

# **Maternity Matters**

## **What does a great service look like?**

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## Part 1

### Executive Summary

Healthwatch Cumbria has worked in partnership to find out the views of women and their significant others regarding their maternity services.

The survey took place in Cumbria and North Lancashire during November 2015. There were 1234 respondents. The survey found there were generally high levels of satisfaction with the care received at all steps of pregnancy and after the birth of the baby. However there were comments about how services could be improved. The themes of most significance were; the importance of continuity of care, consistency of information, postnatal support for breastfeeding, support to make informed choices and accessible, local services.

The analysis begins on page 12 and a summary of findings is on page 25.

These findings are a snapshot of the perspective of those who participated.



## Acknowledgements

Healthwatch Cumbria (HWC) has welcomed the opportunity to work in partnership in developing and conducting engagement with the Maternity Service Liaison Committees (MSLCs) in Cumbria and North Lancashire. We would also like to acknowledge the support of all members of the Royal College of Obstetricians and Gynaecologists (RCOG) Implementation Group, the HWC ambassadors, the many NHS staff who have been helping and the Health and Social Care Evaluations team (HASCE), led by Dr Tom Grimwood at the University of Cumbria. We are indebted to the people of Cumbria and North Lancashire who gave their time to take part in this *conversation*.

## Introduction

In the autumn of 2015, HWC was commissioned by NHS Cumbria Clinical Commissioning Group (CCG) and NHS North Lancashire CCG to undertake a *conversation* with the public regarding their experiences of maternity services in Cumbria and North Lancashire. This proposal was a continuation of ongoing engagement with the public supporting the implementation of the RCOG maternity review<sup>1</sup>. The aim of the *conversation* was to understand, '*what a does a great service look like*', focused on the views and experiences of (mainly) women of childbearing age and their significant others.

The *conversation* was part of a series of activities taking place within the RCOG review process, which had been commissioned by the CCGs with a commitment to extensive engagement in supporting the development of a maternity pathway, rather than formal public consultation. It builds on previous engagement material and intelligence from local MSLCs and their representatives of the North and South Cumbria Engagement sub groups and a representative from the National Childbirth Trust (NCT).

In the spirit of coproduction, HWC worked in partnership with the MSLCs and the independent engagement advisor from RCOG, Cath Broderick. HWC also worked with the North and South Cumbria Communications and Engagement groups as well as many NHS workers in codesigning an internet based survey that ran through the month of November 2015 and resulted in 1234 responses. In addition, HWC, alongside volunteers from the groups above, ran complimentary engagement sessions including 'drop-in's, to enhance and supplement the take-up of the survey, using hard copies of the survey where appropriate and alongside other complimentary methods. The MSLC representatives disseminated the survey through their networks for further reach.

HWC worked in partnership with HASCE at the University of Cumbria, to provide both quantitative and qualitative analyses of the subsequent responses.

We would like to acknowledge the assistance and support of the organisations, groups and individuals, especially through the RCOG engagement sub groups, who have helped us to obtain and understand the views of people using maternity services in the area.

There are inherent limitations to the survey and further analysis could be undertaken in a longer timeframe. There is a wealth of additional data, especially in the free text sections and from the complementary activities that may prompt RCOG Implementation group to consider requesting further analysis as the process of reviewing maternity services moves on.

The following report details the background, process and analysis of results of the HWC maternity survey. For those who are mostly interested in the new survey results these are reported from page 12 onwards. Through discussion and comment, including information from the other *conversation* activities, we are adding to the previous work of this nature undertaken in Cumbria.

<sup>1</sup> The RCOG (2014) Review, commissioned by NHS Cumbria CCG and NHS North Lancashire CCG, is to provide an appraisal of options for future arrangements for maternity services in Cumbria and North Lancashire, based on information from CCGs, Hospital Trusts and interviews with professional experts.



## Maternity Services in Cumbria and North Lancashire

Maternity Services in Cumbria and North Lancashire are provided by the North Cumbria University Hospitals National Health Service (NHS) Trust and the University Hospitals of Morecambe Bay NHS Foundation Trust. NHS Cumbria CCG and NHS Lancashire North CCG hold responsibility for planning and buying hospital and community health services in these areas, including maternity services. Regarding regulation, the Care Quality Commission's (CQC<sup>2</sup>) role is to inspect the quality of health and social care, including maternity units. The limitations of inspections are discussed in the Ham and Murray (2015) Kings Fund report.

There are two consultant led hospital units and a midwifery led unit in each of the two areas. Overall, these maternity services are providing support for over 4000 births annually. Additional services for over 500 Cumbrian women are provided by the Royal Lancaster Infirmary as detailed below. The total in this table refers to live Cumbrian births:

Maternity Service	Type	Live Births 2013-2014
Cumberland Infirmary	Consultant Led Unit	1672
West Cumberland Hospital	Consultant Led Unit	1279
Penrith Birth Centre	Birthing Unit	24
Furness General Hospital	Consultant Led Unit	1030
Westmorland General Hospital (Helme Chase)	Midwifery Led Unit	165
Royal Lancaster Infirmary	Consultant Led Unit	1968 (549 Cumbrian patients)
(RCOG, 2014:11)		<b>Total 4719</b>

<sup>2</sup> The Care Quality Commission is the independent regulator of health and social care in England; see <http://www.cqc.org.uk>.



## Cumbria and North Lancashire context

Maternity Services in Cumbria and North Lancashire are underpinned by a unique and challenging context of geography, circumstances and events, listed below:

- The geography of the area creates some distinctive challenges specifically regarding road infrastructure and transportation impacting on time, safety, convenience, cost and communications.
- There are issues of deprivation in larger urban areas such as Barrow and West Cumbria as well as some very rural communities. Evidence demonstrates a range of specific health inequalities (RCOG, 2014:6).
- There are longstanding problems within local health services. In September 2015, England's Chief Inspector of Hospitals recommended that North Cumbria University Hospitals NHS Trust should remain in special measures following its latest inspection by the CQC. Following on from this, West, North and East Cumbria were selected to be involved in the national 'Success Regime' initiative (NHS England National and Regional Tripartite Group, 2015) described by the Government as a 'whole systems intervention' set out in their 'Five Year Forward View' (NHS, 2014).
- Alongside Essex and Devon, Cumbria is viewed as one of the most challenged health and care systems in the country. These challenges include problems in recruiting to key clinical posts, a history of financial challenges and the need to improve quality of service (NHS, 2015). This new regime is developing a 'Clinical Strategy' to be ready by the end of March 2016, which takes into account the previously agreed strategy for local services; 'Together for a Healthier Future' (NHS Cumbria CCG, 2015). This forms the five year plan for North Cumbria.
- Historically some of the problems outlined above have led to vigorous campaigning by local groups to save their services from the threat of closure, particularly in West Cumbria (News and Star, 2014). In 2005 it was apparent that maternity services in West Cumbria were under threat of being centralised into Carlisle. A local campaign, 'Don't move our mums' reported:

*'Staff at West Cumberland Hospital have launched a petition in a bid to stop any possible changes which could mean many hundreds of women in West Cumbria having to travel to Carlisle to give birth'*

(Whitehaven News, 2005).

A similar article appeared again in 2014 and is still currently under discussion. Given the national call to patient voice and coproduction, the views of patients and the local community are paramount and will need to be taken seriously as set out in *Transforming Participation in Health and Care* (NHS England, 2013).

- Of crucial significance to the area has been the Furness General Hospital tragedy, related to events between 2004 and 2013, which resulted in the deaths of eleven babies and one mother. The investigation into the tragedy was headed by Dr Bill Kirkup, a former senior Department of Health official. He reported '20 major failings' and 'cover up's' at all levels as a 'lethal mix of failures' (Kirkup, 2015: 7; BBC, 2015). Kirkup made 44 recommendations which, due to such acute systemic failure, included a national review of maternity services. Part of this review, which was under the umbrella of the *Five Year Forward View*, included a national online survey which was still running 'live' in November 2015. The review was independently chaired by Baroness Julia Cumberlege who, as part of her national itinerary, visited Cumbrian maternity services to understand better the service provision and views of professionals and people who used the services in the area.

This distinctive set of background circumstances with their ramifications and sensitivities underpin the present day maternity services in the Cumbria and North Lancashire areas. Many local events and circumstances are linked into national policy moves around improvements in healthcare and maternity services, creating a challenging and complex landscape.

## Previous reviews of maternity care

This section reviews some of the work that has taken place since 2006, which has been utilised in Cumbria and North Lancashire reviews and has subsequently informed the direction of the HWC/ MSLC 2015 survey.

Research and reviews of maternity services interlink national policy reaching out into localities, although, as in the case of the Furness General Hospital tragedy, the call for review can also generate from what happens in the locality. Overall, the CQC (previously Healthcare Commission) had undertaken a national survey of maternity care every three years. This information can be viewed at <http://nhssurveys.org/surveys/299>.

The West Cumbria Community Maternity Project group was set up in 2006 to understand the views of maternity service users and their families in the local area. This was in the wake of public concerns about consultant led services at West Cumbria Hospital possibly being relocated to Carlisle as reported above<sup>3</sup>. The aim of their survey was to feed these views into a public consultation, *'Care Closer to Home'* (Cumbria NHS Primary Care Trust, 2007) regarding the future of maternity and other health services in the area, whilst it was taking place.

It is reported that the questionnaire was designed after a process of group facilitation, supplemented by questions from the project group particularly related to home births (Adewoye et al, 2008). The survey, which ran from April until July 2007, was distributed to 151 different groups and organisations taking into account areas of deprivation, rural populations and disadvantaged groups. This resulted in 1456 completions from the 5020 questionnaires distributed. A preliminary quantitative analysis was undertaken, using a Microsoft access database. This information was supplemented by some emergent qualitative themes.

The preliminary report demonstrated that most respondents had a high degree of satisfaction with West Cumbrian maternity services. Interestingly West Cumbrian culture was high on the agenda:

*'...a strong sense of wanting their babies to be born in West Cumbria. Some respondents said they did not want Carlisle to show up on the birth certificate'*

Adewoye et al (2008:19)

Much of the additional comment raised was about proximity to consultants and home. It was reported there were many remarks about the inadequacy of road infrastructure particularly in relation to the perceived future risk of women having to travel from West Cumbria to Carlisle. There were fears of what might happen if there were complications during the journey. This was underpinned by the question, *'What concerns would you have if you needed maternity services that were not located in West Cumbria'*? Interestingly there were no questions about views and experiences of care after the baby was born.

