healthwatch Greenwich

LRMN Lewisham Refugee & Migrant Network

Maternity Report

Differences between community and hospital based maternity care in Greenwich

Contents

Executive Summary

Overview

Following feedback gathered from case studies, conversations with service users, concerns raised by community groups, and discussions with stakeholders, Healthwatch Greenwich (HWG) conducted a qualitative study on the experience of maternity care in Greenwich amongst English-speaking women of colour from a migrant or refugee background. This included community pre and postnatal services such as community midwives, health visitors and baby clinics, as well as hospital-based anti-natal, delivery, and postnatal care at Queen Elizabeth Hospital (QEH). We carried out in-depth interviews with seven women who all had experience of giving birth in Greenwich in the last two years.

Findings

We identified key differences in the level of satisfaction and perception of the quality of maternity care between community-based care[1] and hospital services at QEH. Overall, the women we spoke to had positive experiences with their midwifery and community-based care and poorer experiences with in and outpatient maternity care at QEH.

The positive aspects of community maternity care experience related to strong levels of emotional and practical support received, as well as the degree of information provided that enabled women to make informed choices, empowering personal autonomy.

The negative experiences of hospital based maternity care at QEH arose from two main themes – (1) institutional and administrative issues, such as difficulty organising appointments, long waiting

[1] Community services refer to community midwives and health visitors

times, and lack of continuity of care, and (2) communication styles of healthcare professionals, such as a lack of adequate information and/or not signposting to additional sources of support and information, a lack of insight on the impact of poor communication for the recipient, and the feeling for women of not being listened to.

About

Healthwatch Greenwich (HWG) is an independent, statutory organisation representing people who use NHS and publicly funded health and care services in Greenwich. We collect patient and public feedback and use these experiences as evidence to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all. Our vision is for Greenwich to have high quality services, consistent levels of public engagement and an excellent service user experience that meets patient needs and preferences. To achieve our vision we listen, we act, and we influence.

Acknowledgements

We would like to thank the women who participated in this study for sharing their experiences and views with us. We would also like to thank the Lewisham Refugee and Migrant Network (LRMN) for facilitating meetings with their service users and for providing their insight throughout this project.

Aim

To explore the differences in maternity services amongst English-speaking women of colour from a migrant or refugee background

Methodology

Our aim is to gather people's experiences of services using interviews, focus groups or small surveys, rather than conducting large scale quantitative research. In comparison to quantitative research, we focus on words rather than numbers, and depth rather than breadth. Our method is exploratory; we seek to unearth experiences, opinions, thoughts, and feelings. We have found this method to be the most effective and efficient method of capturing insight and engaging with communities and service users. Evaluating women's experience of maternity care and finding out their views and perspectives is a useful way of assessing the quality of care they received, providing crucial insights for healthcare providers and commissioning bodies in continuing to develop services for all.

Profile of participants

We spoke with Greenwich based women of colour who had been settled in the U.K. for several years and who either spoke English as a first language or to an intermediate level. These women had all used maternity services in Greenwich in the past two years.

Sample size

Seven women participated in the project. We worked alongside a local migrant community organisation, Lewisham Refuge and Migrant Network (LRMN), to support us in the design and delivery of this project, which included the recruitment of participants within their service user base.

Data collection methods

Seven in-depth video/audio recorded interviews took place with service users using Microsoft Teams. These interviews ranged between 30 minutes and one hour and were automatically transcribed using Microsoft Office. Participants received £20 as a thank you. A topic guide for interviews was developed in collaboration with LRMN.

Findings

In contrast to much of the literature on migrant and refugee women of colour's poor experience of maternity care (Higginbottom et al., 2019; Jones et al., 2022), it seemed clear during the initial stage of analysis that the women we spoke with had experienced fewer challenges and barriers to accessing maternity care. As a result of our analysis, we identified two key reasons for this: women's level of proficiency in English and their previous experience of giving birth.

All participating women either spoke English as a first language or to an intermediate level. Only one of the seven women used an interpreter during her maternity care, and largely to translate specific complex maternity related terms. All participating women had previous experience of giving birth, most in the UK.

English language skills and previous experience of giving birth in the UK proved to be crucial factors in how women navigated and accessed maternity services. This gave them a level of understanding into how NHS services work, allowing them to draw on previous knowledge and skills, such as the need to register their pregnancy with a GP. These women were also able to utilise existing personal and social networks to independently find information about QEH and other hospitals and the best means of accessing other maternity related services.

