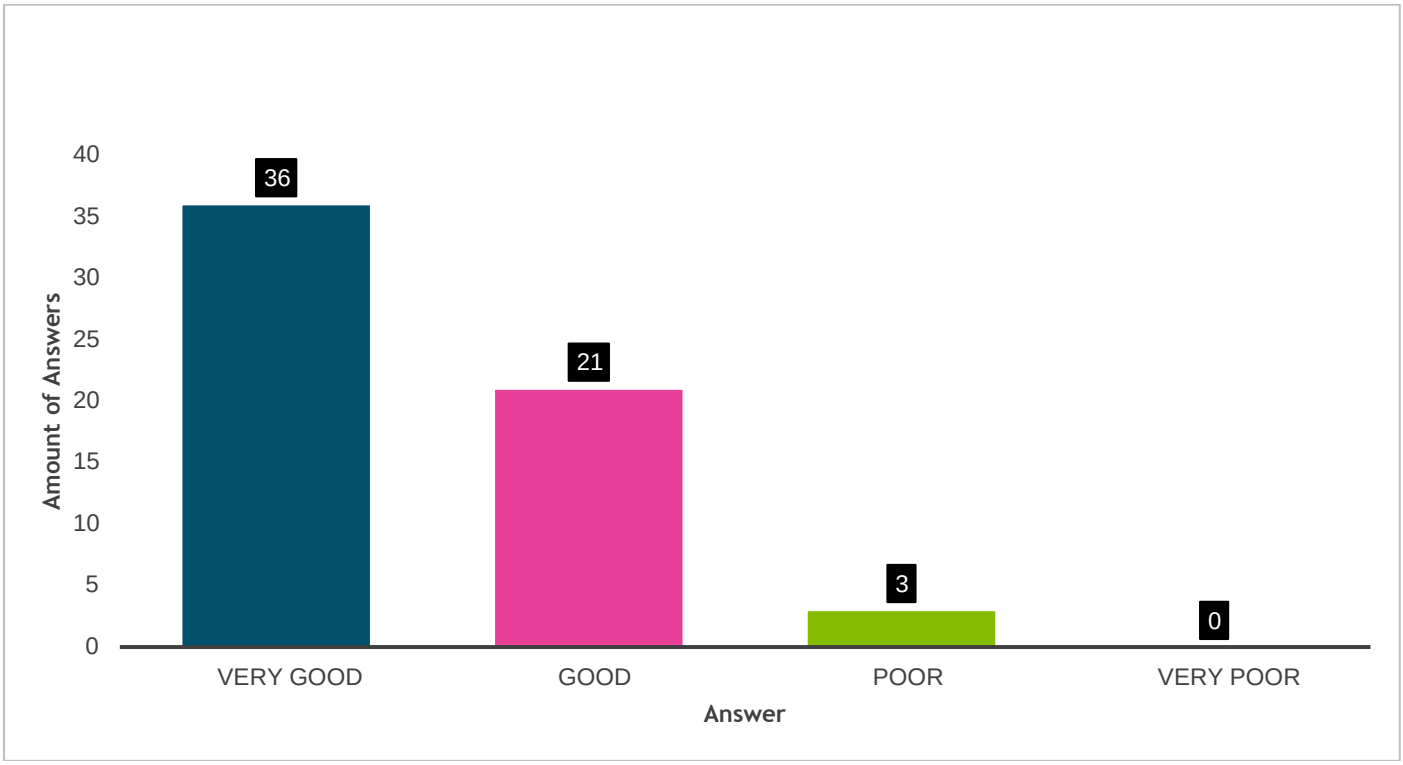
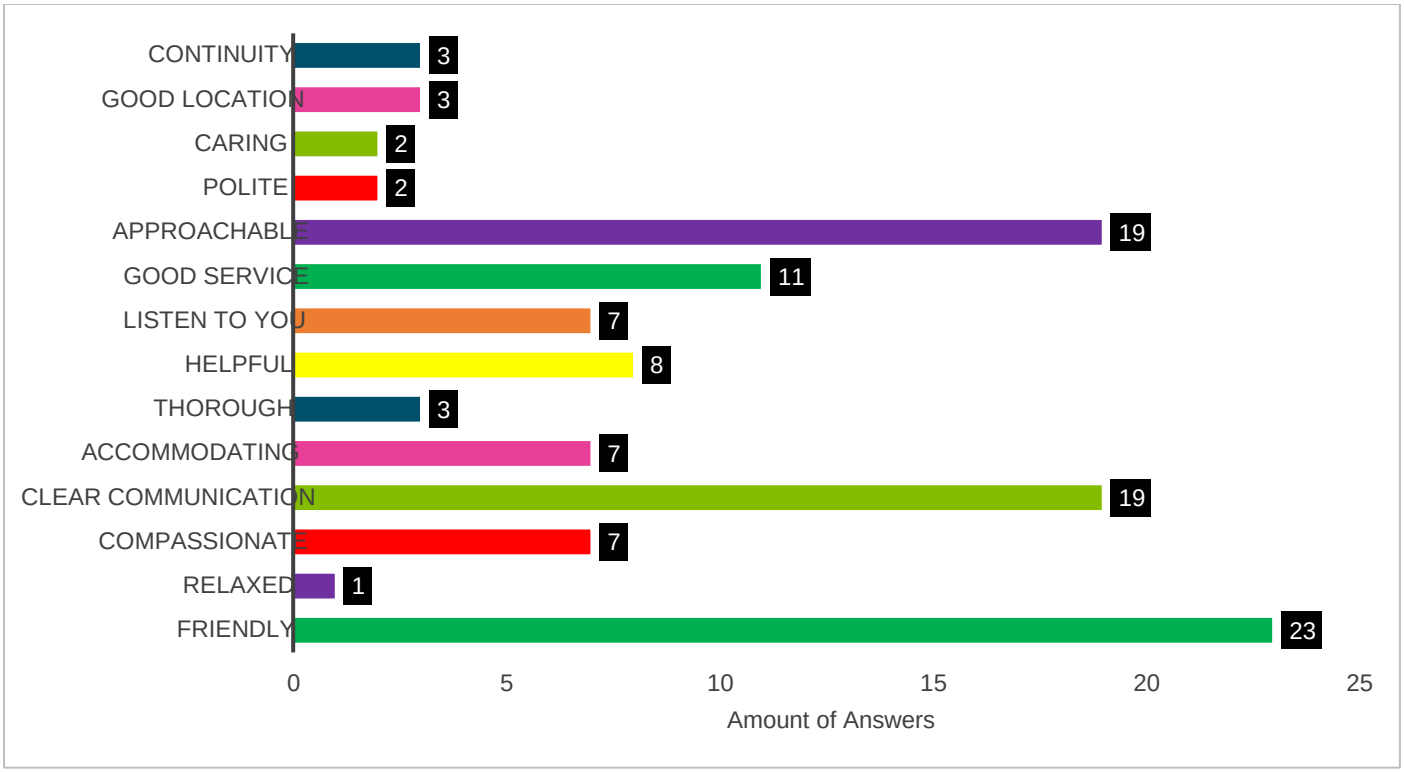
Experience of accessing (Community) Midwife led Antenatal Care

Which Community Antenatal Clinic do you attend?



9. What has been your experience of the Community Midwives you have seen?

95% of women have had a very good or good experience of community midwives, **5%** did not.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