The report was produced as 'preliminary' and there was planned to be a follow up report that reflected a deeper analysis of the qualitative themes, however this additional work did not materialise due to lack of resources.

Around the same time, the three yearly national survey was underway. The survey of maternity services was undertaken within the national programme of general health services focused on the experiential views of NHS patients (Healthcare Commission, 2007). The results from 26,000 women who responded to their 2007 postal questionnaire<sup>4</sup>, demonstrated that, in the main, they had been happy with the care they received from their services before and during childbirth but that care after the birth of their baby was wanting. Lack of information, poor cleanliness in hospital postnatal spaces and lack of kindness and understanding were some of the main issues raised. From this the Commission suggested that trusts should involve women more in decisions about their care. From this survey, and for other reasons discussed later, we included a section on aftercare in the HWC/MSLC survey.

<sup>3</sup> The West Cumbria survey followed the North Cumbria Maternity Review (2006) chaired by Maggie Blot, which concluded there was 'no obvious solution' around the future of obstetrics at WCH.

<sup>4</sup> The questionnaire was based on that used in the National Maternity Survey, 2006, undertaken by the National Perinatal and Epidemiology Unit which was co-funded by the Healthcare Commission.



The following 2010 national survey (then undertaken by the CQC programme) reached 25,000 women. This report demonstrated general improvements from the perspective of the women but there were fewer women attending antenatal classes than in 2007 and more women giving birth in non-active positions. It was also noted that information was limited regarding changes in emotional state following birth. These points were raised by the CQC as problematic.

The 2013 CQC survey managed to reach 23,000 women. Again the survey reported general improvements on the 2010 results but highlighted concerns around information or support being provided inconsistently, and in some cases basic knowledge such as medical history was not known. Issues were also raised about cleanliness and concerns of some women being left alone (usually at the early stages of labour).

In March 2015, Simon Stevens, Chief Executive of NHS England announced the NHS Five Year *Forward View*<sup>5</sup> (NHS, 2014), which set out a vision for the future of the NHS. Amongst the other identified care streams, this included (backed by Kirkup) a national review of maternity services. As previously mentioned this review was independently chaired by Baroness Julia Cumberlege and was tasked to assess current maternity care provision across England deliberating how services should be developed to meet the changing needs of women and babies within the current climate. The terms of reference for the national review stated that:

*“...in developing proposals, the review will pay particular attention to the challenges of... more geographically isolated areas, as highlighted in the Morecambe Bay Investigation report”*

(NHS Maternity Review Terms of Reference, NHS England, 2015).

The national maternity review panel established a number of working groups to take the review forward. These groups included NHS staff, professional bodies and patient representatives who were tasked to bring forward ideas for improving maternity care; the RCOG was involved as a panel member. The consultation work was undertaken within a nine month timespan using a variety of different foci and methodological approaches.

The ensuing internet based survey was responded to by over 6000 people. As part of the many other engagement events, Baroness Cumberlege visited different parts of the country, for regional ‘drop in’ events which included Cumbria.

The Baroness spent time at the local general hospitals and attended a national public engagement event in Carlisle, which was part of the ongoing county engagement. There were also meetings with professionals and other stakeholders. The discussions over her visit included:

*“...geography and access, externally defined standards and their application to small units and the greater importance of outcomes, the use of Midwifery time, continuity of care, and the use of IT”*

(NHS Cumbria CCG Governing Body,  
7th October 2015).

<sup>5</sup> The thrust of the *NHS five year forward view* was that although some of the changes expected in services were NHS based, lot of actions would require new partnerships and connections within local communities and local authorities and employers. This was to respond to the prediction of a £30 billion funding mismatch between patient demand and finances available by 2020.



## RCOG review of maternity services across Cumbria and North Lancashire

In 2014 NHS Cumbria CCG and NHS North Lancashire CCG commissioned an independent review of maternity services in their two areas. In line with one of the recommendations of this review led by Dr A. Falconer, the RCOG Implementation Group was established. The engagement activities which were delivered as part of this implementation process were aligned with ongoing engagement activity in both areas. It was also set against the backdrop of significant local feelings about maternity services, including the continuing concerns about the closure of the West Cumberland maternity unit. In addition there were strong public feelings invoked by the baby and patient deaths that had occurred in Morecambe Bay, investigated by Kirkup<sup>6</sup>, as explained at the start of this report.

The aim of the RCOG 'Options Appraisal' was to provide expert advice on developing '*high quality, safe and sustainable*' (RCOG, 2014) maternity services for the future and to consider what would be needed to keep four consultant led units at Barrow, Carlisle, Lancaster and Whitehaven and to develop midwifery led units next to or on the same site as the consultant led units in order to provide more choice for women. The report describes this as 'option 1' in its recommendations, which also called for the development of maternity services to be underpinned by holistic communications strategies included communities, political leaders, professional stakeholders and patient and lay representatives. This underscores a strong commitment to a coproductive approach, outlined in the Five Year Forward View and later demonstrated in the HWC/MSLC survey approach.

## Summary of implications of previous reviews

There has been a substantial amount of review and research on maternity services undertaken both nationally and in the local areas. This evidence has often demonstrated consistent views with some incrementally improving experiences but has also evidenced repeated and, latterly, increasing concerns, leading to the recent proclivity of investigation. This mirrors the fundamental national and economic issues facing the NHS underpinning specific local problems.

This evidence led to a significant amount of discussion within the HWC team about ensuring the survey and other data collection methods were independent of any pre-set assumptions and preferences, whilst being mindful to take local sensitivities into account. Earlier public engagement cited above had provided a strong message about keeping consultant led services local, but HWC were clear in their service level agreement that the survey was not a 'consultation' about the RCOG options but a general need to ask questions afresh of the women and their significant others actually using, or planning to use Cumbrian/North Lancashire maternity services. We wanted to know what local people thought '*a great maternity service*' would look like.



<sup>6</sup> The introductory pages of the review explain that none of the team involved were privy to what would become the Kirkup report results.



## Healthwatch Cumbria/ MSLC survey - a partnership approach

Nicol and Eaton (2013: 143) set out that if the NHS is to survive, then *‘health leadership [is] a co-productive endeavour between health workers...and patients, working within and beyond traditional NHS boundaries’*. The concepts of engagement and empowerment are core to the success of the NHS and care services for the future and mapped out throughout the last decade of health and social care policy reports and statements. HWC, as part of this transformative approach, is tasked to champion the views of patients and social care users. Maintaining the independent position of HWC was therefore of prime importance. Working in partnership with the MSLCs ensured access to local knowledge and up to date input with those liaising with local mothers and their families.

HWC had raised the issue of ethical approval for the *conversation* and supplementary activities, but according to the Integrated Research Application System<sup>7</sup>, the Health Research Authority would classify the exercise as evaluation rather than research, making an application redundant. HWC were keen to follow ethical principles and included a statement at the start of the survey to assure confidentiality and usage within the parameters of the Data Protection Act (1998)<sup>8</sup>.

In designing the survey (appendix 1) the HWC research team elected to use SurveyMonkey<sup>®9</sup>. Previous Cumbrian (and many of the national) surveys have used postal questionnaires, which we viewed as problematic. We were acutely aware of the time limitations placed on the *conversation* regarding the potential success of postal responses, but also wanted to utilise technology for convenience whilst optimising the number of responses. The draft survey was designed to be short and easy to access, comprising 43 questions over 9 pages. Learning from the approach of previous local and national surveys, we divided the questionnaire into five distinct sections:

- Details about the respondent
- Pre pregnancy
- Care and support during pregnancy
- Care and support during the birth
- Care and support after the birth.

In order to follow a collaborative spirit, we needed to balance the sensitivities of our partners whilst upholding the integrity of HWC independence. We had been asked to make use of previous group facilitated sessions that had taken place in South Cumbria using a café style ‘tablecloths’<sup>10</sup>, approach in order to inform the questions and so we incorporated some of the suggestions. This was a method developed by Cath Broderick for engagement in Morecambe Bay and used as the basis for facilitated conversations across Cumbria, which demonstrates joint working, co-design and testing of methodology.

The Bluebell Foundation<sup>11</sup> and The Cumberland Infirmary Maternity Bereavement Support unit, also kindly agreed that we could include their phone numbers and website address for anyone who had been, *“affected in any way by the loss of a child through a pregnancy”*.

<sup>7</sup> IRAS is a UK online system for preparing regulatory and governance applications for health and social care research. It is provided by the Health Research Authority on behalf of IRAS partners.

<sup>8</sup> HWC statement of confidentiality - *‘This survey is being undertaken by Healthwatch Cumbria in association with the Maternity Services Liaison Committees and the analysis will be shared with the NHS to inform future service planning. We have asked for personal details from our survey population to understand if any significant comparative factors arise. All information supplied will be held by Healthwatch Cumbria and will remain secure and confidential. Your details will only be used for research purposes and will not be passed on to any third parties or used for marketing purposes in accordance with the Data Protection Act 1998’*

<sup>9</sup> SurveyMonkey<sup>®</sup> is an online, cloud-based, survey building facility.

<sup>10</sup> Tablecloths were spread over tables at drop in sessions and allowed people space to write in their comments under a range of broad questions.

<sup>11</sup> Bluebell Foundation can be found at [www.bluebell.org.uk](http://www.bluebell.org.uk)

The draft survey went through a process of several iterations, inviting comment and suggestions for improvement from the wider partnership, including:

- West Cumbria MSLC
- Eden and Carlisle MSLC
- Maternity Matters in Furness
- Maternity Matters in South Lakes
- Maternity Matters Lancashire North.

This process was very useful as it helped to refine questions and ensure that partners were satisfied their ideas were valued and taken into account. This process continued into the report stage. Occasionally there were contradicting requests so HWC established an audit trail for justifying stasis or change.

A paper copy of the questionnaire was developed out of the electronic template which was designed for specific ease of use. These paper questionnaires were to be collected and transferred onto electronic versions by the facilitators and HWC administrative staff to maximise the electronic 'survey monkey®' analysis.

HWC/ MSLC organised a timetable of sessions across the county supported by the HWC team, their ambassadors and volunteers from the other groups involved. The sessions included chats with the public, interactive sessions and drop in events at local toddler groups, Sure Start centres, play centres, clinics, schools and leisure centres. There were podiums available for people to fill in feedback sheets to support facilitated conversations at the drop in sessions. There were also facilitated group sessions using the café style 'tablecloth' technique discussed above. These additional activities created a wealth of information that afforded a more qualitative interpretation, some of which was analysed separately to supplement the information from the survey.