However, key differences did emerge between community-based maternity services, particularly the community midwifery team, and hospital based maternity care at Queen Elizabeth Hospital. We categorised our findings into these two groups, through which several sub-themes emerged.

1. Community based services

1.1 Emotional and practical support

Experiences using and accessing health and care services are in part determined by the quality of relationships formed with healthcare professionals. For pregnant women, the importance of being treated with dignity and consideration by healthcare professionals, particularly their midwives, contributes positively to the overall birth experience (Garcia et al., 1998; Tinkler and Quinney, 1998; Redshaw et al., 2019).

The women in this project had largely positive experiences with community-based maternity care services, particularly with their midwives. They told us of the consistent emotional and practical perinatal support they received in key areas of their care. Midwives were described as kind and helpful, with good communication and interpersonal skills and the ability to alleviate concerns. Women

described feeling able to discuss their concerns and seek support when needed. Where negative experiences were raised, this was largely to do with organisational and institutional issues, such as constantly changing midwives/difficulty meeting with the same midwife or challenges getting through to midwives or hospital receptions to arrange appointments.

The importance of caring and respectful relationships between service users and healthcare providers cannot be underestimated, contributing to better overall healthcare experiences. For pregnant women, this type of care throughout their pregnancy has a strong impact on their overall maternity experience and indeed can influence their decision-making regarding future pregnancies (Henderson and Redshaw, 2013; Redshaw et al., 2019).

"I was happy really [with my midwife]. They helped me a lot. They support me during the pregnancy."

Participant 1

I wouldn't change anything to be honest. With the midwife appointments I don't think I would change anything around. They're very important.

Participant 4

1.2 Information provision and informed choice

The literature on women's experience of maternity care demonstrates the importance of service users feeling informed in decision-making and the value they place on opportunity for choice (Jomeen and Martin, 2008; Birthrights, 2013; Redshaw et al., 2019). These factors, and the role of their midwives in ensuring women feel informed and are involved in the process of care, influence whether

women have a positive or negative maternity experience and their perceptions of maternity care more broadly (Tinkler and Quinney, 1998). In our interviews, women shared that they felt listened to and valued by their midwives, and information about their care needs was communicated in respectful, considerate, and timely ways.

I was asking every question and they respond to me. They give me information about what I must do.

Participant 1

Oh. my midwife [name of midwife], the communication with her was always very clear. As soon as I speak to her about what was going on, after she's seen me she was always on the phone to get hold of someone to make an appointment.

Participant 3

Women told us their personal opinions and feelings about their maternity care, such as choice of birth setting, were taken seriously by their midwives. They were provided with information, whether in person, over the phone or through leaflets, that they needed to feel informed and make decisions about their care. For some women, being able to contact their midwife directly by phone or SMS helped alleviate health anxieties, particularly when accessing services face to face was limited during the pandemic. As Participant 3 below discusses, the strength of the relationship she was able to develop with her community midwife meant she asked her to be present at the hospital for the birth.

Oh, my midwife, they are the best. I actually took my community midwife with the hospital, I signed that I wanted

them to be there for me when I'm giving birth 'cause I felt like they were...they were more informative like every time, anything I worry about, I said to the lady and she's always trying to be on the phone and get hold of somebody.

Participant 3

I had the midwifes work mobile number. So, if I had any questions in between and she, you know, I could text her or I could call her and she would reply when she would, you know, on the days that she was working... she was very reassuring. If she didn't know the answer to something, then she would find out for me and let me know.

Participant 7

1.3 Continuity of care

Although the women reported good personal relationships with their midwives, they also told us about a lack of continuity of carer and the impact this had on them. All the women we spoke with had previous experience of pregnancy and maternity care. As a result, their expectations of services were to some degree informed by these experiences. Women discussed, and often linked, quality of care and their overall maternity experience with continuity of midwifery care - the ease or difficulty of having the same midwife throughout their pregnancy. Seeing multiple midwives (although from the same team) did not deliver continuity of care.

I have one midwife that is my midwife but sometimes it depends on the appointment that I get. Sometimes I see her, sometimes I don't.

Participant 4

Ease of accessing maternity support during their previous pregnancies, having the same midwife throughout, and the frustration they felt when this was not available in their more recent pregnancy, was a reoccurring theme. In some cases, this inability to see the same midwife or easily access advice from their midwife contributed to increasing anxieties about their health and frustration at who they should turn to for support.

