



HEALTH AND WELLBEING BOARD: 25 JANUARY 2017

REPORT OF HEALTHWATCH LEICESTERSHIRE

IN MUMS WORDS

Purpose of report

1. The purpose of this report is to present the findings of Healthwatch Leicestershire's (HWL) survey that saw HWL listen to expecting mothers, mothers and healthcare professionals.

Link to the Local Health and Care System

2. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.
3. HWL has become an established member of the Health and Wellbeing Board where we are able to present evidence-based insights and findings reflecting patients and the public views of health and social care services.

Recommendations

4. The Health and Wellbeing Board is asked to:
 - I. Note the findings and to urge health and social care partners to consider actions to improve services, systems and processes outlined in the report.
 - II. Suggest stakeholders that would welcome the presentation of this report.

Background

5. The target audience for this research was expecting mothers, mothers, midwives and public health nurses. Two separate surveys were produced to capture feedback, one for healthcare professionals and the other for expecting mothers and mothers. We heard from 136 expecting mothers and mothers and 54 healthcare professionals.

Emerging themes

Results and reassurance

6. From our focus group discussions and survey responses, mums and mothers to be mentioned there is an assumption that GP's needed to somehow confirm their pregnancy. As part of this conversation, half of mums and mothers to be were not aware that they could go directly to a midwife once pregnant. Some mums told us that their GP practice had stated they needed to see the GP first.

A listening ear

7. From the responses received, it's clear that mums value and appreciate the time they have with their healthcare professional. However, when looking at the feedback closer, we have learnt that mums are all too aware of the limited time for each appointment, so are self-conscious about taking up more time to feel comfortable enough to ask further questions. Feeling unsure and unconfident, mums told us that any questions they may have, did not feel that important in the grand scheme of things, against the key messages that healthcare professionals needed to discuss within their meeting. This contributed to feeling a lack of emotional support especially for those that previously had issues with pregnancy, for example miscarriage or complications.

Feeling abandoned

8. After birth - Mums told us about the vulnerability they experience in the immediate hours of giving birth. They expressed a feeling of abandonment, especially those mums who were not allowed to have their partners stay with them. Many mums wanted more guidance and support from hospital staff during the night, as this was when their energies were low and reflecting on their childbirth experience and future responsibilities.

Building a bond

9. Expectant mums and mothers told us that the relationship between them and their midwife is important, allowing advice, support and information to be shared by a trusted professional. It matters to them that the same midwife that visits them at home is the one they see throughout their pregnancy; and that a strong relationship is established to provide comfort and reassurance to mums.

Sharing of information

10. It was clear from their responses that many healthcare professionals thought there should be greater or more effective sharing of information. For example, this could be in the form of joint meetings between midwives and public health nurses. In addition, professionals discussed having a more effective relationship by using the same online systems and the possibility of a formal handover from midwife to public health nurse.
11. Healthcare professionals reported that their time during meetings with mums is limited, which can restrict a fuller discussion. Imparting information to mums that maybe useful, delivering contractual information, putting mums at ease as well as building a relationship with them is reported to be difficult to achieve in the allocated time frame.

Report recommendations

12. This report highlights experiences and insights into how mothers, mothers to be feel about services; and how healthcare professionals feel about internal workings. We have provided both strategic and practical recommendations as follows:

In light of the local improvements and changes that are set to take place due to the National Maternity Review: Better Births - Five Year Forward View for NHS

maternity services in England; and the Care Quality Commission ‘choosing maternity care’ initiative.

1. **We recommend that you use the findings of this report to help inform future procurement and commissioning of services; as well as further public engagement when reviewing maternity services locally.**
2. **We recommend a small campaign or publicity, similar to the ‘Direct to Midwife’ initiative that promotes women’s choices and an avenue to get their pregnancy care started sooner directly with the midwife.**

When we asked patients what could be done to improve their experience of the ED, a reoccurring theme was the lack of beverages and snacks available.

3. **We recommend that UHL consider how to provide suitable hot and cold drinks and snacks for patients visiting the ED.**

Feedback from mothers has highlighted that their initial expectation of being allocated a named midwife against the reality of seeing the same person is not aligned.

4. **In order to manage expectations, we recommend that healthcare professionals are clear and transparent informing mothers that they may see multiple midwives at various points throughout their pregnancy.**

Better integration of services is a key driver for local health systems, as well as using the knowledge of frontline staff to shape services.

5. **We recommend improved joint working and sharing of information amongst healthcare professionals.**
6. **We recommend a demonstrable process that allows healthcare professionals to provide a formal response/ have meaningful input into any consultation or new service changes.**

The emotional support provided to mothers is a key factor within this report and the feedback that mothers provided.

7. **We recommend the exploration of new ways of working, including signposting or specific initiatives, to give mothers a better sense of emotional support, particularly in the first few days and weeks of giving birth.**

Officer to Contact

Name and Job Title: Vandna Gohil, Director
 Telephone: 0116 257 5040
 Email: Vandna.g@healthwatchleics.co.uk

Relevant Impact Assessments

Equality and Human Rights Implications

1. Healthwatch Leicestershire is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.
2. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.