HWC developed 'facilitator notes' (appendix 2) for those supporting the activities on the day. The CCG also produced Story Boards (appendix 3), which provided an easy to read definition of key phrases and terminology typically used in maternity services. This was to ensure that there was continuity in approach as far as possible. As each location was different there were limitations to constancy.

The *conversation* should be understood as a one month snapshot of 1234 individuals' opinions and experiences, supplemented by information from other more qualitative supporting group activities.

Overall, throughout the *conversation* period of November 2015, which proved to be a month of intense and targeted activity, there were:

- 18,000 postcards distributed
- 1234 electronic surveys completed
- 70 engagement sessions
- 11 drop ins
- Many tablecloths and feedback sheets
- 31 hand held and podium based responses
- 100's of facilitated conversation.

The CCGs led a media campaign to support the programme. The promotional materials designed by HWC were taken out to wider consultation. The postcard (appendix 4) developed to advertise the survey, was dropped into schools (to be placed into the children's book bags to take home), GP surgeries and other locations with a likelihood of the target population passing through.

Press releases were provided to local media and the survey was discussed on local radio and through the HWC and other relevant websites.

## Analysis

The University of Cumbria Health HASCE team, undertook the analysis of the survey. They provided a quantitative analysis which was complimented with a thematic content analysis of some of the 'open-box' questions.

There was a variation of types of questions across the survey including multiple choice questions inviting specific responses and drop-down box including open questions seeking more qualitative information. There was a large variation in response to the open box questions and, it was found, the responses were not always related to what the question had asked.

The survey had a mixed response rate for each question. The results were analysed for statistical significance and relevance. However the amount and variety of material included prompted many questions - inviting further analysis outside the scope of the report. It is clear that people have much more to say about their maternity services in Cumbria and North Lancashire.

The overall analysis produced some headlines and subsequent themes of interest. These results capture individuals' perceptions of services, which can be very personal, so it would not be appropriate to claim generalisability. However, the material is also potent and, within the limitations of the method, can provide some useful pointers for further analysis and discussion.





## Part 2

### Report of the Survey

The results below are presented to match the five main sections of the electronic survey plus a summary of reflective thoughts. Threaded throughout the different themes are quotations in large print that link into the qualitative analysis of each area from the open box questions. The report finishes with the main themes put forward through the cafe style 'tablecloth' exercise, constituting 'what does a great service look like?' We have used the qualitative analysis to supplement the survey findings.

## Section 1 - Details about the respondents

### Gender, ethnicity, age and disability

Of the 1234 responses, 1156 (94%) of the respondents were female. In relation to ethnicity, 1188 (97%) of the respondents were White British. 18 described themselves as 'white other'. There were two respondents from an Indian background and one from a Malaysian background; this does to some extent reflect the lack of ethnic diversity in Cumbria. The highest age grouping - 401 respondents (33%) was 31-35 years. There were 300 aged 25-30 and 202 aged 36-40 in the next largest groupings. 41 people (3%) replied that they were disabled.

### Use of maternity services

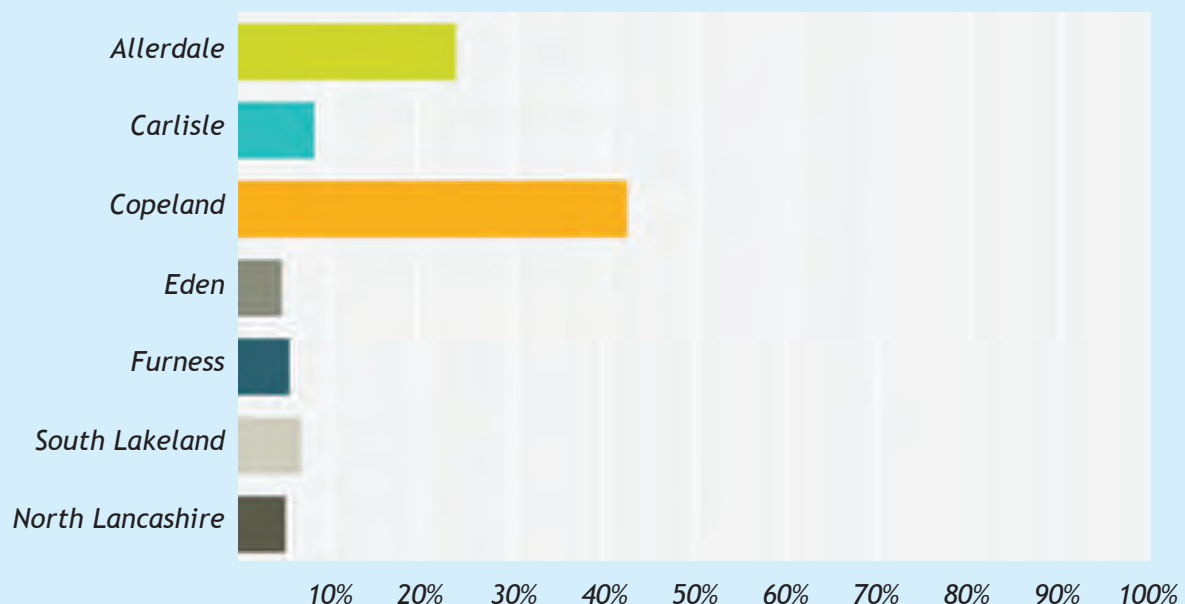
76% had used maternity services over the past five years. This means that they were reflecting on recent experiences mainly within Cumbrian services. Of those women, (18%) were currently using maternity services and 8% were intending to be using services in the future.

### District

The highest response rate was from those in Copeland, followed by Allerdale. This may have been because of a wider concentration of activity events in that area. However, the survey was web based and, as discussed earlier, West Cumbrian's had been historically engaged in campaigning. This population is currently concerned about maintaining a local maternity service, which may also have led to a more vigorous response.

For future reference and analysis, the survey had also collated 1182 postcodes of the respondents.

Chart showing response rate by area.



## Section 2 - Pre pregnancy

### Themes and figures pre-pregnancy

When asked how informed respondents were prior to pregnancy, 52% felt that they were reasonably informed. This question allowed space for comment which included that many women already had children and had learned by experience. Others talked about doing their own research, whilst some others reported a lack of information forthcoming. Overall the response was rated 3 out of 5.

‘Having had my baby in another region, I was slightly apprehensive as I had been previously told that the maternity services in Cumbria were poor.

I did not find this to be the case however!’

Respondents were also asked in an open box question, what their impressions were about maternity services in Cumbria or North Lancashire before pregnancy. Many of the responses were positive but there was, predictably, mention of the Furness General Hospital tragedy as well as very positive mentions of West Cumbria maternity services. Some people had no opinion at all on this question.

At the end of section two, respondents were directed to the rest of the survey if they had been through pregnancy, or to the end of the survey if not; 830 respondents (89%) of the 933 who answered this question carried on.



## Section 3 - Care and support during pregnancy

### Antenatal checks

Prior to birth the level of satisfaction with antenatal checks, and their location, were 88% positive.

There were 12% unsatisfactory responses due to:

- Car parking difficulties
- Uncomfortable conditions at some community settings, and;
- Excessive travel.

Based on the survey results, 'Excessive travel' (see Figure 1), would seem to be over 40 minutes.

**'A consultant led maternity  
is what we deserve to have'**

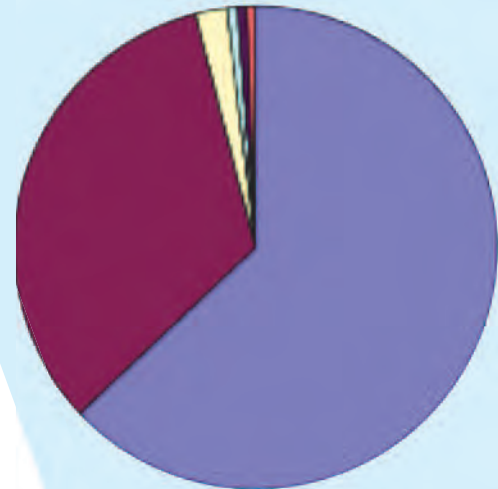
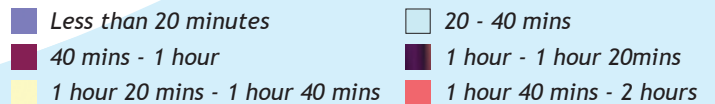


Fig 1. Reasonable travel time to access antenatal care?

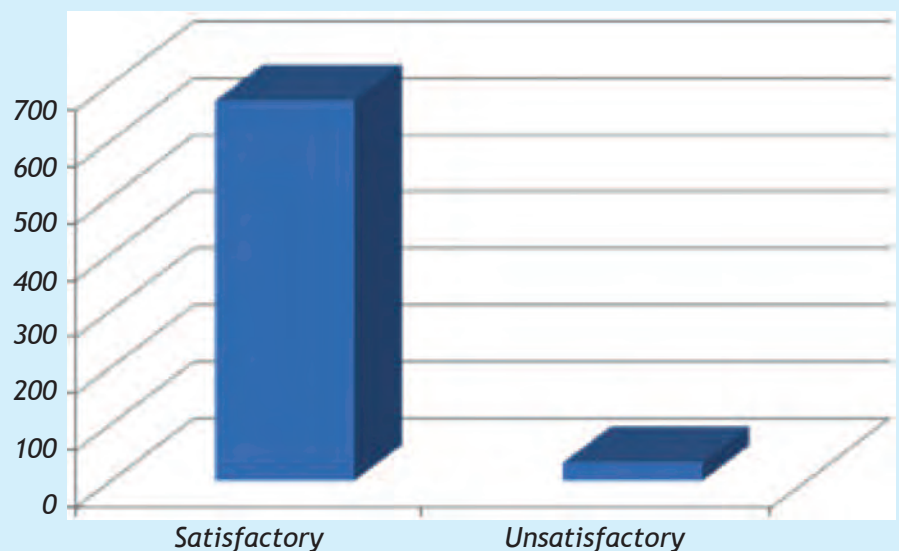


### Antenatal Classes

In regard to antenatal classes, the overall response shows a significant reply reporting satisfaction. In a closer analysis of comments, the importance of locally accessible classes, in order to meet other parents, was significant. The responses were analysed for causes of dissatisfaction with antenatal classes to highlight areas for improvement.