I wasn't eating as much food, so I was a bit worried. But it looks like you have to wait for your next appointment. You cannot contact your midwife like before. I feel like so many things have changed. I prefer the old system because it's like you have a relationship with your midwife. Once you call them or text them, they're a helper. With this system, you have to wait until your next appointment. You cannot just call.

Participant 4

I would say, at least before you can appoint someone, you need to close check if that person is actually working on that day or the person is going on holiday because like I said, the lady who came to me, she wasn't on duty. She just had to leave her house and come down to me because of the way I was worried.

Participant 2

Continuity of care also emerged with respect to postnatal care. Although postnatal care should be a continuation of the care women receive throughout their pregnancy and birth, several

women shared with us that they felt alone and unsure what to do or how to access support after giving birth. In these instances, women often had to rely on their existing knowledge and skills, whether from a previous pregnancy or seeking information from their own networks and through their own research.

I think the most stressed, where there was really more stress was after the birth...as the woman we need more care from the midwife. Over here I didn't have none of that. I was the one that was weighing my baby...I have to be weighing him myself and writing on the paper...I was being, I became a midwife myself.

Participant 3

One woman described her poor experience with a health visitor who visited her at home shortly after giving birth. The woman told the health visitor about a lump in her breast from breastfeeding, causing considerable pain. Although the woman tried to tell the health visitor that it didn't feel right, she was worried about the pain and she felt very unwell overall, the health visitor told her it was nothing to worry about, that it was normal, and to try a few home remedies. However, the pain worsened and following advice from her friend, the woman was taken to A&E where she was diagnosed with an infection, given antibiotics, and asked to come to the hospital to extract excess milk. The extent of the infection was such that the woman had to stop breastfeeding. This care experience demonstrates poor outcomes and the importance of listening to service users.

I couldn't breastfeed my child, I had to stop breastfeeding him. It was the worst experience with him, but it was the worst

experience ever…[T]hey missed it. They couldn't see it.
Participant 4

1.4 Expectations of services

As mentioned, for many of the women we spoke to for this project, difficulty accessing their midwife and inability to see the same midwife throughout their pregnancy stood in stark contrast to their previous experience. Women told us that during their previous pregnancy they were able to easily access their midwife and see the same midwife throughout which meant they were able to develop a consistent and trusting relationship. The ability to develop rapport with healthcare professionals over the course of multiple contacts and appointments contributes to positive experiences for women before, during, and after delivery. Previous experience shaped expectations and as a result, left women feeling they'd received a poorer standard of care. In this respect, women's expectations of maternity services, whether informed by their previous experience of giving birth or information gathered personally, left them feeling frustrated by aspects of their community-based maternity care.

Yeah, so sometimes I feel there are certain times I feel I should be meeting up with my midwife, but I I wouldn't get appointment because you know, they wouldn't book appointments until, you know, when they were ready to see me.

Participant 3

The Covid-19 pandemic was a central factor in how the women we spoke to experienced maternity care. Frustrated with delays and problems created by the pandemic in relation to the organisation and delivery of services, such as the restriction of all modes of communication/access to maternity care staff, and the disappearance of most face-to-face appointments, women felt powerless and a lack of control. Most felt there was nothing that could be done or that it was something that had to be accepted, even when this meant increased anxiety or concerns about their pregnancy. As the quote below suggests, women felt that services were "doing their best" and sub-standard care (in relation to their expectations) was something they just had to put up with and hope there would not be serious consequences for them or their babies.

It was really hard because of my blood pressure…They do their best to you.

Participant 1

2. Hospital maternity care

2.1 Quality of care and being listened to

Respectful care is particularly important for women during their maternity care. However, women's experience with maternity care staff within Queen Elizabeth Hospital, was notably poorer in comparison to community-based services, with one participant stating "I will never step in Queen Elizabeth again. Never. Everything about them is bad". Women described feeling less supported, understood, and, crucially, listened to, by in and outpatient staff at QEH. This left them feeling less in control over their maternity care.

Previous research suggests women's maternity and birth experiences are related more to feelings and exertion of choice and control than to specific details of the birth experience (Cook and Loomis, 2012). Women told us communication from midwives and healthcare professionals in these settings was poor, they were less informed about their care options, and their knowledge and understanding of their needs was not listened to.