**'We are quite isolated where we live, so we were happy to be able to access services that are relatively close to us'.**

Fig 2. Antenatal class satisfaction levels



### Contact and Information

The general theme to emerge regarded issues around contact and information. Some non-first time parents reported feeling being overlooked. Although they were familiar with the process, they would have liked a refresher course. Some respondents had missed out in areas where antenatal classes were highly attended and felt they should have been informed sooner regarding antenatal classes.

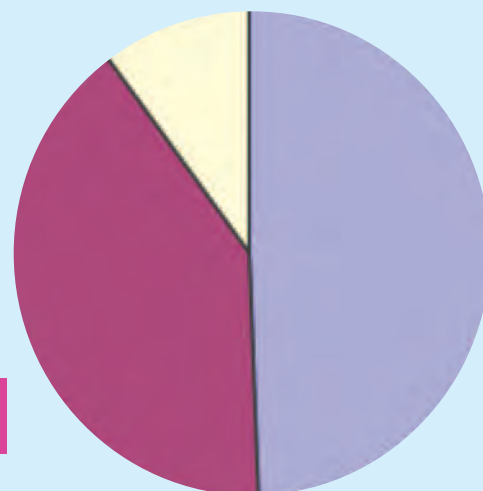


## ‘Our son was born before the antenatal classes’

In relation to satisfaction around generally having time to talk to their doctor or midwife about any issues or decisions regarding their care, 90% of respondents felt it was at least ‘adequate’.

Figure 3: Satisfaction levels regarding time allocated to discuss decisions and issues relating to maternity care

Enough time About right Not enough time



‘It’s nice to have a midwife who has the knowledge of the full pregnancy to date’

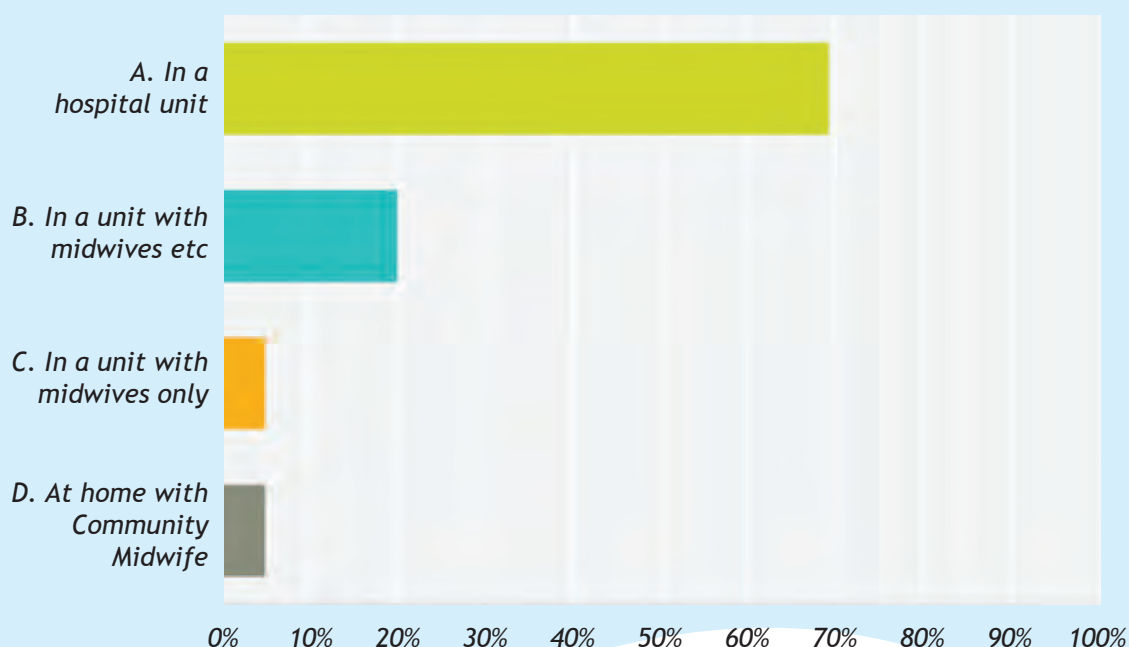


Table 1:  
Where the baby  
should be born<sup>12</sup>

Answer Choices	Responses
A. In a hospital unit with midwives and doctors (called an Obstetric Unit).	69.24% 556
B. In a unit with midwives, next to or alongside a hospital unit with doctors and consultants (called an Alongside Midwifery Unit).	20.30% 163
C. In a unit with midwives only (called a Freestanding Midwifery Unit).	5.23% 42
D. At home with a community midwife.	5.23% 42

When asked where the respondent would prefer the baby to be born, 69% preferred a hospital setting with midwives and doctors (a consultant led unit) and 20% in a midwifery unit alongside a hospital unit.

Only 10% favoured a freestanding midwifery unit or a home birth.

When asked what a reasonable travel time would be to where the baby was born, 60% replies less than 20 minutes and 37% between 20 and 40 minutes.

<sup>12</sup> The question reflects the NICE guidance to offer women four places of birth.

## Section 4 - Care and support during the birth

### Experience through labour and birth

Respondents were asked to comment on their treatment during labour and birth. The majority reported a good or excellent standard of treatment.

**‘The service we received was exemplary’**

Two themes related to low levels of satisfaction were highlighted:

- Respondents reported poor treatment due to staff members not listening to them particularly in terms of their birthing plan and pain relief
- Respondents reported dissatisfaction due to overstretched staff, which left them unchecked for long periods of time.

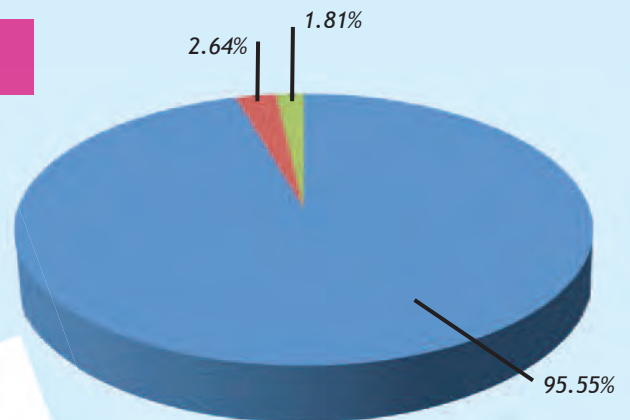


Figure 4: Treatment during labour

- Good standard of treatment
- Poor treatment
- Not enough staff

**‘The anaesthetist was very rude...**

**he said if I didn’t shut up he wouldn’t give me the epidural’**

**‘The midwives were so busy,**

**they didn’t seem to have a break’**

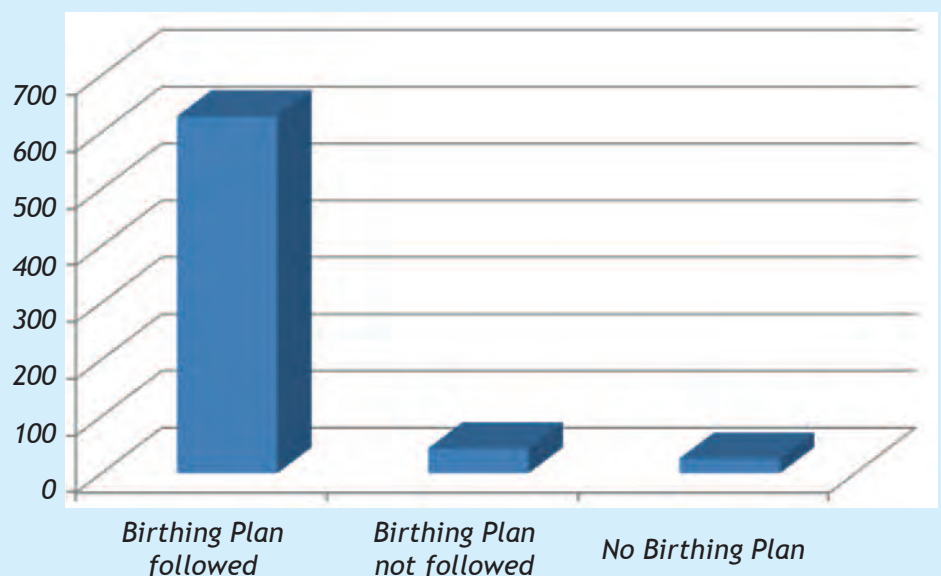
### Birthing Plans

The majority of respondents felt that their birthing plan had been followed as much as possible unless it was not possible due to unforeseen complications.

44 respondents reported that their birthing plan had not been followed, particularly in terms of pain relief.

**‘I was being told to get an epidural by the midwife when I didn’t want it’**

Figure 5:  
Birthing Plan and preferences



## Birthing Rooms

Birthing Rooms were generally well appreciated.

‘It was comfortable and clean, I have no complaints’

Figure 6 demonstrates overall levels of satisfaction, in relation to experiences at Cumberland Infirmary, Furness General Hospital, Penrith Birth Centre, Helme Chase, West Cumberland Hospital and Royal Lancaster Infirmary. There were no negative or mixed comments from respondents who gave birth at Helme Chase and Penrith Birth Centre.

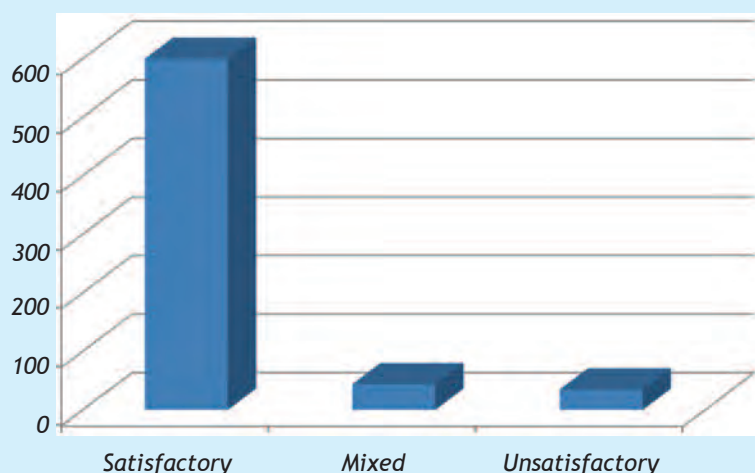


Figure 6: Birthing room levels of satisfaction

‘My partner was sent home -

I wanted him to be there’

Where there were comments about unsatisfactory or mixed levels of satisfaction, Figure 7 shows the main causes based upon a content analysis of the comments provided:

The main reason given came under the theme of ‘room standard and size’. This included points such as the quality of the décor (e.g. “curtains needed replacing”), as well as the space to accommodate partners.

This last point appears again when respondents were asked about their experience of the whole pregnancy, and mentioned partners not being allowed to stay on the ward.

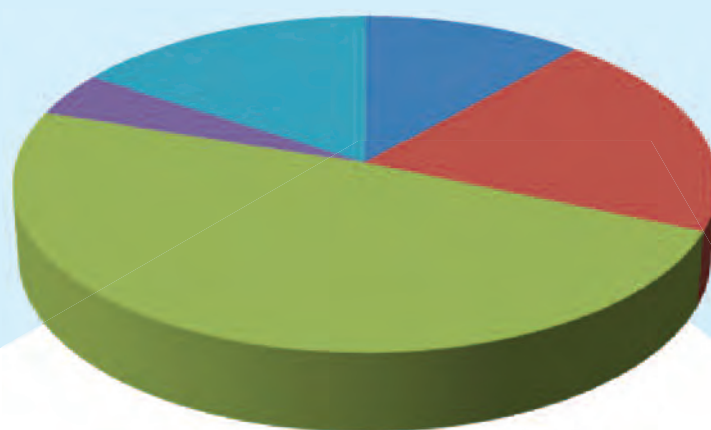


Fig 7. Main causes of dissatisfaction with Birthing Room

■ Shared bathroom  
■ Room standard and size  
■ Uncomfortable  
■ Cleanliness  
■ Noise

‘...room was clean, maybe the curtains could of done with

being changed but other than that, good effort’



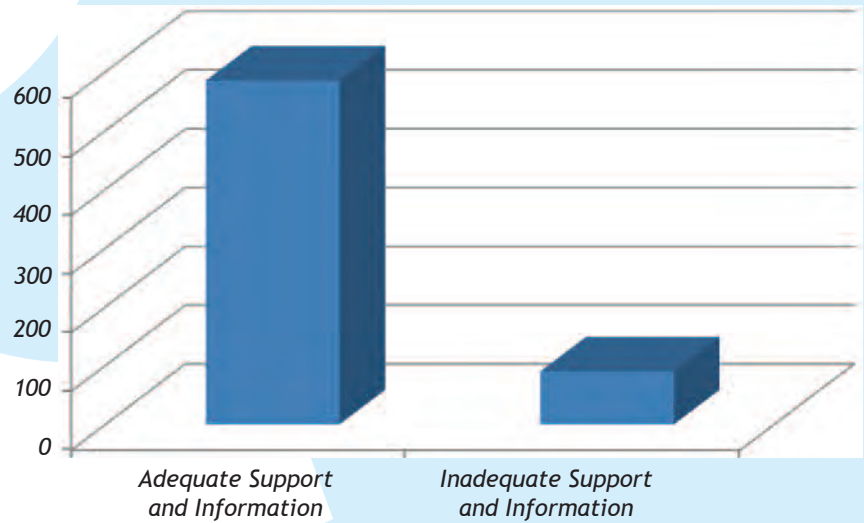
## Section 5 - Care and Support After the Birth

Interestingly, 97% of respondents said that the baby was born in hospital, higher than previous figures from the national surveys, although women in Cumbria have less choice of birth places than most other parts of England (RCOG, 2014). The questions in this section are aimed at the reflections of the respondents.

### Post birth treatment and care

Experiences of support and information whilst in hospital were analysed in terms of positive and negative experiences.

Figure 8: Support and information provided by hospital post-birth



Negative experiences were reported only in Cumberland Infirmary, Furness General Hospital, Royal Lancaster Infirmary and West Cumberland Hospital:



### Staff

A high number of respondents reported feelings of the staff being overstretched on the maternity ward, particularly at Royal Lancaster Infirmary and West Cumberland Hospital. This led to not only unsatisfactory reports of feeling rushed or forgotten about but also reports of concern of midwives wellbeing.

**'Everywhere seemed short staffed and the midwives were run ragged'**

Professional attitudes of midwifery staff was also a theme highlighted within the responses. Reports of a lack of compassion and poor professional attitudes from some staff members resulted in a negative experience of aftercare on the maternity ward.

**'The doctor was having a row with the midwives**

**as I was sat there in the stirrups waiting to be stitched up'**

A number of unsatisfactory responses were due to a lack of consistency of advice between maternity staff, leading to confusion and frustration.

## Support

A lack of breast feeding support was the leading cause of dissatisfaction regarding support responses to this question. Again, some dissatisfied respondents reported inconsistencies regarding breast feeding advice from midwives.

**‘I was left to my own devices when the baby was struggling to feed’**

Many responses from mothers who were not first time mothers tended to indicate that they had been ‘left to it’. Whilst some respondents preferred this approach, others reported feelings of being overlooked and would have preferred more assistance.

## Leaving hospital

Overall, in relation to leaving hospital, there was a large proportion of confidence. For those who had experienced feelings of anxiety about being discharged, this was mainly due to perceptions of:

- Being discharged too soon after long or traumatic births
- Breastfeeding anxiety
- Lack of support while on the maternity unit which left patients feeling vulnerable and unprepared upon discharge.

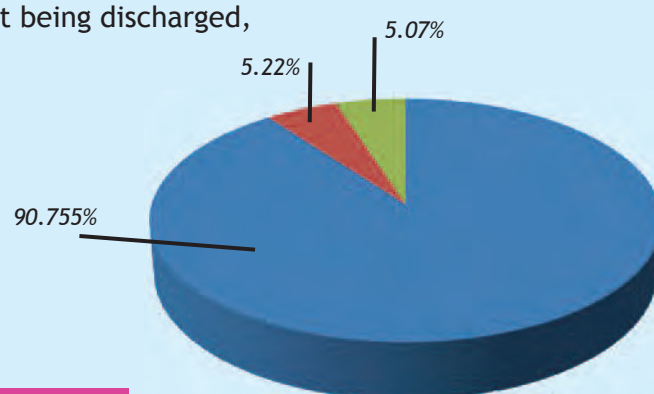


Fig 9. Respondents' feelings regarding leaving hospital

**‘I was happy to leave the hospital when I did’**

Dissatisfaction was expressed when there were:

- Long and arduous discharge procedures
- Poor facilities that left patients wanting to leave prematurely.

**‘The support was really good’**

## At home

The levels of support and information from health care professionals, when returned to home, largely reported as good or excellent.

**‘I was emotional leaving as my baby was still in the special care unit’**

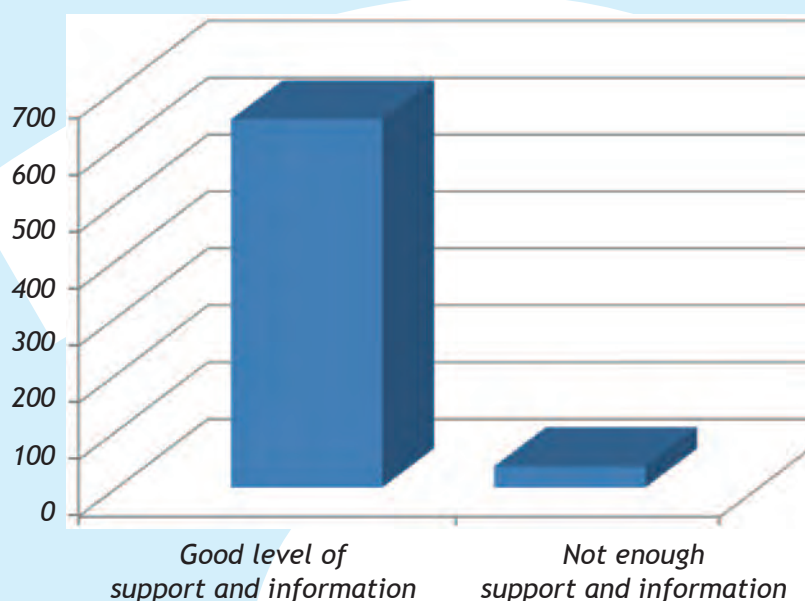


Fig 10. Levels of satisfaction of support and information provided by health care professionals at home.

## ‘Different people had different interpretations and advice’

### ‘The first two weeks of visits caused me to feel inadequate as a mother’

The main themes emerging from the negative experiences were:

- **Breastfeeding Support** - more support was required regarding breastfeeding, alongside frustration with health visitors criticised for giving conflicting advice regarding breastfeeding. ‘Different people had different interpretations and advice’.
- **From Health Visitors** - respondents felt that health visitors could be more open minded regarding different parenting options and more supportive with sensitive issues, such as post-natal depression. ‘The first two weeks of visits caused me to feel inadequate as a mother’.
- **Staff Continuity** - respondents were unhappy about lack of continuity of health care visitor or midwife, which fits with the first point in this section about conflicting advice and information provided by staff. It was felt there are differing standards of care between the care provided by midwives and that provided by health visitors. There were also comments about the service provided by health care visitors perceived as unprofessional.

The theme of staff continuity was also expressed when respondents were asked directly, via a 1-5 Likert Scale, what the importance was of being supported by the same, small team of midwives. This figure demonstrates the importance placed on continuity by the women.

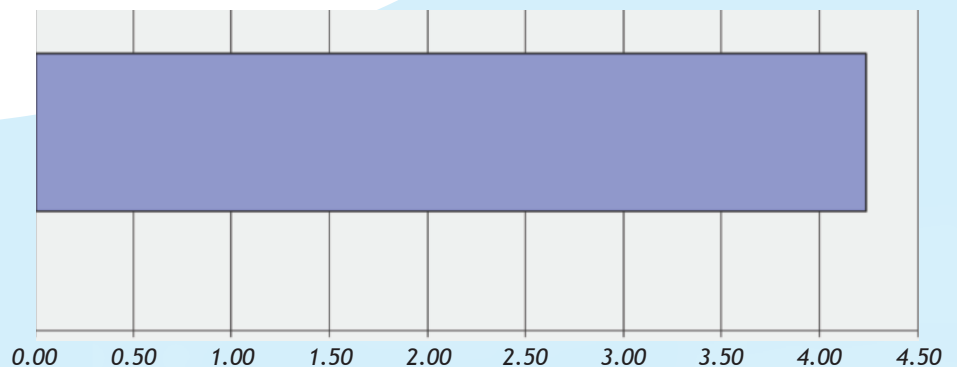


Figure 11 (right) shows the mean average of responses to this question.