Try to be patient and listen to people. Listen to how they feel, especially parents with kids. They can express themselves and they can tell you what is actually wrong. You just keep guessing and you keep guessing and that puts you in a very high position because you don't know what you're doing, you don't know what is wrong.

Participant 2

I feel they...it's very obvious that they took into consideration [the] baby's health, which is very obvious, you know, but I feel it wasn't widely talked about and considered about my feelings. I know sometimes they kind of like, make decision by themselves and think like, oh, they know everything that's best for baby and yourself. I feel my, like it wasn't widely considered like how I felt, not even being listened to.

Participant 3

The feeling of 'not being listened to' during their maternity care at QEH was a common theme for most of the women we spoke to. In interviews, women described not being kept informed or offered choice about their maternity care, including their birthing options. Some felt their needs weren't being respected and that decisions were being made for them and not by them or with them.

Those that told us their decisions were respected suggested their previous experience of pregnancy gave them the right to be '*taken seriously*'. One of the women we spoke to said that her choices and feelings about her maternity care and birthing options were listened to, but (in her view) only because her previous experience of giving birth gave her the confidence and knowledge to be assertive and speak up to midwives and other healthcare professionals. Conversely, she felt these professionals trusted her opinions and were more likely to listen to her because of her previous experience.

If you've already had a baby, you get taken more seriously…They were very, I think, respectful of my choices and kind of, I just think they heard me a bit more.

Participant 7

2.2 Information provision and communication style

In contrast to the good emotional and practical support received from community midwives, which allowed them to feel informed, in control, and actively participate in making choices, most women said their experience with maternity care staff at QEH was less comforting.

Women described the communication style of some QEH staff as insensitive, whether this was communicating with them about important aspects of their maternity care or more organisational issues, such as arranging appointments. One woman told us she felt under pressure from QEH staff to carry out tests that she didn't want to do, such as for Downs Syndrome. She was told such tests were routine, but felt unsupported and hounded to decide, describing it as "*a kind of emotional trauma*".

Even if the child was actually Down syndrome. I felt…I felt really bad…It really weighed me down like…I was beginning to have

high blood pressure…[E]ven if I was going to carry out the test, it shouldn't be a kind of, you know, back to back mail, you know, back to back Gmail, putting me in in a kind of emotional trauma…I expected them to…show, you know, emotional care.

Participant 6

The quality of communication and signposting was described as poor, particularly when getting ready to leave the hospital, with women telling us they didn't have enough information about who to contact and how, or where to turn to should they need advice. This contributed to increasing frustration and confusion amongst several of the women in the study.

I was thinking, I don't even know who to contact now because I don't even know who my health visitor…So right now even if I have issues I don't know who to go to, because I'm so confused.

Participant 4

Lack of information provision and challenges communicating effectively with QEH healthcare professionals impacted on women's postnatal care. Women told us that once they gave birth, requests for support and information were either ignored, or just not provided.

One thing I would say, you know the pelvic floor exercise that they send is so important. I've given a quick tweak but I still don't know how to do it. Well, no one has really shown me

because all they do is just give you a paper and tells you, this is what you do, what you don't. But I don't get it. I've never gotten it

Participant 4

2.3 Institutional barriers

Women's ability to access and use maternity services is dependent on multiple factors, such as their awareness of services, interpersonal and communication skills of midwives and healthcare professionals, and the quality of information provided. In particular, we found the ability to speak English was a key factor. Despite this, institutional barriers emerged for all the women we spoke to which significantly affected and influenced their experience of maternity care.

The delivery and management of maternity services, and a lack of coordination created additional worry and stress for many. Women consistently told us how difficult it was to access care because of long waiting times for appointments, a lack of certainty about when appointments should be made and by who, delays in scans, and challenges getting call backs from healthcare professionals. Women were left waiting for long periods to hear back from clinics or healthcare professionals, and often found themselves having to chase up services - such as referrals between midwives, GPs, and QEH. Women reported feeling distressed with delays, the lack of cohesion between services, and the absence of information. The accumulation of institutional barriers had the effect, at times, of worsening women's health anxieties.

Give regular appointments for those pregnant women with serious health complications in pregnancy and then be more coordinated because there was no coordination. I felt in the hospital there were there was no coordination at all, especially with the diabetes.