‘You’re able to build a trusting relationship  
with your midwife, this enables you  
to ask questions and take advice’

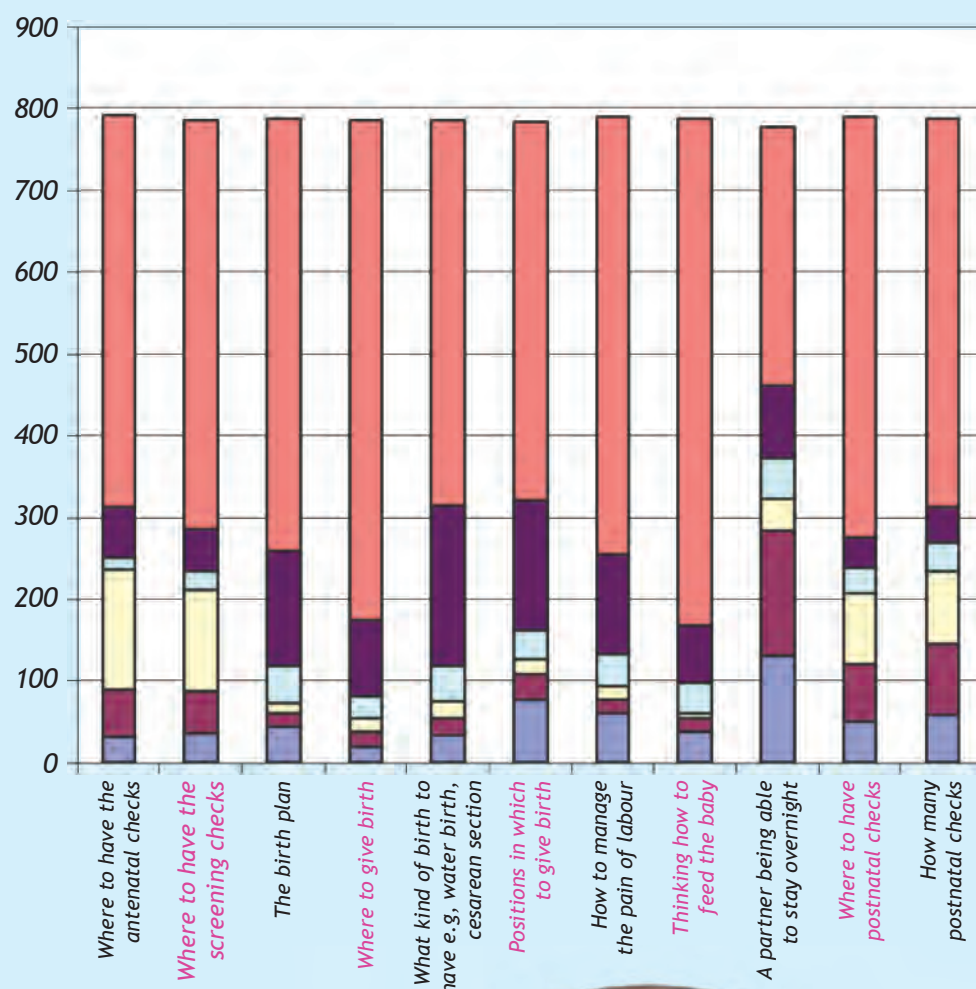


## Section 6 -Reflective levels of involvement

Respondents answered using a Likert scale to indicate their level of involvement. They were then provided the opportunity to explain their responses further. These responses were then analysed to highlight key areas of concern:

Fig 12. Experiences through the whole of pregnancy - Likert scale. Did you feel involved in the choices and decisions about the following.

- Yes - I was involved in the choices and decisions and it was followed through
- I was involved in the choices and decisions but due to circumstances it was not possible at the time
- I was involved in the choices and decisions but I felt it was not listened to
- No - I was not involved in the choices and decisions but I was content with that
- No - I was not involved in the choices and decisions
- I'm not sure/Not applicable to me



Overall the main themes to emerge through the analysis, based on what has been reported above were as follows:

### Partners Staying on the Ward

- There is concern about partners not being able to stay overnight, both prior to and post birth experience
- There is frustration with visiting times - ie partners were not allowed to stay after their partners had been induced which would help ease feelings of fear and exhaustion.

‘My husband was sent home

and I sat alone and cried’



## Patients Not Listened To

- Feelings of not being listened to during the labour
- Choice to access pain relief and birthing position
- Some reports of no choice or influence over the delivery and that they had been pushed into decisions they were unhappy with.

'I felt alone and vulnerable'

'I wish I'd known that being induced reduces

your freedom to choose what happens'

## Ward Overcrowding and Lack of Facilities

- Some were unhappy that birthing plan could not be followed due to busy wards and lack of facilities - in particular the choice to access a birthing pool.

## Excessive Travel

- Fear of birthing plans not being possible to follow due to excessive journey length to the hospital. Much of this issue was based in West Cumbria where there are concerns of the closing of the WCH maternity facility.

## Relationships with Medical Professionals

In looking at what worked and what didn't work well, it was clear that the majority of respondents were extremely positive about all staff concerned with their maternity experience.

They said in general that they:

- Received high levels of care
- Had excellent relationships with the midwives, GPs and consultants at each stage
- Enjoyed feelings of reassurance due to the friendly and approachable manner of the midwives
- Appreciated the ability to contact midwives by telephone at any time with their concerns
- Had strong relationships formed with their community midwives particularly for those who had been able to see the same midwife continually. This continuation was highly valued.

'We were informed

every step of the way'

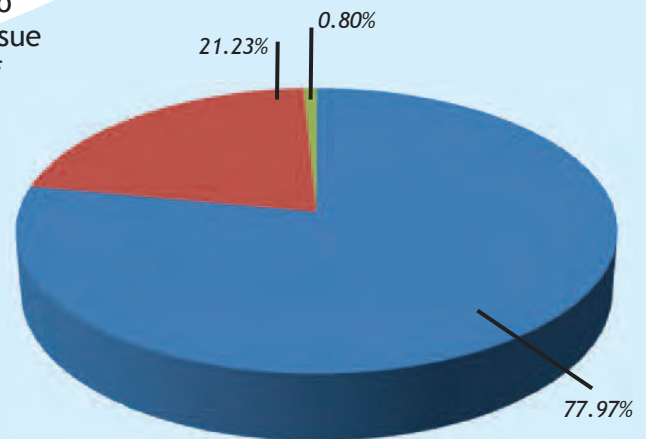


Figure 13: Professional relationships helped through pregnancy

■ All staff members ■ Midwives ■ Antenatal class staff

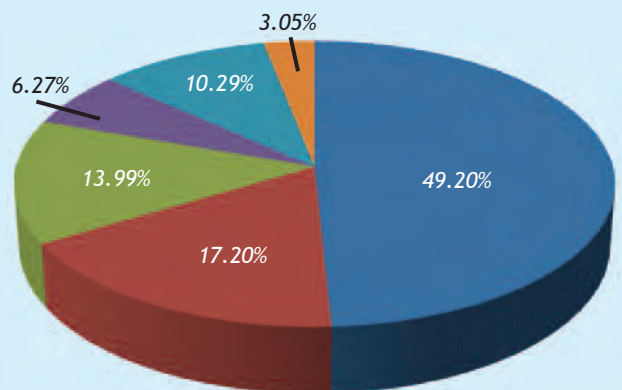


Figure 14: Areas that didn't work well in professional relationships

■ No complaints ■ Poor professional conduct  
 ■ Continuity ■ Communication between departments  
 ■ Overstretched and busy wards ■ Poor aftercare

Just under half of the respondents reported no complaints at all. However, for situations and experiences where things had not worked so well, there were five main themes cited:

### Poor Professional Conduct

Respondents who reported to this question talked of experiences of poor professional conduct from consultants and midwives. Of the various complaints of poor conduct, the leading themes were:

- Some consultants' poor people skills
- A lack of patience and poor attitudes from staff members which left the respondents feeling unhappy and unsupported
- The perception of not being listened to
- Finding some midwives to be pushy and rude which resulted in poor relationships with their midwives.

'As a young person I found

I was patronised'

'Some of the midwives could be nicer -

the agency midwife was very abrupt'

'I asked for no student nurses

but there were two that came in'

### Continuity between the different staff members who the mother sees

Respondents were unhappy with the number of different midwives and consultants they saw.

The inconsistency of staff members resulted in failure of communication of birthing plans, particularly in terms of pain relief. This led to feelings of inconsistent care and support.

'There was a distinct lack of transition'

### Over-stretched Staff and Busy Wards

A number of respondents felt that staff members were overstretched which took away from the care they felt they should have received. Busy wards resulted in long and uncomfortable waiting times.

'They seemed to be very busy'

### Poor Communication

Respondents reported poor communication, both between hospitals and between midwives and consultants which left them feeling frustrated and resulted in a loss of confidence. For example, on occasion personal details and maternity information were lost.

### Poor Aftercare

A number of respondents felt that their aftercare could have been better, particularly in terms of breast feeding support but also in immediate aftercare on busy wards, where some respondents felt they had been rushed home before they were ready.

'There needs to be much better

breastfeeding support both in hospital and at home'



## Suggested improvements

Respondents were given the opportunity to provide their thoughts and ideas as to how to improve the experience of maternity services. The key areas highlighted through answer analysis are shown in the following chart.

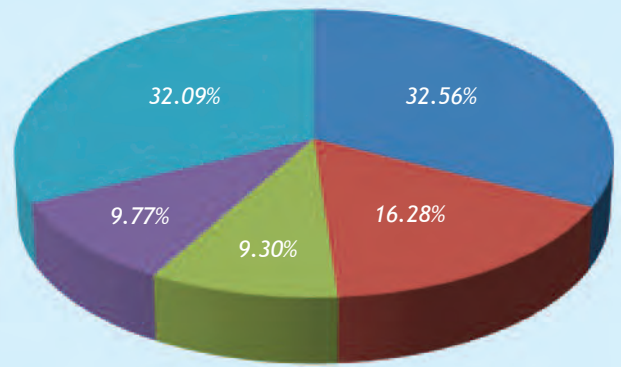


Figure 15: Suggestions of improvement to maternity services

- Increases staffing levels
- Better communication and organisation between departments
- Greater support
- More discussions over birthing options
- Keep maternity services local

‘Maybe taking into account previous pregnancies

and the experience that you gain as a mum and

the confidence that it brings. It's important to

be informed the first time but second, third and

fourth, I felt I knew my body and my baby and I

wanted less interference from others’





## Summary of report findings

The information presented above represents a snapshot in the perspectives of the women and their significant others who filled in the survey; they are going through or have been through a life changing event and their views matter. The report is not represented as 'scientific' but as a potent reflection of their experiences and views. There are themes that have emerged from the questions including the free text.

The most significant of these were:

- The importance of continuity of care throughout the pregnancy, the birth and postnatal period
- Consistency and quality of information and communication
- Postnatal support for breastfeeding
- Support and information for women to make informed decisions and choices
- Accessible services and choice, thinking about some specific issues such as young mums, women with specific needs, travel, and place of birth

### Additional qualitative material

In addition to the survey, we used the more qualitative data gathered from the facilitated groups which had used the café style 'tablecloths' information as explained earlier. The tablecloths were analysed thematically by two separate and independent researchers. Unsurprisingly, it was found there was much in common with the results of the electronic survey, so there is a good match with the survey headlines. We have set the themes that emerged from the additional qualitative analysis into a list to provide a summary response to the question we asked at the beginning: 'What does a great service look like'?

In addition to the findings above, the qualitative analysis from the tablecloths would suggest some further themes:

A great service would have:

- Well trained midwives who are knowledgeable and pleasant
- Midwives who are properly supported in their role
- Eradicated the need for agency staff
- Continuity of midwife support throughout pregnancy and labour
- Holistically well trained health care staff
- Health care staff being respectful to the women and families they serve
- Good communication being practiced and fostered between staff and staff and between staff and women
- Sensitivity towards family wishes and needs
- Women treated as autonomous adults.

The *conversation* was about exploring views. There is a wealth of information available that has been generated by the *conversation*, including permission from 235 respondents who gave their e mail addresses for follow up contact. Similar to the 2006 West Cumbrian Survey, much more can be extrapolated if there is a will to do so when future choices need to be made.

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# Appendices

your  
**voice**  
**counts**



**Maternity Matters Survey: Cumbria and North Lancashire****What is this survey about?**

We would like to hear your views on maternity services. We welcome comments from mums and partners, birth supporters and family who have used maternity services in the past five years and those who may use them in the future.

We would like to have a better understanding of what is important to you at every stage of pregnancy.

This is happening because there has been a review of maternity services across Cumbria and North Lancashire. Following this, work is now taking place to consider what is needed to keep four consultant-led units at Barrow, Carlisle, Lancaster and Whitehaven and is also looking at all aspects of maternity care.

N.B. We are aware that there is currently a national maternity survey taking place - this survey is not part of this and focuses on Cumbria and North Lancashire only.

**The closing date for this survey is 12noon on Monday 30th November 2015.**

If you have completed a paper copy of this survey please return it to: Healthwatch Cumbria, Best Life Building, 123 Botchergate, Carlisle, CA1 1RZ.

*This survey is being undertaken by Healthwatch Cumbria in association with the Maternity Services Liaison Committees and the analysis will be shared with the NHS to inform future service planning. We have asked for personal details from our survey population, to understand if any significant comparative factors arise. All information supplied will be held by Healthwatch Cumbria and will remain secure and confidential. Your details will only be used for research purposes and will not be passed on to any third parties or used for marketing purposes in accordance with the Data Protection Act 1998.*



## Maternity Matters Survey: Cumbria and North Lancashire

### Completion of the survey

Completion of this survey is entirely voluntary. We hope you will take part because your comments will help us make sure that as much as possible, maternity services meet the needs and wishes of local people in the future. If you don't wish to take part, you don't have to give a reason. Your comments will be treated in confidence and all responses will be completely anonymous.

The results will be available on the Healthwatch Cumbria website ([www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)) in due course. If you wish to receive further information from us or to be involved in future discussions about maternity services, there will be an opportunity later in the survey to leave your email address.

**If you have had more than one experience of maternity services please feel free to give your range of experiences in the answer boxes as you think appropriate.**

**The closing date for this survey is 12noon on Monday 30th November 2015.**

The survey should take no longer than xx minutes to complete. Thank you for your time.

## Maternity Matters Survey: Cumbria and North Lancashire

### About You

#### 1. Who are you filling this in as?

- ☐ As a woman who has used maternity services over the past 5 years
- ☐ As a partner/relative/friend of a woman who has used maternity services over the past 5 years
- ☐ As someone who has not yet used maternity services but may in the future
- ☐ As a Healthwatch/MSLC facilitator on behalf of someone

#### 2. When did you/they use maternity services? (please select your most recent use of maternity services)

- ☐ I/they are currently using maternity services
- ☐ I/they are not currently using maternity services, but have within the last 5 years
- ☐ I/they intend to be using maternity services in the future

#### 3. What is your gender?

- ☐ Female
- ☐ Male

#### 4. Which district are you from?

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Allerdale | <input type="radio"/> Furness          |
| <input type="radio"/> Carlisle  | <input type="radio"/> South Lakeland   |
| <input type="radio"/> Copeland  | <input type="radio"/> North Lancashire |
| <input type="radio"/> Eden      |  |

#### 5. How old are you?

- |                                |                             |                             |
|--------------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 31-35 | <input type="radio"/> 46-50 |
| <input type="radio"/> 18-24    | <input type="radio"/> 36-40 | <input type="radio"/> 51-55 |
| <input type="radio"/> 25-30    | <input type="radio"/> 41-45 | <input type="radio"/> 55+   |

6. What is your ethnic origin?

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="radio"/> White UK               | <input type="radio"/> Black - UK    | <input type="radio"/> Malaysian   |
| <input type="radio"/> White - other          | <input type="radio"/> Black - other | <input type="radio"/> Pakistani   |
| <input type="radio"/> Black - African        | <input type="radio"/> Chinese       | <input type="radio"/> Bangladeshi |
| <input type="radio"/> Black - Caribbean      | <input type="radio"/> Indian        | <input type="radio"/> Sri Lankan  |
| <input type="radio"/> Other (please specify) |                                     |                                   |

7. Please provide your postcode:

8. Do you consider yourself to have a disability

- ☐ Yes
- ☐ No

**Maternity Matters Survey: Cumbria and North Lancashire**

**PRE-PREGNANCY**

**9. How informed do you think you are/were about pregnancy before you/your partner/family member got pregnant?**

Not at all informed

Not very informed

Reasonably informed

Very informed

Totally informed

☐
☐
☐
☐
☐

**10. Please give more detail about your response if you wish:**

**11. What were your impressions, if any, about maternity services in Cumbria and North Lancashire before you/your partner/family member got pregnant?**



## Maternity Matters Survey: Cumbria and North Lancashire

### CARE AND SUPPORT DURING PREGNANCY

12. What worked well in your relationships with medical professionals during the course of the pregnancy? e.g. midwives, doctors, consultants

13. What did not work well in your relationships with medical professionals during the course of the pregnancy? e.g. midwives, doctors, consultants

14. Is it important or not for you to be supported by the same small team of midwives throughout the pregnancy?

Not at all important

Slightly important

Moderately important

Very important

Extremely important

☐
☐
☐
☐
☐

Please explain your answer further:

15. Did you have enough time with the midwife and/or doctor to talk through decisions and issues about maternity care?

☐ Enough time ☐ About right ☐ Not enough time

Please explain your answer further:

16. What did you think about the information given during the pregnancy? i.e. was it the right amount, the right format, given at the right time, or otherwise?

17. Where did the antenatal clinic checks take place, were you happy with this or not?

18. Where did the antenatal classes take place, were you happy with these or not?

19. What do you think is a reasonable travel time to access antenatal care?

- ☐ Less than 20 mins
- ☐ 20 - 40 mins
- ☐ 40 mins - 1 hour
- ☐ 1 hour - 1 hour 20 mins
- ☐ 1 hour 20 mins - 1 hour 40 mins
- ☐ 1 hour 40 mins - 2 hours +

20. Ideally, where did you/do you want the baby to be born?

- ☐ In a hospital unit with midwives and doctors (called an Obstetric Unit)
- ☐ In a unit with midwives, next to or alongside a hospital unit with doctors and consultants (called a Alongside Midwifery Unit)
- ☐ In a unit with midwives only (called a Freestanding Midwifery Unit)
- ☐ At home with a community midwife

Please explain your answer further, if you wish:

**21. What do you think is a reasonable travel time to the place where the baby will be born?**

- ☐ Less than 20 mins
- ☐ 20 - 40 mins
- ☐ 40 mins - 1 hour
- ☐ 1 hour - 1 hour 20 mins
- ☐ 1 hour 20 mins - 1 hour 40 mins
- ☐ 1 hour 40 mins - 2 hours +

**22. Did you feel involved in the choices and decisions about the following:**

	Yes - I was involved in the choices and decisions and it was followed through	I was involved in the choices and decisions but due to circumstances it was not possible at the time	I was involved in the choices and decisions but I felt it was not listened to	No - I was not involved in the choices and decisions but I was content with that	No - I was not involved in the choices and decisions	I'm not sure/Not applicable to me
Where to have the antenatal checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to have screening checks e.g. for Downs Syndrome, newborn hearing etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The birth plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to give birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What kind of birth to have e.g. water birth, caesarean section etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positions in which to give birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to manage the pain of labour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about how to feed the baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A partner being able to stay overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to have the postnatal checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Yes - I was involved in the choices and decisions and it was followed through	I was involved in the choices and decisions but due to circumstances it was not possible at the time	I was involved in the choices and decisions but I felt it was not listened to	No - I was not involved in the choices and decisions but I was content with that	No - I was not involved in the choices and decisions	I'm not sure/Not applicable to me
How many postnatal checks to have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there anything else you would like to explain about choices and decisions?	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>					
23. Is there anything that you think could be done differently to improve the experience of maternity services <u>during</u> pregnancy?	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>					



**Maternity Matters Survey: Cumbria and North Lancashire**

**24. Have you/your partner/family member been through childbirth?**

- ☐ Yes
- ☐ No (please go ahead to the end of this survey)

Maternity Matters Survey: Cumbria and North Lancashire

CARE AND SUPPORT DURING THE BIRTH

25. Did you visit the hospital/birth centre for checks in early labour?

- ☐ Yes
- ☐ No
- ☐ If yes, how many times?

26. Please tell us where you wanted the baby to be born, and where the baby was actually born?

	Cumberland Infirmary	West Cumberland Hospital	Penrith Birth Centre	Furness General Hospital	Helme Chase	Royal Lancaster Infirmary	Home
Where did you want the baby to be born?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where was the baby actually born?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

27. How long would you/your partner/family member be prepared to travel now to give birth where there are midwives, maternity doctors, consultants and a special care baby unit?