Participant 3

The referral took forever. By the time I went to Queen Elizabeth, the referral came and I think I was almost 12 weeks gone or so.

Participant 4

I've only had one issue where I was booked with a doctor and the doctor was not there and I had to watch for over an hour and eventually they realised that it was a wrong booking.

Participant 5

In the face of institutional barriers, women relied heavily on their own knowledge, skills, personal networks, and previous pregnancy experience to navigate maternity care services. For instance, the women we spoke to, from experience, understood the importance of, and how to seek out, first contact support when they found out they were pregnant. Many relied on doing their own research and turned to personal networks to gather further information and advice about their maternity care. In turn, women shared their knowledge and experience with others.

The new mums, I feel sorry for the new mums because they don't know what to do. They just give you a number to refer to yourself. I had a friend, it was her first baby so I had to help her through. And I was thinking, but this is something that the

healthcare professionals are supposed to do but she would be calling friends because she didn't know what to do or how to go about it. They just gave her a number and she had to go online and stuff. So, it was kind of hard for her, but because I already had kids before, it was easier for me.

Participant 4

Reputation of services, gleaned from personal networks, influenced decisions on where to receive maternity care, and provided a framework through which their own experience was evaluated. Women told us they had concerns about QEH after hearing of unsafe or unsatisfactory experiences from family or friends. Stories routinely shared in personal networks on QEH maternity services included not getting appointments for scans, a lack of staff, and women not receiving timely care in the event of a maternity emergency.

Conclusion

The report highlights key areas of maternity care in Greenwich, aspects that are working well, and areas for improvement.

Women were satisfied with antenatal community-based maternity care. They were able to develop trusting relationships with community midwives and felt listened to and treated with dignity. They felt able to discuss concerns, seek support from their midwives, and were provided with the information they needed to make informed choices about their care.

All experienced practical challenges arranging appointments (and for some, making contact when needed) with community-based midwives. Nonetheless, they felt that each midwife was kind, caring, and offered a high degree of emotional and practical support. These were all factors contributing to a better maternity experience.

All wanted and wished they could have seen the same midwife throughout their pregnancy, and all felt this would have made a significant, positive, difference to their experience. Women did not feel seeing multiple midwives (from the same team) delivered continuity of care.

Though women understood the challenges to maternity services caused by Covid-19, they felt service levels declined and there were missed opportunities. For example, through providing easier access (via telephone and SMS) to community-based staff and greater responsiveness by staff.

Women were less satisfied with postnatal support. They often felt isolated and lacking in information about who to contact or where to turn to, leaving them anxious and frustrated.

Women's experience of maternity care at QEH the was notably poorer in comparison to antenatal community-based maternity

care. Factors contributing to good quality care, and therefore a better maternity care experience overall, were lacking. Key concerns at QEH included women not feeling listened to and respected, a lack of information, and the communication style of some maternity staff.

Institutional barriers to access also contributed to dissatisfaction with QEH maternity care. Women experienced long waiting times for appointments, challenges receiving call backs, delays in scans, as well as poor collaboration between services. These factors exacerbated and worsened women's health anxieties.

Recommendations

Community based maternity care

- Raise awareness of how and when appointments with midwives will be booked.
- Clarify service level response times, i.e., when women should expect a response.
- Improve signposting and understanding amongst women of who/which service to contact when issues arise.
- Provide women with more information and resources so that they feel more supported to manage their post-natal care.

Queen Elizabeth Hospital maternity care

- Review the effectiveness (from service user perspective) of current models of team-based continuity of care.
- Encourage sensitive communication from healthcare professionals when discussing maternity care with pregnant women.
- Ensure healthcare professionals acknowledge and respect women's insight and knowledge, that women feel listened to and involved in their maternity care.
- Improve collaboration between services/departments, such as timely organisation of scans, appointments, call backs and referrals.
- Ensure that women receive timely updates and information to delays or cancellations of appointments.

Limitations

- Qualitative research focuses on generating in-depth, rich data from a small group of participants. As such, the size of our study means that we do not attempt to reflect the experiences of all service users in the borough.
- All seven service users taking part in this project had experience of giving birth in the previous two years. However, it may have provided greater insight if participants had a more recent experience of giving birth as some details of their experience may have been harder to recall.
- All participants were women from a migrant or refugee background. Although HWG worked closely with LRMN, it is possible that power imbalances, specifically related to insecure migration status, may have limited the level of personal detail and information women shared with us.
- All participants were women of colour. However, the interviews were predominantly conducted by white women. This may have influenced the level or type of information that participants felt comfortable sharing.