- ☐ Less than 20 mins
- ☐ 20 - 40 mins
- ☐ 40 mins - 1 hour
- ☐ 1 hour - 1 hour 20 mins
- ☐ 1 hour 20 mins - 1 hour 40 mins
- ☐ 1 hour 40 mins - 2 hours +

28. How did you feel about the way staff looked after you during labour and birth?

29. How did you feel about the room the baby was born in? i.e. was it comfortable, clean etc

30. Did you feel that the birth plan and preferences were listened to?

31. Was there anything that could have been done differently to improve the experience during labour, birth and the hours immediately after delivery?

## Maternity Matters Survey: Cumbria and North Lancashire

CARE AND SUPPORT AFTER THE BIRTH

32. Was the baby born in hospital?

- ☐ Yes
- ☐ No (if no, please go to question 35)

33. Following the baby's birth, how did you find the support and information you were given by staff whilst in hospital?

34. How did you feel about leaving hospital, and why did you feel like this?

35. How did you find the support and information you were given by health professionals at home?  
i.e. midwives, health visitors

36. During all stages of the pregnancy did you feel the healthcare professionals worked well together or not?

37. During the whole process of pregnancy, birth and after care, was there any time that you feel you could have been more involved in choices that have not been covered already?



## Maternity Matters Survey: Cumbria and North Lancashire

Thank you

**Thank you**

Thank you for completing this survey, the results will be available on the Healthwatch Cumbria website ([www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)) in due course.

Your answers will be treated in complete confidence and all responses will be completely anonymous.

If you have completed a paper copy of this survey please return it to: Healthwatch Cumbria, Best Life Building, 123 Botchergate, Carlisle, CA1 1RZ.

**38. If you would like to be involved in future discussions about this work, please leave your email address here (your email address will not be used for any other purpose):**



## Maternity services engagement - briefing for facilitators

During this engagement exercise we are very keen to hear views on maternity services from mums and partners, birth supporters and family who have used maternity services in the past five years and those who may use them in the future.

At some venues it may be possible to have discussions with people who are present, either as individuals or in groups, while at others it may just be appropriate to hand out copies of the questionnaire. There will also be situations where someone wants to share their own personal experiences and does not wish to take a questionnaire.

The following information and the process outlined below will help you when you are attending these venues to ensure that people understand what the engagement is about and how they can participate.

- **Some key messages to help with your discussions at these events**

Following the independent review of maternity services across Cumbria and North Lancashire last autumn (published in March 2015 by the Royal College of Obstetricians and Gynaecologists), work is taking place to consider what is needed to keep four consultant-led units at Barrow, Carlisle, Lancaster and Whitehaven and to develop midwifery-led units next to or on the same site as the consultant-led units to provide more choice for women.

The NHS has heard the very strong messages from the public and from staff about the desire to keep these four consultant-led maternity units and is already taking into account feedback from earlier public engagement and consultation dating back several years about maternity services.

An engagement exercise is now being led by Healthwatch Cumbria in association with the Maternity Services Liaison Committees, which include women who have used local maternity services and local NHS organisations. **This is taking place throughout November and will come to a close at 12 noon on Monday 30 November 2015. It is really important that people are aware that the questionnaire must be completed online, or hard copies returned to Healthwatch, by then.**

All feedback received will be analysed independently by Healthwatch and presented to the NHS so that it can be taken into consideration. It will help the NHS to make sure that, as much as possible, future maternity services meet the needs and wishes of local people.



People do not have to take part in this engagement exercise but we hope they do – all comments will be treated in confidence and all responses will be anonymous.

A report following the engagement will be widely shared and published on the Healthwatch website.

- **The process to follow when it is possible to have a discussion with individuals or groups of those present**

Always explain where you are from and why you are there (see key messages above).

Hard copies of the questionnaire and cards with the online link should be made available (and, if appropriate, copies left behind with someone who takes responsibility for ensuring that these are displayed or shared). Explain how important it is that we hear their views and that even if they take part in a group/individual discussion they can still complete a questionnaire. It would be helpful if you could encourage people to complete the questionnaire online.

When discussions do take place with groups/individuals, it is important to complete copies of the template which has been prepared for this purpose. To be meaningful copies must log:

- Name of event
- Venue (include address)
- Date
- Name(s) of interviewer(s)
- Numbers of people attending (including a breakdown of numbers, mums, dads, carers, grandparents etc)

There are sections on the template where you can log a summary of the comments received. The sections are in line with those in the actual questionnaire as set out below (so please refer to the questionnaire during discussions):

- Before pregnancy
- The care a woman receives up until she goes into labour (antenatal care)
- Labour and delivery
- The care a woman receives after the birth of her baby (postnatal care)

Please try to ensure handwriting is legible so that the comments you log can be included in the evaluation.

We don't need verbatim comments but quotes would be helpful.

Completed templates should be handed into the Healthwatch offices at Carlisle or Workington as soon as possible.

**There may be occasions when someone asks you to complete a hard copy of a questionnaire with them.** On such occasions it would be really helpful if you could submit the questionnaire online. If this is not possible please make sure that the completed hard copy is handed into or posted to the Healthwatch offices at Carlisle or Workington.

- **The process to follow when it is not possible to have a discussion with individuals or groups of those present**

There will be occasions when it is not possible or appropriate to have a discussion with people.

In such situations always explain where you are from and why you are there (see key messages above).

If you are attending a venue, leave hard copies of the questionnaire and cards with the online link with someone who can take responsibility for making sure that they are shared as appropriate.

For other situations, for example, when you may be outside a children's centre, a school or another public venue and it is not appropriate to engage people in a discussion, offer copies of the questionnaire and a card with the online link to individuals and explain how important it is that we hear their views.

- **The process to follow when someone just wishes to share their experiences**

There will be occasions when someone just wishes to share their experiences and does not wish to take a questionnaire or talk about future service arrangements.

In such situations always explain where you are from and why you are there (see key messages above).

If it is apparent that individuals do wish to talk about their own experiences, it is important to listen to them. Always ask if they would like you to feedback about their experience and, if so, take a note using the appropriate section on the template.

You can always use your own judgement at the end of the conversation to determine whether you should offer them a copy of the questionnaire and a card with the online link in case they wish to reflect on this and complete it later.

Completed templates should be handed into the Healthwatch offices at Carlisle or Workington as soon as possible.

**2 November 2015**



**REMEMBER:**

**Closing date for completed applications is 12 noon on 30 November 2015.**

Online surveys must be completed by the above time.

Hard copies of the questionnaire should be handed in as soon as possible to the Carlisle or Workington Healthwatch offices so that they are received by this time. The addresses for the Carlisle and Workington offices are as follows:

**Maternity engagement  
Healthwatch Cumbria  
123-127 Botchergate  
Carlisle  
CA1 1RZ**

**or**

**Maternity engagement  
Healthwatch Cumbria  
4-6 Oxford Street  
Workington  
CA14 2AH**

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West Cumbria Maternity Services Liaison Committee  
Eden & Carlisle Maternity Services Liaison Committee  
Maternity Matters in Furness  
Maternity Matters in South Lakes  
Maternity Matters Lancashire North

# Maternity Services

## Different types of services for the birth of a baby

There are a number of different types of service for women to think about when they are making decisions about where to give birth.

### At home

At home you would be in familiar surroundings where you may be more able to relax which helps with coping in labour. A midwife would come to your home and support you through labour and delivery. If the labour doesn't progress as it should or if you and your baby aren't coping well, you would be transferred to a consultant unit where a doctor and medical equipment would be on hand if needed.



If you have a condition that increases your chance of complications or if you have had a previous caesarean section, health professionals will recommend

that you give birth in a consultant unit where a doctor and medical equipment would be on hand if needed.





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# Maternity Services

## Antenatal care

This is the care you receive from healthcare professionals during your pregnancy. You will be offered a series of appointments with a midwife or sometimes with a doctor who specialises in pregnancy and birth (obstetrician).

They will check that you and your baby are well, give you useful information to help you have a healthy pregnancy and answer questions. This is when the discussions will take place with you about the type and place of delivery available.



## Postnatal care



This is the care you receive for six weeks after the birth of your baby. Most women are well enough to be discharged from hospital within hours of the baby being born. Once you are home the postnatal care will be provided mainly by community midwives at home or in a community setting.



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# Maternity Services

## Different types of services for the birth of a baby

There are a number of different types of service for women to think about when they are making decisions about where to give birth.

### Midwifery unit or birth centre

These are units where birth is viewed as a natural event. These are either 'alongside' a labour ward or delivery suite in a consultant unit, or 'freestanding' in a community setting, usually some distance from an obstetric unit. Both types of midwifery units are run by experienced midwives, who try to make the birthing environment homely and tranquil.



Women who are healthy and not expecting any complications to arise during the birth may choose to have their baby in a midwifery unit or birth centre.

Such units do not offer epidurals but they offer other types of pain relief such as Entonox. The type of pain relief available will vary depending on the unit.



If you are having your baby in a midwifery unit or birth centre and the labour doesn't progress as it should or if you or your baby need extra support, you would be transferred to the consultant unit. This would mean that a doctor and medical equipment would be on hand if needed.



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# Maternity Services

## Different types of services for the birth of a baby

There are a number of different types of service for women to think about when they are making decisions about where to give birth.

### Freestanding midwifery unit (FMU)

These are where the care is led by midwives, like the Helme Chase Maternity Unit at Westmorland General Hospital, Kendal, or on a smaller scale, like the birthing centre at Penrith Community Hospital. These units usually have a more relaxed and home from home atmosphere, with an emphasis on a natural birth. They can be on a community or general hospital site where there is no consultant unit, or sometimes in a purpose-built facility in the community.



### Alongside midwifery unit (AMU)

These are where the care is led by midwives and are next to or on the same hospital site as a consultant unit. These units usually have a more relaxed and home from home atmosphere, with an emphasis on a natural birth.



Neither West Cumberland Hospital nor Cumberland Infirmary currently have AMUs but the preferred option of the independent review team includes the development of AMUs next to the consultant units at both hospitals.



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# Maternity Services

## Different types of services for the birth of a baby

There are a number of different types of service for women to think about when they are making decisions about where to give birth.

### Consultant unit (sometimes called an obstetric unit)

Where there are both doctors (obstetricians) and midwives available. Obstetricians are doctors who specialise in pregnancies and births where there are complications. Obstetric units offer epidural pain relief, and have an operating theatre nearby in case a baby needs to be delivered by caesarean section.







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## Cumbria

Working in partnership with the  
Maternity Service Liaison Committees



Healthwatch is delivered in Cumbria  
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