References

- Birthrights. Dignity in childbirth. Available at: Dignity in childbirth - Birthrights
- Cook, K., & Loomis, C. (2012). The impact of choice and control on women's childbirth experiences. *Journal of perinatal education*, 21(3), 158-168.
- Higginbottom, G.M., Evans, C., Morgan, M., Bharj, K.K., Eldridge, J., & Hussain, B. (2019). Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review. *BMJ Open*, 9.
- Jomeen, J., & Martin, C. (2008). The impact of choice of maternity care on psychological health outcomes for women during pregnancy and the postnatal period. *Journal of evaluation in clinical practice*, 14: 3, 391-8.
- Jones, L., McGranahan, M., van Nispen tot Pannerden, C., Sanchez Clemente, N. and Tatem, B. (2022) "They don't count us anything": Inequalities in maternity care experienced by migrant pregnant women and babies. *Doctors of the World*.
- Redshaw, M., Martin, C. R., Savage-McGlynn, E., & Harrison, S. (2019). Women's experiences of maternity care in England: preliminary development of a standard measure. *BMC pregnancy and childbirth*, 19(1).
- Tinkler, A., & Quinney, D. (1998). Team midwifery: the influence of the midwife-woman relationship on women's experiences and perceptions of maternity care. *Journal of advanced nursing*, 28:1, 30-5

Response from provider

Gunnery House
9-11 Gunnery Terrace
London
SE18 6SW
020 8301 8340 or info@healthwatchgreenwich.co.uk

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation Healthwatch has a right to a reply within 20 working days to reports and recommendations submitted by Local Healthwatch to a service provider/commissioner.

Report & Recommendation Response Form

Report sent to:	shirley.peterson@nhs.net; jeni.mwebaze@nhs.net
Date sent:	27/7/22
Title of Report:	HWG-LRMN Maternity Report
Date response required by:	24/8/22
Response	If there is no response, please provide an explanation for this within the statutory 20 days. **Please note: This form and its contents will be published by Healthwatch Greenwich.**

Date of response provided	24th August 2022
General response	
Response to recommendation 1.	**Raise awareness of how and when appointments with midwives will be booked** The maternity service is in the process of moving all appointments to the electronic patient record "ICare" system. This means that women/birthing people receive an appointment letter in the post as well as text reminders a week before and two days before the appointment. It is anticipated that this work will be completed in the next six months. The routine schedule of appointments recommended by NICE (National Institute for Clinical Excellence) is printed inside the hand held notes along with what to expect at each of those appointments. In the longer

	term the maternity service is planning on introducing the patient portal. This will be an App based system and give women/birthing people access to all scheduled appointments using their phone.
Response to recommendation 2.	**Clarify service level response times, i.e., when women should expect a response** Whenever a woman/birthing person phones a mobile phone that belongs to a midwife they should receive a recorded answer phone message, if they are not able to answer the call. This message advises who they should call in case of an emergency All Community midwives are required to have a recorded answer phone messages on their work mobiles to advise who to contact when they are unavailable. The message also states who to call in an emergency. All team office numbers also have a voicemail that will advise of who to contact in an emergency and that messages left are only answered weekday mornings.
Response to recommendation 3.	**Improve signposting and understanding amongst women of who/which service to contact when issues arise** The letter that is sent to women/birthing people advising them of their first appointment with their midwife also directs on how to contact the maternity service both in and out of hours. Following the booking appointment women/birthing people receive their hand held notes. On the front of these there are emergency 24 hours telephone contact numbers for delivery suite. Telephone numbers for Day Assessment Unit (9-5). Maternity Help line numbers (10-5 Monday to Friday) and the email address for our E-Midwife service.
Response to recommendation 4.	**Provide women with more information and resources so that they feel more supported to manage their post-natal care** The Mum and Baby App has been launched and is a reliable and up-to-date resource that provides patient information on a variety of pregnancy, birth and postnatal topics. It is accessed via a QR code. The link to this can be found in the hand held notes. The maternity service is also in the process of updating the postnatal book that is given to all women/birthing people at discharge. Those interviewed in this study will have had care at a time when many postnatal services were restricted due to the Covid 19 pandemic. The community breastfeeding groups are just reopening now as well as community new baby groups in the Greenwich area. All postnatal visits are now face-to-face; some of these were virtual during the pandemic.
Response to recommendation 5.	**Review the effectiveness (from service user perspective) of current models of team-based continuity of care** Due to a national shortage of midwives community based caseloading teams that provide total continuity of care to the women/birthing people in their care is currently not sustainable. This is the case for many Trusts in London and further afield and is recognized at national level. Lewisham and Greenwich NHS Trust remains, however, committed to re-introduce caseload midwifery as soon as staffing levels allow the service to do so. The maternity service, however, recognises that being able to

	re-introduce caseload midwifery would provide higher levels of satisfaction for both midwives and women/birthing people and is working hard on finding ways of making this possible. As a first step the service is ensuring continuity of care during the antenatal period by allocating one midwife per clinic with a buddy to cover any sickness and annual leave. The same midwife will also provide the postnatal care where possible. In order to work towards making it possible to re-introduce caseloading teams the maternity service is working on new and innovative ways to recruit and retain staff.
Response to recommendation 6.	**Encourage sensitive communication from healthcare professionals when discussing maternity care with pregnant women**. The maternity service shares all feedback it receives with the relevant staff and teams. This could be at one of the daily ward based huddles or on an individual basis. Reflection on what is being shared is encouraged and feedback of any kind is used to stress the importance of kindness and compassion in all interactions; be they with colleagues or patients. Encouraging staff to listen actively means that they are able to ask the right questions and are, as a result, better able to support women/birthing people in their choices. The maternity service is able to provide a dedicated space on the inpatient ward if confidential information is to be shared. Staff are advised to avoid using jargon and to offer translation services as a matter of routine. Staff are also advised to check with women/birthing people and their families that they have all the information they need to make an informed decision and to allow time for this to be processed and understood.
Response to recommendation 7.	**Ensure healthcare professionals acknowledge and respect women's insight and knowledge that women feel listened to and involved in their maternity care** At each appointment/review a plan of care is either made or an existing one modified. Sometimes these plans need to change at short notice. This can be due to a changing clinical picture or service constraints. Delays can be due to other women/birthing people needing emergency treatment. They can also be due to the high level of activity and acuity in the unit and they are also influenced by the midwifery and obstetric staffing levels. If this happens staff are encouraged to update women/birthing people in their care on a regular basis throughout their shift. This is particularly important when women/birthing people are waiting to be moved to another clinical area to continue their care. It is, unfortunately, not uncommon for delays to occur and the maternity team understand how frustrating it must be to have to continue waiting, despite having been told otherwise. There is a clear process of escalation in place which means that ward managers and matrons are made aware of long delays and other

	challenges and are available to support the delivery of a safe service during times of high activity and acuity.
Response to recommendation 8.	**Improve collaboration between services/departments, such as timely organisation of scans, appointments, call backs and referrals** The scan department has recently changed its computer system. This caused some unexpected issues with referrals and appointments and took some time to fix. The issues have now been resolved. The maternity service has implemented a new triage system for referrals to consultant clinics. This system has been designed to ensure that women/birthing people are referred to the correct clinic at the correct time. This has improved the service's ability to respond more efficiently to scheduling requests. The improvement journey is ongoing, regular reviews of its efficacy and new ways of streamlining services are being explored. Most referrals are now on line with compulsory fields so that all the information needed for a referral to be processed is available and accurate. The maternity service is working towards all referrals being built into our ICare system.
Response to recommendation 9.	**Ensure that women receive timely updates and information to delays or cancellations of appointments** The way outpatient appointments are made has been reorganised and has been designed to improve communication between the teams. As a result there are now fewer clinic cancellations. If it is necessary to cancel a clinic at short notice due to an emergency or an unforeseen absence a consultant will review the reason for attendance and decide whether the appointment can be rebooked or whether it is more appropriate for the woman/birthing person to be seen that day by the on-call team.
Signed:	
Name:	Shirley Peterson
Position:	Divisional Director of Midwifery and Nursing Women's Children, Sexual Health and Governance

healthwatch Greenwich

Gunnery House
9-11 Gunnery Terrace
Woolwich Arsenal
SE19 6SW

www.healthwatchgreenwich.co.uk
t: 0208 301 8340
e: info@healthwatchgreenwich.co.uk
@HWGreenwich
Facebook.com/Healthwatchgreenwich